

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL FOREST FOUNDATION		D Employer identification number 52-1786332
	Doing business as		E Telephone number 406-542-2805
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 49,240,732.
	BLDG 27 STE 3 FORT MISSOULA RD		
City or town, state or province, country, and ZIP or foreign postal code MISSOULA, MT 59804		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: MARY MITSOS SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: WWW.NATIONALFORESTS.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1993	M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	68
	6 Total number of volunteers (estimate if necessary)	6	50
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	92,112.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	22,966,276.	32,004,378.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,860,117.	16,994,470.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,887.	175,750.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-54,339.	-90,290.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	33,838,941.	49,084,308.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	5,356,897.	6,520,587.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,263,915.	5,176,060.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,500,862.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,250,566.	22,349,351.
19 Revenue less expenses. Subtract line 18 from line 12	25,871,378.	34,045,998.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	7,967,563.	15,038,310.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	46,532,416.	61,629,261.
		13,425,073.	14,891,441.
		33,107,343.	46,737,820.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	MARY MITSOS, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MEREDITH BELL	Preparer's signature <i>MBell</i>	Date 08/04/23	Check if self-employed <input type="checkbox"/>	PTIN P01696827
	Firm's name RSM US LLP	Firm's EIN 42-0714325	Phone no. 202-293-2200		
	Firm's address 1250 H STREET, SUITE 700 WASHINGTON, DC 20005				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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 print	Name of exempt organization or other filer, see instructions. NATIONAL FOREST FOUNDATION	Taxpayer identification number (TIN) 52-1786332
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. BLDG 27 STE 3 FORT MISSOULA RD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MISSOULA, MT 59804	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 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)	07		

MARY MITSOS

- The books are in the care of ▶ BLDG 27 STE 3 FORT MISSOULA RD - MISSOULA, MT 59804

Telephone No. ▶ 406-542-2805

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning OCT 1, 2021, and ending SEP 30, 2022.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c 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.	3c	\$	0.

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 instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE NATIONAL FOREST FOUNDATION, CHARTERED BY CONGRESS, ENGAGES AMERICANS IN COMMUNITY-BASED AND NATIONAL PROGRAMS THAT PROMOTE THE HEALTH AND PUBLIC ENJOYMENT OF THE 193-MILLION ACRE NATIONAL FOREST SYSTEM, AND ACCEPTS AND ADMINISTERS PRIVATE GIFTS OF FUNDS AND LAND

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

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

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

4a (Code:) (Expenses \$ 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.

4b (Code:) (Expenses \$ 2,475,318. including grants of \$ 1,875,983.) (Revenue \$) FOREST SERVICE GRANTS: MAINTAIN AND UPGRADE VISITOR AMENITIES, TRAILS, AND INTERPRETIVE DISPLAYS; IMPROVE ACCESS AND UNDERSTANDING OF NATIONAL FOREST RESOURCES; RESTORE HABITAT OF NATIVE SPECIES; PROMOTE RECREATIONAL FACILITIES AND RESPONSIBLE APPRECIATION OF WILDLIFE.

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

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

4e Total program service expenses 30,455,241.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 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.
20 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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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. See the instructions for the order in which to list the persons above.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TOREN KUTNICK DIRECTOR	1.00	X						0.	0.	0.
(19) ANDIE MACDOWELL DIRECTOR	1.00	X						0.	0.	0.
(20) THOMAS MCHENRY DIRECTOR	1.00	X						0.	0.	0.
(21) JOSE MINAYA DIRECTOR	1.00	X						0.	0.	0.
(22) RANDY PETERSON DIRECTOR	1.00	X						0.	0.	0.
(23) KEVIN MURPHY DIRECTOR	1.00	X						0.	0.	0.
(24) JEFF NUSS DIRECTOR	1.00	X						0.	0.	0.
(25) JAMES O'DONNELL DIRECTOR	1.00	X						0.	0.	0.
(26) RICK WADE DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								846,255.	0.	103,507.
c Total from continuation sheets to Part VII, Section A								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 4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
USDA FOREST SERVICE PO BOX 6200-09, PORTLAND, OR 97228	TREE PLANTING & OTHER CONSERVATION WORK	3,367,046.
MARKIT! FORESTRY MGMT, 2424 GARDEN OF THE GODS RD, STE 290, COLORADO SPRINGS, CO 80	HELICOPTER OPERATIONS TO REMOVE TREES, H	2,651,728.
ROBINSON ENTERPRISES INC, 293 LOWER GRASS VALLEY ROAD, NEVADA CITY, CA 95959	VEGETATION MANAGEMENT AND REMOVAL	1,407,948.
CTL FOREST MANAGEMENT, INC. 6366 ZAMORA DR, PLACERVILLE, CA 95667	CUT TO LENGTH THINNING, FUELS TREATMENT,	880,336.
WETLAND INITIATIVES, 53 WEST JACKSON BLVD, STE 1015, CHICAGO, IL 60604	INVASIVE MANAGEMENT, NATIVE PLANTING, HA	795,814.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 41

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	198,986.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	6,204,328.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	25,601,064.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 111,717.			
	h	Total. Add lines 1a-1f		32,004,378.			
	Program Service Revenue	2 a	CONTRACT REVENUE	Business Code			
			900099	14,582,176.	14,582,176.		
b		NATURAL RESOURCES	900099	2,412,294.	2,412,294.		
c							
d							
e							
f		All other program service revenue					
g	Total. Add lines 2a-2f		16,994,470.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		175,750.		175,750.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		1,710.		1,710.	
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ 198,986. of contributions reported on line 1c). See Part IV, line 18	8a		25,304.			
				156,424.			
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events			-131,120.	-131,120.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER REVENUE	Business Code				
			900099	39,120.	39,120.		
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		39,120.				
12	Total revenue. See instructions		49,084,308.	17,033,590.	0.	46,340.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,520,587.	6,520,587.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	398,363.	270,398.	50,880.	77,085.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,909,168.	2,643,295.	512,308.	753,565.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	141,946.	97,438.	16,691.	27,817.
9 Other employee benefits	410,758.	295,999.	30,395.	84,364.
10 Payroll taxes	315,825.	217,115.	36,759.	61,951.
11 Fees for services (nonemployees):				
a Management				
b Legal	75.		75.	
c Accounting	293,901.		293,901.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	54,947.		54,947.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	20,095,043.	19,413,136.	498,856.	183,051.
12 Advertising and promotion	60,283.	13,973.	2,460.	43,850.
13 Office expenses	224,262.	47,152.	25,562.	151,548.
14 Information technology	300,397.	92,969.	155,783.	51,645.
15 Royalties				
16 Occupancy	55,483.	37,116.	6,152.	12,215.
17 Travel	176,738.	141,379.	21,724.	13,635.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	222,765.	14,418.	207,295.	1,052.
20 Interest	14,875.		14,875.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	172,832.	147,243.	5,821.	19,768.
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 O.)				
a PROJECT SUPPLIES	437,825.	435,423.		2,402.
b DUES & SUBSCRIPTION	76,628.	22,901.	48,270.	5,457.
c IN KIND EXPENSES	60,673.	31,486.	19,433.	9,754.
d CHARITABLE REGISTRATION	32,456.		32,456.	
e All other expenses	34,245.	8,472.	24,070.	1,703.
25 Total functional expenses. Add lines 1 through 24e	34,045,998.	30,455,241.	2,089,895.	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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	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 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	101,041.	8	83,668.
	9 Prepaid expenses and deferred charges	154,342.	9	90,767.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 788,909.		
	b Less: accumulated depreciation	10b 619,737.		
	11 Investments - publicly traded securities	3,722,957.	11	4,900,898.
	12 Investments - other securities. See Part IV, line 11	1,347,415.	12	1,095,496.
	13 Investments - program-related. See Part IV, line 11		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.	
Liabilities	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. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,000,000.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	1,033,671.	24	1,101,400.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	141,576.	25	0.
	26 Total liabilities. Add lines 17 through 25	13,425,073.	26	14,891,441.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,039,343.	27	8,894,284.
	28 Net assets with donor restrictions	29,068,000.	28	37,843,536.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	33,107,343.	32	46,737,820.
33 Total liabilities and net assets/fund balances	46,532,416.	33	61,629,261.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	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.

Section B. Total Support

Calendar 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 instructions)					12	41,655,483.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	94.59 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	91.37 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 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-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No	
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

NATIONAL FOREST FOUNDATION

Employer identification number

52-1786332

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 2,300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,575,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,302,611.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 950,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 850,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 833,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes/No, 6 Did the organization inform all grantees... Yes/No

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

Form with multiple sections: 1 Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, historic structure); 2 Complete lines 2a through 2d (table with 2 columns: description, Held at the End of the Tax Year); 3-9 Various questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with multiple sections: 1a If the organization elected, as permitted under FASB ASC 958, not to report...; 1b If the organization elected, as permitted under FASB ASC 958, to report...; 2 If the organization received or held works of art...; a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,218,779.	4,213,825.	3,644,674.	3,547,812.	3,081,761.
b Contributions	1,110,000.	1,100,000.	6,000.	3,500.	296,021.
c Net investment earnings, gains, and losses	-1,334,884.	904,954.	563,151.	93,362.	170,030.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,993,895.	6,218,779.	4,213,825.	3,644,674.	3,547,812.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 14.0000 %
 - b Permanent endowment 41.0000 %
 - c Term endowment 45.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		11,210.	11,210.	0.
d Equipment		360,000.	360,000.	0.
e Other		417,699.	248,527.	169,172.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				169,172.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
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.)		5	49,084,308.

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

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

1	Total expenses and losses per audited financial statements		1	34,220,886.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	18,464.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	156,424.	
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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	34,045,998.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE FOUNDATION HAS ADOPTED AN INVESTMENT POLICY FOR ENDOWMENT NET ASSETS

THAT ATTEMPTS TO PROVIDE BOTH PRESERVATION AND APPRECIATION.

EARNINGS FOR THE ENDOWMENT ARE REFLECTED IN ENDOWMENT NET ASSETS, UNTIL

APPROPRIATED FOR EXPENDITURE IN A PRUDENT MANNER BY THE BOARD OF

DIRECTORS.

PART X, LINE 2:

THE FOUNDATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE

PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION,

THE FOUNDATION QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAS

Part XIII Supplemental Information (continued)

BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION.

INCOME, WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE

DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. THE

FOUNDATION DID NOT HAVE ANY NET UNRELATED BUSINESS INCOME FOR THE YEAR

ENDED SEPTEMBER 30, 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.

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 (add col. (a) through col. (c))
		SPORTING CLAYS (event type)	NET ZERO AND FORESTS (event type)	NONE (total number)	
Revenue	1 Gross receipts	150,790.	73,500.		224,290.
	2 Less: Contributions	131,980.	67,006.		198,986.
	3 Gross income (line 1 minus line 2)	18,810.	6,494.		25,304.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	6,259.	5,257.		11,516.
	6 Rent/facility costs	20,840.	14,164.		35,004.
	7 Food and beverages	11,395.	9,742.		21,137.
	8 Entertainment				
	9 Other direct expenses	49,283.	39,484.		88,767.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				156,424.
11 Net income summary. Subtract line 10 from line 3, column (d)				-131,120.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**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 **NATIONAL FOREST FOUNDATION** Employer identification number **52-1786332**

Part I General Information on Grants and Assistance

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

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

1 (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 noncash assistance	(h) Purpose of grant or assistance
ACCESS FUND 4720 WALNUT STREET BOULDER, CO 80301	94-3131165	501(C)(3)	18,738.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ALASKA TRAILS 750 WEST 2ND AVENUE ANCHORAGE, AK 99501	73-1677483	501(C)(3)	17,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ALLEGHANY HIGHLANDS TRAIL CLUB 800 MCCORMICK BLVD CLIFTON FORGE, VA 24422	88-1473783	501(C)(3)	7,300.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
AMERICAN CONSERVATION EXPERIENCE 2900 N FORT VALLEY ROAD FLAGSTAFF, AZ 86001	37-1473291	501(C)(3)	342,500.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
APPALACHIAN MOUNTAIN CLUB 10 CITY SQUARE BOSTON, MA 02129	04-6001677	501(C)(3)	32,161.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ARIZONA WILDERNESS COALITION P.O. BOX 40340 TUCSON,, AZ 85717	20-0412328	501(C)(3)	106,949.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **106.**
- 3** Enter total number of other organizations listed in the line 1 table **3.**

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

Schedule I (Form 990) 2021

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 TUCSON, AZ 85743	86-0111675	501(C)(3)	138,658.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ARKANSAS RIVER WATERSHED COLLABORATIVE - PO BOX 726 - LAKE GEORGE, CO 80827	82-3840102	501(C)(3)	24,416.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ASCEND WILDERNESS EXPERIENCE PO BOX 3263 WEAVERVILLE, CA 96093	59-3822430	501(C)(3)	9,460.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
BIG THOMPSON WATERSHED COALITION 1530 NORTH BOISE STREET LOVELAND, CO 80538	81-0753905	501(C)(3)	250,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
BOB MARSHALL WILDERNESS FOUNDATION PO BOX 190688 HUNGRY HORSE, MT 59919	31-1597921	501(C)(3)	27,809.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
BORDERLANDS RESTORATION NETWORK PO BOX 121 PATAGONIA, AZ 85624	47-2581032	501(C)(3)	36,150.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CALIFORNIA BOTANIC GARDEN 1500 NORTH COLLEGE AVE CLAREMONT, CA 91711	95-1664113	501(C)(3)	97,830.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CAMP GRIER PO BOX 490 OLD FORT, NC 28762	90-1033788	501(C)(3)	20,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CASCADE FOREST CONSERVANCY 4506 SE BELMONT ST, STE 230A PORTLAND, OR 97215	91-1737883	501(C)(3)	8,479.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Schedule I (Form 990)

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 - TRAVERSE CITY, MI 49684	38-2534222	501(C)(3)	40,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
COLORADO FOURTEENERS INITIATIVE 1511 WASHINGTON AVE, STE 310 GOLDEN, CO 80401	84-1354844	501(C)(3)	116,858.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY FORT COLLINS, CO 80523	84-6000545	501(C)(3)	30,129.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CONFEDERATED SALISH & KOOTENAI TRIBES - PO BOX 278 - PABLO, MT 59855	81-0230409	TRIBE	28,028.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CONSERVATION LEGACY 701 CAMINO DEL RIO, STE 101 DURANGO, CO 81301	84-1450808	501(C)(3)	181,109.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CONSERVATION NORTHWEST 1829 10TH AVE W, STE B SEATTLE, WA 98119	94-3091547	501(C)(3)	40,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
COTTONWOOD CANYONS FOUNDATION PO BOX 712440 COTTONWOOD HEIGHTS, UT 84171	74-3058673	501(C)(3)	70,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CRESTED BUTTE LAND TRUST PO BOX 2224 CRESTED BUTTE, CO 81224	84-1190830	501(C)(3)	12,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CRESTED BUTTE MOUNTAIN BIKE ASSOC PO BOX 782 CRESTED BUTTE, CO 81224	68-0512218	501(C)(3)	45,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Schedule I (Form 990)

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 HOTCHKISS, CO 81419	84-6002820	501(C)(3)	38,130.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
EAGLE RIVER WATERSHED PO BOX 5740 EAGLE, CO 81631	20-4448864	501(C)(3)	39,997.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
EAGLE SUMMIT WILDERNESS ALLIANCE 2454 S GILPIN ST DENVER, CO 80210	84-1305851	501(C)(3)	30,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
EARTHCORPS 6410 NE74TH ST., STE. 201E SEATTLE, WA 98115	91-1592071	501(C)(3)	20,924.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ECOCULTURE 210 E DALE AVE FLAGSTAFF, AZ 86001	84-4901454	501(C)(3)	12,625.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ENVIRONMENTAL RESOURCE CENTER INC PO BOX 819 KETCHUM, ID 83340	82-0456383		15,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
FOUR CORNERS SCHOOL OF OUTDOOR EDUCATION - PO BOX 1029 - MONTICELLO, UT 84535	39-1509336	501(C)(3)	40,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
FRIENDS OF DILLON RANGER DISTRICT PO BOX 1648 SILVERTHORNE, CO 80498	20-2343008	501(C)(3)	101,500.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
FRIENDS OF NEVADA WILDERNESS 1360 GREG ST, STE 111 SPARKS, NV 89431	88-0211763	501(C)(3)	19,999.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Schedule I (Form 990)

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 JACKSON, WY 83001	83-0309897	501(C)(3)	10,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
FRIENDS OF SCOTCHMAN PEAKS WILDERNESS - PO BOX 2061 - SANDPOINT, ID 83864	74-3202365	501(C)(3)	7,572.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
FRIENDS OF THE BOUNDARY WATERS 2550 UNIVERSITY AVE W ST PAUL, MN 55114	36-3414821	501(C)(3)	26,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
FRIENDS OF THE INYO 621 W LINE ST, STE 201 BISHOP, CA 93514	77-0389436	501(C)(3)	54,019.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
GILA WATERSHED PARTNERSHIP PO BOX 1614 THATCHER, AZ 85552	86-0917031	501(C)(3)	20,370.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
GLACIER PEAK INSTITUTE 1405 EMENS AVE N DARRINGTON, WA 98241	81-2374247	501(C)(3)	38,643.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
GREAT BURN STUDY GROUP 2825 STOCKYARD ROAD MISSOULA, MT 59808	55-0790103	501(C)(3)	14,500.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
GREEN FORESTS WORK TP COOPER BLDG, 730 ROSE ST LEXINGTON, KY 40546	46-1296612	501(C)(3)	54,670.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
GROUNDWORK RHODE ISLAND 1004 MAIN STREET PAWTUCKET, RI 02860	05-0397766	501(C)(3)	12,115.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Schedule I (Form 990)

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
GUNNISON TRAILS PO BOX 105 GUNNISON, CO 81230	11-3785204	501(C)(3)	55,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
HIGH COUNTRY CONSERVATION ADVOCATES - PO BOX 1066 - CRESTED BUTTE, CO 81224	84-0772688	501(C)(3)	12,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
IDAHO CONSERVATION LEAGUE PO BOX 844 BOISE, ID 83701	82-6042478	501(C)(3)	20,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
IRVINE RANCH CONSERVANCY 4727 PORTOLA PKWY IRVINE, CA 92620	45-5412769	501(C)(3)	72,500.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
KENAI WATERSHED FORUM 44129 STERLING HWY SOLDOTNA, AK 99669	91-1829284	501(C)(3)	21,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
LOMAKATSI RESTORATION PROJECT INC PO BOX 3084 ASHLAND, OR 97520	93-1163452	501(C)(3)	25,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
LOS PADRES FOREST ASSOCIATION 6750 NAVIGATOR WAY, STE 150 GOLETA, CA 93117	77-0011516	501(C)(3)	50,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
MESA COUNTY PUBLIC HEALTH PO BOX 2000 - 5033 GRAND JUNCTION, CO 81502	84-1121015	GOVT	64,558.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
MID KLAMATH WATERSHED PO BOX 409 ORLEANS, CA 95556	20-1501256	501(C)(3)	39,933.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Schedule I (Form 990)

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 SALMON, WA 98672	20-0024733	501(C)(3)	27,837.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
MILE HIGH YOUTH CORPS 1801 FEDERAL BLVD DENVER, CO 80204	84-1182631	501(C)(3)	199,728.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL - PO BOX 507 - IDYLLWIDE, CA 92549	91-2161820	501(C)(3)	86,520.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
MOUNTAIN STUDIES INSTITUTE PO BOX 426 SILVERTON, CO 81433	73-1644103	501(C)(3)	47,043.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
NATURAL RESTORATION 67 S HIGLEY RD, STE 103-118 GILBERT, AZ 85296	81-4745055	501(C)(3)	20,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
NEZ PERCE TRIBE PO BOX 1190 LAPWAI, ID 83540	82-0255928	TRIBE	29,105.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
NORTH FORK JOHN DAY WATERSHED PO BOX 444 LONG CREEK, OR 97856	20-5460326	501(C)(3)	9,364.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
NORTHEAST TENNESSEE REGIONAL FNDN 300 EAST MAIN STREET JOHNSON CITY, TN 37601	81-4941487	501(C)(3)	10,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
NORTHERN ARIZONA UNIVERITY FOUNDATION - NAU PO BOX 4094 - FLAGSTAFF, AZ 86011	86-0193726	501(C)(3)	101,250.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Schedule I (Form 990)

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

Schedule I (Form 990)

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 EL MONTE, CA 91731	27-0030016	501(C)(3)	41,918.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SANDY RIVER BASIN WATERSHED COUNCIL - LIKOWSKI HALL, 17405 NE GILSAN ST - PORTLAND, OR 97230	93-1294148	501(C)(3)	16,900.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SAWTOOTH INTERPRETIVE & HISTORICAL ASSN - PO BOX 75 - STANLEY, ID 83278	82-0305044	501(C)(3)	15,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SAWTOOTH SOCIETY PO BOX 820 HAILEY, ID 83333	84-1421909	501(C)(3)	20,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SEEDS PO BOX 2454 TRAVERSE CITY, MI 49686	38-3482266	501(C)(3)	69,278.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SELWAY BITTERROOT FOUNDATION PO BOX 1886 BOISE, ID 83701	27-2868220	501(C)(3)	29,412.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SHOSHONE-PAIUTE TRIBAL BUSINESS COUNCIL - PO BOX 219 - OWYHEE, NV 89832	88-0063331	TRIBE	15,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SITKA TRAIL WORKS 801 HALIBUT POINT ROAD SITKA, AK 99835	91-1815739	501(C)(3)	47,616.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SOUTH YUBA RIVER CITIZENS LEAGUE 313 RAILROAD AVE, STE 101 NEVADA CITY, CA 95959	68-0171371	501(C)(3)	42,969.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Schedule I (Form 990)

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

Schedule I (Form 990)

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 CORAOPPLIS, PA 54868	54-0846925	501(C)(3)	36,699.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
THE WILDLANDS CONSERVANCY 39611 OAK GLEN RD OAK GLEN, CA 92399	33-0676450	501(C)(3)	29,653.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
TRAILKEEPERS OF OREGON PO BOX 14814 PORTLAND, OR 97293	27-1209205	501(C)(3)	36,666.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
TREE PEOPLE 12601 MULHOLLAND DRIVE BEVERLY HILLS, CA 90210	23-7314838	501(C)(3)	201,059.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
TROUT UNLIMITED 1777 N KENT ST, STE 100 ARLINGTON, VA 22209	38-1612715	501(C)(3)	50,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
UNITED KEETOOWAH CHEROKEE COUNCIL PO BOX 746 TAHLEQUAH, OK 74465	73-1237070	GOVT	19,482.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
UPPER GILA WATERSHED ALLIANCE P.O. BOX 383 GILA, NM 88038	85-0441412	501(C)(3)	15,585.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
VAIL VALLEY MOUNTAIN BIKE ASSOCIATION - PO BOX 3986 - AVON, CO 81620	45-1539710	501(C)(3)	224,888.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
VERDE VALLEY CYCLISTS COALITION PO BOX 20332 SEDONA, AZ 86341	02-0717767	501(C)(3)	30,500.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Schedule I (Form 990)

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 DENVER, CO 80209	74-2357211	501(C)(3)	60,423.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WA STATE DEPT OF ECOLOGY PO BOX 47600 OLYMPIA, WA 98504	91-6001063	GOVT	37,717.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WALAMA RESTORATION PROJECT PO BOX 894 EUGENE, OR 97440	93-1321979	501(C)(3)	5,208.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WALKING MOUNTAINS SCIENCE CENTER PO BOX 9469 AVON, CO 81620	84-1436731	501(C)(3)	40,900.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WASHINGTON TRAILS ASSOCIATION 705 2ND AVE, SUITE 300 SEATTLE, WA 98104	91-0900134	501(C)(3)	20,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WETLAND INITIATIVES 53 WEST JACKSON BLVD, STE 1015 CHICAGO, IL 60604	36-3942451	501(C)(3)	585,648.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WHITE RIVER PARTNERSHIP PO BOX 705 SOUTH ROYALTON, VT 05068	03-0371746		15,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WILD ALABAMA PO BOX 356 DOUBLE SPRINGS, AL 35553	85-2784968	501(C)(3)	53,134.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WILD SOUTH PO BOX 1928 ASHEVILLE, NC 28802	56-2173810	501(C)(3)	20,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Schedule I (Form 990)

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
WILDERNESS VOLUNTEERS GIVING PO BOX 22292 FLAGSTAFF, AZ 86002	91-1821692	501(C)(3)	5,300.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WILDLANDS RESTORATION VOLUNTEERS 2100 COLLYER ST LONGMONT, CO 80501	46-0505155	501(C)(3)	40,047.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WOOD PRODUCT SIGNS 4890 COUNTY ROAD 76 PARLIN, CO 81239	27-1829689		35,860.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
YELLOWSTONE TO YUKON CONSERVATION INITIATIVE - PO BOX 157 - BOZEMAN, MT 59771	81-0535303	501(C)(3)	18,730.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

GRANT RECIPIENTS SUBMIT MID-TERM AND END-OF-TERM NARRATIVE AND FINANCIAL

REPORTS, WHICH ARE REVIEWED BY THE NATIONAL FOREST FOUNDATION STAFF.

RECIPIENTS ARE REQUIRED TO SEEK APPROVAL BEFORE MAKING ANY CHANGES TO THE

ORIGINAL WORK PLAN OR BUDGET.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

NATIONAL FOREST FOUNDATION

Employer identification number

52-1786332

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b 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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
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:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
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	X
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	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Part III Supplemental Information

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

PART I, LINE 5:

THE BOARD OF DIRECTORS DECIDES ON AN ANNUAL BONUS FOR MARY MITSOS BASED ON

THE ANNUAL FINANCES OF THE ORGANIZATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	15	63,891.	FAIR MARKET VALUE
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)	X	2	27,938.	FMV
26 Other (TRAVEL MILES)	X	1	19,888.	FMV
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement: **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

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

SCHEDULE M, PART I, COLUMN (B):

USING A COMBINATION OF THE TWO METHODS ABOVE

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

NATIONAL FOREST FOUNDATION

Employer identification number

52-1786332

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

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

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

AND NATIONAL PROGRAMS THAT PROMOTE THE HEALTH AND PUBLIC ENJOYMENT OF

THE 193 MILLION ACRE NATIONAL FOREST SYSTEM.

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

FOR THE BENEFIT OF THE NATIONAL FORESTS.

FORM 990, PART VI, SECTION 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:

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

Schedule O (Form 990) 2021

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 OBJECTIVES WHICH

CREATE THE MECHANISM TO EVALUATE THE PERFORMANCE OF THE EXECUTIVE

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

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

MEETING THE BOARD GOES INTO EXECUTIVE SESSION FOR THE CHAIRMAN TO

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

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

COMPENSATION COMMITTEE MEETS TO REVIEW STAFF AND BOARD INPUT,

PERFORMANCE AGAINST ORGANIZATION PERFORMANCE OBJECTIVES AND DETERMINES

A BONUS BASED ON THIS INFORMATION.

FORM 990, PART VI, LINE 1A AND PART VII, COLUMN A, NUMBER OF BOARD MEMBERS

THERE WERE TWENTY-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.

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.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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 print	Name of exempt organization or other filer, see instructions. NATIONAL FOREST FOUNDATION	Taxpayer identification number (TIN) 52-1786332
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. BLDG 27 STE 3 FORT MISSOULA RD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MISSOULA, MT 59804	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return 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)	07		

MARY MITSOS

- The books are in the care of ▶ BLDG 27 STE 3 FORT MISSOULA RD - MISSOULA, MT 59804

Telephone No. ▶ 406-542-2805

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning OCT 1, 2021, and ending SEP 30, 2022.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	19,750.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c 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.	3c	\$	19,750.

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 instructions.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2021

For calendar year 2021 or other tax year beginning OCT 1, 2021, and ending SEP 30, 2022

▶ **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).**

Department of the Treasury
Internal Revenue Service

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) NATIONAL FOREST FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. BLDG 27 STE 3 FORT MISSOULA RD</p> <p>City or town, state or province, country, and ZIP or foreign postal code MISSOULA, MT 59804</p>	<p>D Employer identification number 52-1786332</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 61,629,261.</p>			
<p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>			
<p>H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/></p>			
<p>J Enter the number of attached Schedules A (Form 990-T) ▶ 1</p>			
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶</p>			
<p>L The books are in care of ▶ MARY MITSOS Telephone number ▶ 406-542-2805</p>			

Part I Total Unrelated Business Taxable Income		
1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	103,347.
2	Reserved	
3	Add lines 1 and 2	103,347.
4	Charitable contributions (see instructions for limitation rules) STMT 1	10,235.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	93,112.
6	Deduction for net operating loss. See instructions	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	93,112.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	1,000.
9	Trusts. Section 199A deduction. See instructions	
10	Total deductions. Add lines 8 and 9	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	92,112.

Part II Tax Computation		
1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	19,344.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	
3	Proxy tax. See instructions	
4	Other tax amounts. See instructions	
5	Alternative minimum tax (trusts only)	
6	Tax on noncompliant facility income. See instructions	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	19,344.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		19,344.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		19,344.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a		
b	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c	19,750.	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		19,750.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		691.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		285.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		
	Available post-2017 NOL carryover		
	\$		
	\$		
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here

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

Signature of officer: _____ Date: _____ Title: **PRESIDENT & CEO**

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

Paid Preparer Use Only

Print/Type preparer's name: **MEREDITH BELL** Preparer's signature: *MBell* Date: **08/04/23** Check if self-employed PTIN: **P01696827**

Firm's name: **RSM US LLP** Firm's EIN: **42-0714325**

Firm's address: **1250 H STREET, SUITE 700 WASHINGTON, DC 20005** Phone no.: **202-293-2200**

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 31,056,883
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS

TOTAL CONTRIBUTIONS AVAILABLE 31,056,883
 TAXABLE INCOME LIMITATION AS ADJUSTED 10,235

EXCESS CONTRIBUTIONS 31,046,648
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 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

OMB No. 1545-0047

2021

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).

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

Table with 4 columns: A Name of the organization (NATIONAL FOREST FOUNDATION), B Employer identification number (52-1786332), C Unrelated business activity code (901101), D Sequence (1 of 1)

E Describe the unrelated trade or business INVESTING ACTIVITIES

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc.

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

Table with 4 columns: Line number, Description, Sub-column, Total. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question about section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued breakdown by property type (personal vs real) and total rents. Row 5: Total deductions. Row 6: Total rents received or accrued. Row 7: Deductions directly connected with the income.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income from or allocable to debt-financed property, deductions (depreciation), average acquisition debt, and total gross income. Rows 9-11: Allocable deductions, total allocable deductions, and total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

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
DESCRIPTION		AMOUNT
PROFESSIONAL FEES		750.
TOTAL TO SCHEDULE A, PART II, LINE 14		750.

**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

2021

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

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts 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 gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a 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 Form(s) 8949 with Box C checked				55,604.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7 55,604.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts 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 gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result 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 from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 57,053.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	55,604.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	57,053.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	112,657.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

**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

2021

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

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts 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 gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a 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 Form(s) 8949 with Box C checked				55,604.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7 55,604.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts 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 gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result 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 from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 57,053.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	55,604.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	57,053.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	112,657.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

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 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.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

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 <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	COATUE QUALIFIED PARTNERS LP							57,053.
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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)								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.

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. FORM 990-T

2021

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

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

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 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.

Part I Required Annual Payment

1 Total tax (see instructions)		1	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 does not owe the penalty		3	19,344.
4 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		4	16,780.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	16,780.

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.
- 7 The corporation is using the annualized income installment method.
- 8 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), 6th, 9th, and 12th months of the corporation's tax year	9	01/15/22	03/15/22	06/15/22	09/15/22
10 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, enter 25% (0.25) of line 5 above in each column	10	4,195.	4,195.	4,195.	4,195.
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				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		4,195.	8,390.	12,585.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		4,195.	8,390.	
17 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 column. Otherwise, go to line 18	17	4,195.	4,195.	4,195.	4,195.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	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.

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 $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			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.

