Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10-01-2020 , and ending 09-30-2021

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

C Name of organization
NATIONAL FOREST FOUNDATION

Doing business as

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

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

D Employer identification number
52-1786332

E Telephone number
(406) 542-2805

G Gross receipts $ 34,399,157

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.NATIONALFORESTS.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1993

M State of legal domicile: DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
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.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	24
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	68
6	Total number of volunteers (estimate if necessary)	**6**	25
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	79,906

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	17,283,444	22,966,276
9	Program service revenue (Part VIII, line 2g)	7,244,686	10,860,117
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	87,636	66,887
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,424	-54,339
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,634,190	33,838,941
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,890,040	5,356,897
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,801,218	4,263,915
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,431,941		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,973,904	16,250,566
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	20,665,162	25,871,378
19	Revenue less expenses. Subtract line 18 from line 12	3,969,028	7,967,563

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	33,835,571	46,532,416
21	Total liabilities (Part X, line 26)	9,864,457	13,425,073
22	Net assets or fund balances. Subtract line 21 from line 20	23,971,114	33,107,343

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: 2022-08-12

▶ MARY MITSOS PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2022-08-12		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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses $ 20,979,275 including grants of $ 3,490,377) (Revenue $ 10,893,983)

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 $ 2,224,998 including grants of $ 1,866,520) (Revenue $)

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

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

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

4e **Total program service expenses** ▶ 23,204,273

Part IV Checklist of Required Schedules

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

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

Part V Statements Regarding Other IRS Filings and Tax 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	1a	91		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

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

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	24		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MS, MN, MT, ND, NJ, NH, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, VT, WA, WI, WV

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

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

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

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

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

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

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

See 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROB LEARY CHAIR	1.00	X		X				0	0	0
(2) LEE FROMSON TREASURER	1.00	X		X				0	0	0
(3) TIM SCHIEFFELIN SECRETARY	1.00	X		X				0	0	0
(4) BOB WHEELER EXECUTIVE COMMITTEE	1.00	X						0	0	0
(5) CAROLINE CHOI EXECUTIVE COMMITTEE	1.00	X						0	0	0
(6) ROBERT COLE EXECUTIVE COMMITTEE	1.00	X						0	0	0
(7) PATRICIA HAYLING PRICE EXECUTIVE COMMITTEE	1.00	X						0	0	0
(8) MIKE BROWN DIRECTOR	1.00	X						0	0	0
(9) MARY KATE BUCKLEY DIRECTOR	1.00	X						0	0	0
(10) AIMEE CHRISTENSEN DIRECTOR	1.00	X						0	0	0
(11) JAMES K HUNT DIRECTOR	1.00	X						0	0	0
(12) JANICE INNIS-THOMPSON DIRECTOR	1.00	X						0	0	0
(13) ALLIE KLINE DIRECTOR	1.00	X						0	0	0
(14) ANDIE MACDOWELL DIRECTOR	1.00	X						0	0	0
(15) THOMAS MCHENRY DIRECTOR	1.00	X						0	0	0
(16) JOSE MINAYA DIRECTOR	1.00	X						0	0	0
(17) RANDY PETERSON 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HUGH WILEY DIRECTOR	1.00	X						0	0	0
(19) KEVIN MURPHY DIRECTOR	1.00	X						0	0	0
(20) JAMES ODONNELL DIRECTOR	1.00	X						0	0	0
(21) RICK WADE DIRECTOR	1.00	X						0	0	0
(22) MICHAEL BARKIN DIRECTOR THRU 9/2021	1.00	X						0	0	0
(23) COLEY BURKE DIRECTOR THRU 7/2021	1.00	X						0	0	0
(24) CHAD WEISS DIRECTOR	1.00	X						0	0	0
(25) JEFF PARO DIRECTOR	1.00	X						0	0	0
(26) BOB COLE DIRECTOR	1.00	X						0	0	0
(27) MARY MITSOS PRESIDENT & CEO	40.00			X				330,577	0	27,159
(28) RAY FOOTE EXECUTIVE VP	40.00					X		242,792	0	39,961
(29) MARCUS SELIG VP, FIELD PROGRAMS	40.00					X		135,050	0	32,894
(30) ROBIN HILL CONTROLLER THRU 10/15/2021	40.00					X		122,177	0	33,006
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								830,596	0	133,020

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MARKIT FORESTRY MGMT 3370 CHUCKWAGON ROAD COLORADO SPRINGS, CO 80919	HELICOPTER OPERATIONS TO REMOVE TREES	1,398,350
USDA FOREST SERVICE PO BOX 6200-09 PORTLAND, OR 97228	TREE PLANTING & OTHER CONSERVATION WORK	1,380,622
ROBINSON ENTERPRISES INC 293 LOWER GRASS VALLEY ROAD NEVADA CITY, CA 95959	TIMBER REMOVAL AND HAZARDOUS FUELS REDUC	1,199,227
SUMMITT FORESTS INC 2305 ASHLAND ST STE 3 PMB 432 ASHLAND, OR 97520	REDUCE FIRE RISK AND RESTORE FOREST HEAL	780,992
WETLAND INITIATIVES 53 WEST JACKSON BLVD STE 1015 CHICAGO, IL 60604	RESTORATION OF THE TALLGRASS PRAIRIE ECO	604,317

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 ▶ 4 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	291,753			
	d Related organizations	1d				
	e Government grants (contributions)	1e	6,644,309			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,030,214			
	g Noncash contributions included in lines 1a - 1f:$	1g	294,058			
	h **Total.** Add lines 1a-1f		22,966,276			
Program Service Revenue		Business Code				
	2a CONTRACT REVENUE	900099	10,860,117	10,860,117		
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f		10,860,117			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		44,387			44,387
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		1,368			1,368

		(i) Real	(ii) Personal				
6a Gross rents	6a						
b Less: rental expenses	6b						
c Rental income or (loss)	6c						
d Net rental income or (loss)							

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a		469,999				
b Less: cost or other basis and sales expenses	7b		447,499				
c Gain or (loss)	7c		22,500				
d Net gain or (loss)				22,500			22,500

8a Gross income from fundraising events (not including $ 291,753 of contributions reported on line 1c). See Part IV, line 18	8a	23,144				
b Less: direct expenses	8b	112,717				
c Net income or (loss) from fundraising events			-89,573			-89,573
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a 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		Business Code				
11a OTHER REVENUE		900099	33,866	33,866		
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d . . . . . ▶			33,866			
12 **Total revenue.** See instructions . . . . . ▶			33,838,941	10,893,983	0	-21,318

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 . . . . . ☑

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	5,356,897	5,356,897		
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	366,332	242,253	50,799	73,280
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	3,111,185	2,059,748	428,309	623,128
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	113,464	75,359	15,390	22,715
9 Other employee benefits	430,631	263,205	87,534	79,892
10 Payroll taxes	242,303	161,375	32,887	48,041
11 Fees for services (non-employees):				
a Management				
b Legal	817		817	
c Accounting	52,390		52,390	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	54,614		54,614	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,489,442	14,115,600	104,542	269,300
12 Advertising and promotion	51,326	11,388	4,195	35,743
13 Office expenses	229,991	74,183	14,432	141,376
14 Information technology	146,926	68,992	12,784	65,150
15 Royalties				
16 Occupancy	74,142	38,650	6,673	28,819
17 Travel	68,225	62,551	1,347	4,327
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,464	15,676	-280	68
20 Interest	10,033		10,033	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	198,639	166,246	12,623	19,770
23 Insurance	40,214	12,265	27,949	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TAXES	3,039		3,039	
b BAD DEBTS	408,216	117,842	290,374	
c PROJECT SUPPLIES	208,227	197,530	1,783	8,914
d IN KIND EXPENSES	156,557	146,439	4,015	6,103
e All other expenses	42,304	18,074	18,915	5,315
25 **Total functional expenses.** Add lines 1 through 24e	25,871,378	23,204,273	1,235,164	1,431,941
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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		22,243,635	2	33,515,255
	3	Pledges and grants receivable, net		6,441,110	3	7,191,486
	4	Accounts receivable, net			4	
	5	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			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		37,939	8	101,041
	9	Prepaid expenses and deferred charges		104,432	9	154,342
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 804,662			
	b	Less: accumulated depreciation	10b 446,318	809,186	10c	358,344
	11	Investments—publicly traded securities		2,981,237	11	3,722,957
	12	Investments—other securities. See Part IV, line 11		1,076,456	12	1,347,415
	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	141,576
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		33,835,571	16	46,532,416
Liabilities	17	Accounts payable and accrued expenses		3,337,788	17	4,618,897
	18	Grants payable			18	
	19	Deferred revenue		4,923,361	19	6,630,929
	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		500,000	23	1,000,000
	24	Unsecured notes and loans payable to unrelated third parties		399,432	24	1,033,671
	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		703,876	25	141,576
	26	**Total liabilities.** Add lines 17 through 25		9,864,457	26	13,425,073
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		5,559,210	27	4,039,343
	28	Net assets with donor restrictions		18,411,904	28	29,068,000
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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		23,971,114	32	33,107,343
	33	Total liabilities and net assets/fund balances		33,835,571	33	46,532,416

Part XI Reconcilliation 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	33,838,941
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,871,378
3	Revenue less expenses. Subtract line 2 from line 1	3	7,967,563
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,971,114
5	Net unrealized gains (losses) on investments	5	960,496
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	208,170
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	33,107,343

Part XII Financial Statements and Reporting

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

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

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NATIONAL FOREST FOUNDATION

Employer identification number
52-1786332

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

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

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

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	11,975,975	12,035,688	16,165,759	17,283,444	22,966,276	80,427,142
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	11,975,975	12,035,688	16,165,759	17,283,444	22,966,276	80,427,142
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). .						6,573,868
6 **Public support.** Subtract line 5 from line 4.						73,853,274

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .	11,975,975	12,035,688	16,165,759	17,283,444	22,966,276	80,427,142
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	31,329	73,682	95,293	95,982	45,755	342,041
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .	468	11,659	19,642	10,569	16,780	59,118
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						80,828,301

12 Gross receipts from related activities, etc. (see instructions) **12** 26,595,636

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** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 91.370 %

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . **15** 87.480 %

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 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

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2019 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2020.** 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—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer 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? *If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	**1**		
a	Average monthly value of securities	**1a**		
b	Average monthly cash balances	**1b**		
c	Fair market value of other non-exempt-use assets	**1c**		
d	**Total** (add lines 1a, 1b, and 1c)	**1d**		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	**2**		
3	Subtract line 2 from line 1d	**3**		
4	Cash deemed held for exempt use. Enter 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 85% of line 1	**2**	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**	
4	Enter greater of line 2 or line 3	**4**	
5	Income tax imposed in prior year	**5**	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	**6**	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**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 - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 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-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

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Software ID:

Software Version:

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

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)( ) (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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

Name of organization
NATIONAL FOREST FOUNDATION

Employer identification number
52-1786332

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

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
NATIONAL FOREST FOUNDATION

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

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

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

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

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

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

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

Name of organization
NATIONAL FOREST FOUNDATION

Employer identification number
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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 $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ **$** _____

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

Additional Data

Return to Form

Software ID:

Software Version:

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

2020

Open to Public Inspection

Name of the organization
NATIONAL FOREST FOUNDATION

Employer identification number
52-1786332

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other .....

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **Yes** ☐ **No**

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

		Amount
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 in Part XIII . . . . ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,213,825	3,644,674	3,547,812	3,081,761	2,899,491
b Contributions . . .	1,100,000	6,000	3,500	296,021	30,000
c Net investment earnings, gains, and losses	904,954	563,151	93,362	170,030	152,270
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance	6,218,779	4,213,825	3,644,674	3,547,812	3,081,761

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

- **a** Board designated or quasi-endowment ▶ 17.000 %
- **b** Permanent endowment ▶ 39.000 %
- **c** Term endowment ▶ 44.000 %

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 . . . . . **3a(i)**		No
(ii) Related organizations . . . . . **3a(ii)**		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**		

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		30,000		30,000
b Buildings				
c Leasehold improvements		11,210	11,210	0
d Equipment		360,000	240,000	120,000
e Other		403,452	195,108	208,344
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				358,344

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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

(a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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.)* ▶	141,576

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

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

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

1	Total revenue, gains, and other support per audited financial statements			1	34,914,271
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	960,496		
b	Donated services and use of facilities	2b	2,117		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	962,613
3	Subtract line **2e** from line **1**			3	33,951,658
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	-112,717		
c	Add lines **4a** and **4b**			4c	-112,717
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	33,838,941

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	25,778,042
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	2,117		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	-95,453		
e	Add lines **2a** through **2d**			2e	-93,336
3	Subtract line **2e** from line **1**			3	25,871,378
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	25,871,378

Part XIII Supplemental Information

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

Return Reference	Explanation
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 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, 2021. 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 -112,717.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENT EXPENSES REPORTED IN PART VIII, LINE 8B 112,717. PRIOR YEAR GRANT REFUNDS -208,170.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NATIONAL FOREST FOUNDATION

Employer identification number
52-1786332

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
			Yes	**No**			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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

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

Revenue / Direct Expenses		(a) Event #1 SPORTING CLAYS (event type)	(b) Event #2 OUR FUTURE, OUR FORESTS (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	263,397	51,500		314,897
	2 Less: Contributions	247,777	43,976		291,753
	3 Gross income (line 1 minus line 2)	15,620	7,524		23,144
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	25,323	10,000		35,323
	7 Food and beverages	19,689			19,689
	8 Entertainment				
	9 Other direct expenses	7,832	49,873		57,705
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				112,717
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-89,573

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.

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information:

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation

Additional Data **Return to Form**

Software ID:

Software Version:

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

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL FOREST FOUNDATION

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

2020

Open to Public Inspection

Employer identification number
52-1795732

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 grants or assistance outside the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) METLAND INSTITUTES 53 W JACKSON BLVD STE 1015 CHICAGO,IL 60604	36-3942451	501(C)(3)	442,666				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(2) NORTHERN ARIZONA UNIVERSITY FOUNDATION 601 S KNOLES DR FLAGSTAFF,AZ 86011	86-0193726	501(C)(3)	342,250				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(3) CONSERVATION LEGACY 701 CAMINO DEL RIO STE 306 DURANGO,CO 81301	84-1450808	501(C)(3)	299,634				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(4) COLORADO FOURTEENERS INITIATIVE 1511 WASHINGTON AVE STE 200 GOLDEN,CO 80401	84-1354844	501(C)(3)	262,899				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(5) AMERICAN CONSERVATION EXPERIENCE 1660 LOVERY VALLEY ROAD FLAGSTAFF,AZ 86001	37-1473291	501(C)(3)	215,596				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(6) MILE HIGH YOUTH CORPS 2911 FEDERAL BLVD DENVER,CO 80204	84-1182631	501(C)(3)	208,372				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(7) ROCKY MOUNTAIN YOUTH CORPS - CO PO BOX 775549 STEAMBOAT SPRINGS,CO 80477	84-1483022	501(C)(3)	203,176				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(8) SOUTHERN APPALACHIAN MOUNTAINS FOUNDATION 1355 W 20TH ST SAN BERNARDINO,CA 92405	33-0556414	501(C)(3)	165,490				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(9) MILE HIGH YOUTH CORPS 1031 INSTITUTE 815 SOUTH 25TH ST STE 101 COLORADO SPRINGS,CO 80904	74-2225140	501(C)(3)	143,480				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(10) THE LONGLEAF ALLIANCE INC. 1210 OLSON CENTER ROAD CAMDEN,SC,SA,I. 36420	75-3263645	501(C)(3)	121,044				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(11) SITKA CONSERVATION SOCIETY PO BOX 6533 SITKA,AK 99835	92-0096633	501(C)(3)	101,996				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(12) SEALASKA ONE SEALASKA PLAZA STE 400 JUNEAU,AK 99801	45-4295940	501(C)(3)	100,100				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(13) CRESTED BUTTE COMMUNITY ASSOC PO BOX 782 CRESTED BUTTE,CO 81224	68-0512218	501(C)(3)	100,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(14) WILDLANDS CONSERVATION VOLUNTEERS 2160 COLLYER ST LOVELAND,CO 80501	46-0505155	501(C)(3)	97,536				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(15) CALIFORNIA CONSERVATION CORPS 1500 NORTH CLOVIS AVE CLAREMONT,CA 91711	95-1664113	501(C)(3)	96,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(16) FRIENDS OF DILLON RANGER DISTRICT PO BOX 1648 SILVERTHORNE,CO 80498	20-2343008	501(C)(3)	93,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(17) WHITE MOUNTAIN FOUNDATION PO BOX 2111 ASHLAND,NH 03217	83-3165380	501(C)(3)	85,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(18) VAIL VALLEY MOUNTAIN BIKE ASSOCIATION PO BOX 3986 AVON,CO 81620	45-1539710	501(C)(3)	80,940				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(19) TRAIL MIX INCORPORATED PO BOX 1623 ZIONSVILLE,IN 46077	92-0145301	501(C)(3)	75,172				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(20) ROARING FORK OUTDOOR VOLUNTEERS PO BOX 1341 CARBONDALE,CO 81623	84-1436731	501(C)(3)	65,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(21) WASATCH MOUNTAINS SCIENCE CENTER PO BOX 9669 AVON,CO 81620	84-1302819	501(C)(3)	70,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(22) MOUNTAIN TRAILS COALITION PO BOX 756 HAILEY,ID 83333	01-0975346	501(C)(3)	60,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(23) FRIENDS OF THE INTERMOUNTAIN WEST 413 S WELLS ST STE 300 CHICAGO,IL 60607	36-4519273	501(C)(3)	54,954				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(24) TRUCKEE TRAILS FOUNDATION PO BOX 1710 TRUCKEE,CA 96160	81-0601303	501(C)(3)	50,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(25) FRIENDS OF THE INYO 621 W LINE ST STE 203 BISHOP,CA 93514	77-0389436	501(C)(3)	47,691				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(26) NORTHWEST YOUTH CORPS 1465 AUGUSTA ST EUGENE,OR 97403	93-0818160	501(C)(3)	46,363				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(27) CONSERVATION CORPS OF LONG BEACH 346 WESTE AVE LONG BEACH,CA 90814	33-0293393	501(C)(3)	45,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(28) COLORTHUNDOO CANYONS FOUNDATION PO BOX 71949 COTTONWOOD HEIGHTS,UT 84171	74-3058673	501(C)(3)	45,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(29) RIDGEY MOUNTAIN YOUTH CORPS - NM PO BOX 5080 LOS LUNAS,NM 87031	85-0404817	501(C)(3)	45,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(30) ARIZONA-SONORA DESERT MUSEUM 2021 N KINNEY RD TUCSON,AZ 85743	86-0111675	501(C)(3)	44,922				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(31) UNITED KEETOOWAH CHEROKEE COUNCIL PO BOX 746 TAHLEQUAH,OK 74465	73-1237070	GOVT	43,445				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(32) WILD SOUTH PO BOX 7636 ASHEVILLE,NC 28802	56-2173810	501(C)(3)	42,893				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(33) RURAL ACTION INC 9650 HOCKING HILLS RD THE PLAINS,OH 45780	31-1124220	501(C)(3)	42,204				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(34) MID ALAMATH WATERSHED PO BOX 409 ORLEANS,CA 95556	20-1501256	501(C)(3)	39,980				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(35) EAGLE RIVER ALLIANCE PO BOX 5746 FRISCO,CO 80531	20-4448864	501(C)(3)	38,954				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(36) SALISH KOOTENAI COLLEGE 52000 HIGHWAY 93 PABLO,MT 59855	81-0378823	501(C)(3)	38,800				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(37) ANTYARM 3940 PROCTOR BLVD SANDY,OR 97055	93-1326167	501(C)(3)	38,350				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(38) GALLATIN RIVER TASK FORCE PO BOX 160513 BIG SKY,MT 59716	74-3127146	501(C)(3)	37,650				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(39) SELWAY BITTERROOT FOUNDATION PO BOX 1886 MISSOULA,MT 59801	27-2868220	501(C)(3)	37,637				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(40) COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY FORT COLLINS,CO 80523	84-6000545	501(C)(3)	37,376				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(41) NATURE TRAILS INC PO BOX 1 GUNNISON,CO 81230	31-3785204	501(C)(3)	35,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(42) PACIFORA BEAUTY 13520 VAN NUYS BLVD STE 201 PACOIMA,CA 91331	95-4770745	501(C)(3)	34,084				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(43) COLORADO MOUNTAIN CLUB 710 10TH STREET SUITE 200 GOLDEN,CO 80401	84-0410760	501(C)(3)	34,020				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(44) CHATHAM SCHOOL DISTRICT PO BOX 109 ANSONIA,AR 99820	92-0057395	GOVT	33,750				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(45) YAAK VALLEY FOREST COUNCIL 11894 YAAK RIVER ROAD TROY,MT 59935	81-0517993	501(C)(3)	31,500				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(46) MESA YOUTH SERVICE 2582 NORTH AVE GRAND JUNCTION,CO 81501	74-2486204	501(C)(3)	30,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(47) FRIENDS OF VERDE RIVER GREENWAY PO BOX 2143 COTTONWOOD,AZ 86326	45-2927355	501(C)(3)	29,990				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(48) WESTERN SLOPE CONSERVATION CENTER 907 RULOFSON DURANGO,CO 81419	84-0728032	501(C)(3)	29,560				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(49) SAN JUAN MOUNTAINS ASSOCIATION 15 MAIN AVE DURANGO,CO 81302	23-7437775	501(C)(3)	26,950				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(50) MOUNTAINS TO SOUND GREENWAY 911 WESTERN AVE SUITE 575 SEATTLE,WA 98104	91-1531234	501(C)(3)	26,809				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(51) TREE PEOPLE 12601 MULHOLLAND DRIVE BEVERLY HILLS,CA 90210	23-7314838	501(C)(3)	26,366				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(52) FOUR CORNERS SCHOOL OF OUTDOOR EDUCATION PO BOX 1029 MONTICELLO,UT 84535	39-1509336	501(C)(3)	26,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(53) WHITEFISH LEGACY PARTNERS PO BOX 1895 WHITEFISH,MT 59937	20-0674119	501(C)(3)	25,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(54) TROUT UNLIMITED 1777 N KENT ST STE 100 ARLINGTON,A 22209	38-1612715	501(C)(3)	24,833				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(55) SWINOMISH INDIAN TRIBAL COMMUNITY 11404 MORAVAY WAY LA CONNER,WA 98257	91-0434170	TRIBE	24,801				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(56) CORVETTINE 1625 COVINGTON STREET BAITIMORE,MD 21230	82-0818520	501(C)(3)	24,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(57) CONFEDERATED SALISH & KOOTENAI TRIBES PO BOX 278 PABLO,MT 59855	81-0230409	TRIBE	23,675				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(58) HOONAH INDIAN ASSOCIATION PO BOX 602 HOONAH,AK 99829	92-0060129	501(C)(3)	23,338				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(59) WALKMA RESTORATION PROJECT PO BOX 1 EUGENE,OR 97440	93-1321979	501(C)(3)	22,342				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(60) SAUHOH RIVER RESTORATION COUNCIL PO BOX 1089 SAWERS BAR,CA 96027	68-0343595	501(C)(3)	22,308				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(61) SOUTHERN APPALACHIAN WILDERNESS STEWARDS 225 EAST CHESTNUT STREET ASHVILLE,NC 28801	47-2407649	501(C)(3)	22,159				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(62) FRIENDS OF NEVADA WILDERNESS 1560 GRSD ST STE 111 RENO,NV 89521	88-0211763	501(C)(3)	22,124				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(63) GREAT BURN STUDY GROUP 2825 STOCKYARD ROAD MISSOULA,MT 59808	55-0790103	501(C)(3)	21,389				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(64) KENAI WATERSHED FORUM 44129 STERLING HWY SOLDOTNA,AK 99669	91-1829284	501(C)(3)	21,264				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(65) GLACIER PEAK INSTITUTE 1601 FIRING AVE N DARRINGTON,WA 98241	81-2374247	501(C)(3)	21,251				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(66) NEW MEXICO WILDERNESS ALLIANCE 317 COMMERCIAL ST NE STE 290 ALBUQUERQUE,NM 87102	85-0457916	501(C)(3)	20,963				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(67) COLORADO MOUNTAIN BIKE ASSOCIATION PO BOX 250415 LAKEWOOD,CO 80228	95-1147772	501(C)(3)	20,500				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(68) BOB MARSHALL WILDERNESS FOUNDATION PO BOX 150949 HUNGRY HORSE,MT 59919	31-1597921	501(C)(3)	20,062				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(69) EAGLE SUMMIT ALPINE ALLIANCE PO BOX 4504 FRISCO,CO 80443	84-1305851	501(C)(3)	20,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(70) PHEASANTS FOREVERQUAIL FOREVER 1783 BUERKLE CIRCLE ST PAUL,MN 55110	41-1429149	501(C)(3)	20,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(71) SIERRA INSTITUTE FOR COMMUNITY & ENVIRONMENT PO BOX 1029 TAHOECITY,CA 95983	91-1818166	501(C)(3)	20,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(72) SOUTHWEST ALASKA WATERSHED COALITION PO BOX 283 HAINES,AK 99827	37-1651525	501(C)(3)	20,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(73) TUOLUMNE RIVER PRESERVATION TRUST 47 LINDEMAN ST SONORA,CA 95370	94-2834151	501(C)(3)	20,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(74) NATURE CONSERVANCY VA 4245 NORTH FAIRFAX DR STE 100 ARLINGTON,A 22203	53-0242652	501(C)(3)	19,927				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(75) SHERIDAN COMMUNITY LAND TRUST PO BOX 1 SHERIDAN,WY 82801	20-4385635	501(C)(3)	18,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(76) ALASKA TRAILS 241 WEST 2ND AVENUE ANCHORAGE,AK 99501	73-1677493	501(C)(3)	17,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(77) OREGON NATURAL DESERT ASSOCIATION 50 SW BOND ST STE 4 BEND,OR 97702	94-3098621	501(C)(3)	16,837				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(78) CONSERVATION LEGACY - CO 1050 TRAVERSE HWY 1533 SUMMIT CTY,MI 49884	38-2181915	501(C)(3)	15,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(79) FRIENDS OF FATIMAYO PO BOX 2062 JACKSON,WY 83001	83-0309897	501(C)(3)	15,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(80) TAHOE AREA MOUNTAIN BIKING ASSOC PO BOX 13712 SOUTH LAKE TAHOE,CA 96151	91-1852297	501(C)(3)	15,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(81) CHILD & FAMILY AGENCY OF SOUTHEAST 3785 VETERANS DR TRAVERSE CITY,MI 49684	38-2534222	501(C)(3)	14,892				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(82) BACKCOUNTRY HORSEMEN OF MT 729 W ALDER STE I MISSOULA,MT 59802	20-1037177	501(C)(3)	13,500				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(83) OREGON WILD 5825 N GREELEY AVE PORTLAND,OR 97217	23-7432828	501(C)(3)	13,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(84) UPPER GILA WATERSHED ALLIANCE PO BOX 383 GILA,NM 88038	85-0441412	501(C)(3)	13,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(85) NATURE CONSERVANCY 4245 N FAIRFAX DRIVE STE 100 ARLINGTON,VA 22203	91-0880684	501(C)(3)	12,338				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(86) VOLUNTEERS FOR OUTDOOR CO 600 SOUTH MARION PKWY DENVER,CO 80209	74-2357211	501(C)(3)	11,500				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(87) NORTH CASCADES INSTITUTE 810 STATE ROUTE 20 SEDRO WOOLLEY,WA 98284	91-1227775	501(C)(3)	11,384				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(88) GRAND TRAILS ASSOCIATION 2991 SOUTH 3RD PO BOX 1757	36-4667290	501(C)(3)	11,218				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(89) THE FOREST STEWARDS GUILD 2019 GALISTEO ST STE N7 SANTA FE,NM 87505	85-0446866	501(C)(3)	10,720				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(90) ISAAC 1400 16TH AVE SW PO BOX 844 BOISE,ID 83701	82-6042478	501(C)(3)	10,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(91) WASHINGTON TRAILS ASSOCIATION 705 2ND AVENUE SUITE 300 SEATTLE,WA 98104	91-0900134	501(C)(3)	10,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(92) WHITE RIVER PARTNERSHIP PO BOX 705 MEREDITH,NH,V 03584	83-0371746	501(C)(3)	10,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(93) WILDERNESS WORKSHOP PO BOX 1442 CARBONDALE,CO 81623	74-1900412	501(C)(3)	10,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(94) HOCKING HILLS WILDERNESS PO BOX 3263 WEAVERVILLE,A 96093	59-3822430	501(C)(3)	8,780				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(95) NATIONAL PARKS CONSERVATION ASSOCIATION NAU PO BOX 4094 FLAGSTAFF,AZ 86011	86-0193726	501(C)(3)	8,400				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(96) SANDY RIVER BASIN PARTNERSHIP LIKOWSKI HALL 194D NE GILSAN ST PORTLAND,OR 97230	93-1294148	501(C)(3)	8,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(97) SAWTOOTH SOCIETY PO BOX 2420 KETCHUM,ID 83333	84-1421909	501(C)(3)	8,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(98) MOUNTAIN STUDIES INSTITUTE PO BOX 426 SILVERTON,CO 81433	73-1644103	501(C)(3)	7,522				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(99) CASCADE FOREST CONSERVANCY 4506 SE BELMONT ST STE 230A PORTLAND,OR 97215	91-1737883	501(C)(3)	6,521				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 99

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

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

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

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

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

Additional Data

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Software ID:

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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

2020

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

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1MARY MITSOS PRESIDENT & CEO	**(i)**	270,319	60,000	258	16,738	11,116	358,431	0
	(ii)	0	0	0	0	0	0	0
2RAY FOOTE EXECUTIVE VP	**(i)**	242,534	0	258	12,620	28,037	283,449	0
	(ii)	0	0	0	0	0	0	0
3MARCUS SELIG VP, FIELD PROGRAMS	**(i)**	134,990	0	60	7,153	26,643	168,846	0
	(ii)	0	0	0	0	0	0	0
4ROBIN HILL CONTROLLER THRU 10/15/2021	**(i)**	122,039	0	138	6,545	27,711	156,433	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

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

Additional Data

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Software ID:

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NATIONAL FOREST FOUNDATION

Employer identification number
52-1786332

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	8	74,400	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/SUPPLIES) ▶	X	2	135,787	FMV
26 Other (TRAVEL MILES & E-PASSES) ▶	X	1	83,871	FMV
27 Other ▶ ( )				
28 Other ▶ ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		0
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?	30a		No
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?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
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.

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

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NATIONAL FOREST FOUNDATION

Employer identification number
52-1786332

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AFTER PREPARATION BY THE FOUNDATION'S INDEPENDENT ACCOUNTING FIRM, THE FORM 990 WILL BE REVIEWED BY THE PRESIDENT AND THE TREASURER OF THE ORGANIZATION. ELECTRONIC COPY OF THE FORM 990, AS ULTIMATELY FILED WITH THE IRS WILL BE PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.
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, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION B, LINE 15, COMPENSATION POLICY	THE BOARD APPROVES ANNUAL ORGANIZATIONAL PERFORMANCE OBJECTIVES WHICH CREATE THE MECHANISM TO EVALUATE THE PERFORMANCE OF THE EXECUTIVE DIRECTOR. AT THE END OF THE FISCAL YEAR, THE CHAIRMAN SEEKS PEER INPUT BY DISCUSSING PERFORMANCE WITH EACH MEMBER OF SENIOR STAFF AT ITS FALL MEETING THE BOARD GOES INTO EXECUTIVE SESSION FOR THE CHAIRMAN TO REPORT ON PEER INPUT AND SEEK BOARD INPUT ON ED PERFORMANCE. FOLLOWING THE BOARD'S EXECUTIVE SESSION THE EXC. COMMITTEE, WHICH SERVES AS THE COMPENSATION COMMITTEE MEETS TO REVIEW STAFF AND BOARD INPUT, PERFORMANCE AGAINST ORGANIZATION PERFORMANCE OBJECTIVES AND DETERMINES A BONUS BASED ON THIS INFORMATION.
FORM 990, PART VI, LINE 1A AND PART VII, COLUMN A, NUMBER OF BOARD MEMBERS	THERE WERE TWENTY-FOUR BOARD MEMBERS WHO SERVED AT ANY TIME DURING THE FISCAL YEAR. ALL BOARD MEMBERS WHO SERVED DURING THE FISCAL YEAR ARE SHOWN IN PART VII, COLUMN A. AT THE END OF THE FISCAL YEAR, THERE WERE ONLY TWENTY TWO VOTING BOARD MEMBERS.
FORM 990, PART IX, LINE 11G	SERVICE CONTRACTS: PROGRAM SERVICE EXPENSES 11,560,079. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 59,327. TOTAL EXPENSES 11,619,406. CONSULTING/PRO FEES: PROGRAM SERVICE EXPENSES 171,667. MANAGEMENT AND GENERAL EXPENSES 104,542. FUNDRAISING EXPENSES 202,550. TOTAL EXPENSES 478,759. TEMP STAFFING: PROGRAM SERVICE EXPENSES 9,238. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 7,423. TOTAL EXPENSES 16,661. COLLECTION AGREEMENTS: PROGRAM SERVICE EXPENSES 2,374,616. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,374,616.
FORM 990, PART XI, LINE 9:	PRIOR YEAR GRANT REVERSAL 208,170.

Additional Data

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