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

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 10-01-2023 , and ending 09-30-2024

B Check if applicable:
- [x] 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
27 FORT MISSOULA RD STE 3

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 $ 77,942,919

F Name and address of principal officer:
DIETER FENKART-FROESCHL
27 FORT MISSOULA RD STE 3
MISSOULA, MT 59804

H(a) Is this a group return for subordinates? [ ] Yes [x] 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: [x] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.NATIONALFORESTS.ORG

K Form of organization: [x] 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.

Activities & Governance

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	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	143
6	Total number of volunteers (estimate if necessary)	6	125
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	28,399,937	21,691,118
9	Program service revenue (Part VIII, line 2g)	21,885,333	54,145,966
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,392,054	2,069,897
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-113,381	-44,514
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,563,943	77,862,467

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,649,265	13,283,295
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)	8,344,668	13,207,913
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 2,691,706		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	30,925,341	55,586,796
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	47,919,274	82,078,004
19	Revenue less expenses. Subtract line 18 from line 12	3,644,669	-4,215,537

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	73,816,760	93,453,618
21	Total liabilities (Part X, line 26)	22,671,097	44,729,475
22	Net assets or fund balances. Subtract line 21 from line 20	51,145,663	48,724,143

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: 2025-08-07
DIETER FENKART-FROESCHL 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
		2025-08-07		P01696827

Firm's name RSM US LLP — Firm's EIN 42-0714325

Firm's address 919 EAST MAIN STREET SUITE 1800, RICHMOND, VA 23219 — Phone no. (804) 282-2121

May the IRS discuss this return with the preparer shown above? See Instructions. [x] 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 $ 70,418,651 including grants of $ 10,934,584) (Revenue $ 53,920,874)

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 $ 5,109,147 including grants of $ 2,348,711) (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 $)

(Code:) (Expenses $ including grants of $) (Revenue $ 227,769)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $ 227,769)

4e **Total program service expenses** 75,527,798

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 Rev. Proc. 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		No
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 the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *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 line 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 on 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	122		
b	Enter the number of Forms W-2G included on 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**	143		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**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? If "Yes," see instructions and file Form 4720, Schedule N.			**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
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			**17**	

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**	25		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	25		
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 on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**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 on 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 on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ 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: DIETER FENKART-FROESCHL 27 FORT MISSOULA RD STE 3 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	**Institutional Trustee;**	Officer	Key employee	Highest compensated employee	Former			
(1) ROB LEARY CHAIR	1.00	X		X				0	0	0
(2) BOB WHEELER VICE CHAIR	1.00	X		X				0	0	0
(3) JOSE MINAYA TREASURER	1.00	X		X				0	0	0
(4) JANICE INNIS-THOMPSON SECRETARY	1.00	X		X				0	0	0
(5) CAROLINE CHOI EXECUTIVE COMMITTEE	1.00	X						0	0	0
(6) PATRICIA HAYLING PRICE EXECUTIVE COMMITTEE	1.00	X						0	0	0
(7) ALLIE KLINE EXECUTIVE COMMITTEE	1.00	X						0	0	0
(8) MATT BOSS DIRECTOR	1.00	X						0	0	0
(9) MIKE BROWN DIRECTOR	1.00	X						0	0	0
(10) MARY KATE BUCKLEY DIRECTOR	1.00	X						0	0	0
(11) AIMEE CHRISTENSEN DIRECTOR	1.00	X						0	0	0
(12) PAUL HOGAN DIRECTOR	1.00	X						0	0	0
(13) BRIAN D JACOBS DIRECTOR	1.00	X						0	0	0
(14) ANNIE KAO DIRECTOR	1.00	X						0	0	0
(15) TOREN KUTNICK DIRECTOR	1.00	X						0	0	0
(16) ANDIE MACDOWELL DIRECTOR	1.00	X						0	0	0
(17) THOMAS MCHENRY 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(18) LOGAN MARSHALL DIRECTOR	1.00	X						0	0	0
(19) KEVIN MURPHY DIRECTOR	1.00	X						0	0	0
(20) JEFF NUSS DIRECTOR	1.00	X						0	0	0
(21) JAMES O'DONNELL DIRECTOR	1.00	X						0	0	0
(22) RANDY PETERSON DIRECTOR	1.00	X						0	0	0
(23) KENNY THOMPSON JR DIRECTOR	1.00	X						0	0	0
(24) RICK WADE DIRECTOR	1.00	X						0	0	0
(25) HUGH WILEY DIRECTOR	1.00	X						0	0	0
(26) CHIEF RANDY MOORE EX OFFICIO	1.00	X						0	0	0
(27) MARY MITSOS PRESIDENT & CEO	40.00			X				388,060	0	26,435
(28) COREY WHITELY CHIEF FINANCIAL OFFICER	40.00			X				197,776	0	10,596
(29) MELISSA RICHARDS CHIEF PEOPLE OFFICER	40.00					X		145,579	0	9,229
(30) JEFF ZANELLI CHIEF MARKETING OFFICER	40.00					X		131,226	0	10,227
(31) MARCUS SELIG CHIEF CONSERVATION OFFICER	40.00					X		195,439	0	30,601
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,058,080	0	87,088

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 5

			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
GE FORESTRY INC 5315 MCLOUGHLIN DR CENTRAL POINT, OR 97502	FORESTRY SERVICES	1,956,850
USDA FOREST SERVICE C/O CITIBANK LOS ANGELES, CA 900301550	TREE PLANTING/CONSERVATION	1,774,877
MILLER TIMBER SERVICES INC PO BOX 638 PHILOMATH, OR 97370	FORESTRY SERVICES	1,632,266
SUMMITT FORESTS INC 2305 ASHLAND ST STE 3 PMB 432 ASHLAND, OR 97520	FORESTRY SERVICES	1,578,374
WESTERN CONSTRUCTION & EQUIPMENT LLC 4300 NATRONA AVENUE ANCHORAGE, AL 99156	FORESTRY SERVICES	1,334,660

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 8 5

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 OtherAmt Similar Amounts				
1a Federated campaigns . .	1a			
b Membership dues . .	1b			
c Fundraising events . .	1c 330,652			
d Related organizations	1d			
e Government grants (contributions)	1e 7,587,284			
f All other contributions, gifts, grants, and similar amounts not included above	1f 13,773,182			
g Noncash contributions included in lines 1a - 1f:$	1g 147,328			
h **Total.** Add lines 1a-1f	21,691,118			
Program Service Revenue	Business Code			
2a CONTRACT REVENUE	900099	53,506,033	53,506,033	
b NATURAL RESOURCES	900099	639,933	639,933	
c				
d				
e				
f All other program service revenue.				
g **Total.** Add lines 2a–2f.	54,145,966			
3 Investment income (including dividends, interest, and other similar amounts)		2,069,897		2,069,897
4 Income from investment of tax-exempt bond proceeds				
5 Royalties		1,000		1,000
	(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				
b Less: cost or other basis and sales expenses 7b				
c Gain or (loss) 7c				
d Net gain or (loss)				
8a Gross income from fundraising events (not including $ 330,652 of contributions reported on line 1c). See Part IV, line 18 . . . . 8a	32,261			
b Less: direct expenses 8b	80,452			
c Net income or (loss) from fundraising events . .		-48,191		-48,191
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 . .				
Other Revenue	Business Code			
11a OTHER REVENUE	900099	2,677	2,677	
b				
c				
d All other revenue				
e **Total.** Add lines 11a–11d		2,677		
12 **Total revenue.** See instructions		77,862,467	54,148,643	0 2,022,706

OtherRevenueMiscAmt

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	13,283,295	13,283,295		
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	519,637	365,720	90,451	63,466
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	10,508,503	7,384,921	1,842,765	1,280,817
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	277,210	196,989	46,037	34,184
9 Other employee benefits	1,065,252	767,677	162,570	135,005
10 Payroll taxes	837,311	600,601	130,563	106,147
11 Fees for services (non-employees):				
a Management				
b Legal	48,715		48,715	
c Accounting	9,870		9,870	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	36,017		36,017	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	51,743,568	50,776,233	436,317	531,018
12 Advertising and promotion	205,944	33,345	2,684	169,915
13 Office expenses	299,297	81,857	95,075	122,365
14 Information technology	550,620	379,299	71,656	99,665
15 Royalties				
16 Occupancy	58,426	41,944	9,073	7,409
17 Travel	710,579	551,338	82,256	76,985
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	381,452	55,402	288,412	37,638
20 Interest	264,848		264,848	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	64,832	46,619	10,014	8,199
23 Insurance	57,031		57,031	
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 PROJECT SUPPLIES	829,994	826,989	1,333	1,672
b DUES & SUBSCRIPTIONS	66,990	44,407	14,013	8,570
c BUSINESS & CHARITABLE R	41,910	29,205	12,705	
d BAD DEBTS	40,236	37,579	2,657	
e All other expenses	176,467	24,378	143,438	8,651
25 **Total functional expenses.** Add lines 1 through 24e	82,078,004	75,527,798	3,858,500	2,691,706
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		49,419,076	2	37,164,356
	3	Pledges and grants receivable, net		16,949,685	3	27,046,716
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		85,204	8	63,994
	9	Prepaid expenses and deferred charges		169,388	9	238,266
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,424,161			
	b	Less: accumulated depreciation	10b 597,847	351,335	10c	826,314
	11	Investments—publicly traded securities		5,579,434	11	26,602,781
	12	Investments—other securities. See Part IV, line 11		1,262,638	12	1,511,191
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		73,816,760	16	93,453,618
Liabilities	17	Accounts payable and accrued expenses		11,128,149	17	24,010,233
	18	Grants payable			18	
	19	Deferred revenue		8,506,461	19	10,761,055
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties		3,036,487	24	9,958,187
	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			25	
	26	**Total liabilities.** Add lines 17 through 25		22,671,097	26	44,729,475
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		4,743,272	27	3,956,255
	28	Net assets with donor restrictions		46,402,391	28	44,767,888
		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		51,145,663	32	48,724,143
	33	Total liabilities and net assets/fund balances		73,816,760	33	93,453,618

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	77,862,467
2	Total expenses (must equal Part IX, column (A), line 25)	2	82,078,004
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,215,537
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	51,145,663
5	Net unrealized gains (losses) on investments	5	1,712,110
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	81,907
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	48,724,143

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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)

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

2023

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).)

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 on 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	17,283,444	22,966,276	32,004,378	28,399,937	21,691,118	122,345,153
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	17,283,444	22,966,276	32,004,378	28,399,937	21,691,118	122,345,153
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) . .						8,355,532
6 **Public support.** Subtract line 5 from line 4.						113,989,621

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. .	17,283,444	22,966,276	32,004,378	28,399,937	21,691,118	122,345,153
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	95,982	45,755	177,460	1,311,554	2,070,897	3,701,648
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .	10,569	16,780	92,112			119,461
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						126,166,262

12	Gross receipts from related activities, etc. (see instructions)	12	111,343,599

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 2023 (line 6, column (f) divided by line 11, column (f))	14	90.350 %
15	Public support percentage for 2022 Schedule A, Part II, line 14	15	90.360 %

16a **33 1/3% support test—2023.** 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—2022.** 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—2023.** 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—2022.** 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2023.** 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—2022.** 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) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	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 on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on 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 on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in 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 2023 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-2023**	**(iii) Distributable Amount for 2023**
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. 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 2024.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

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

Return to Form

Software ID:

Software Version:

Schedule B

(Form 990)
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

2023

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
52-1786332

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

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

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

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

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

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

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

Name of organization
NATIONAL FOREST FOUNDATION

Employer identification number
52-1786332

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

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

2022

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 July 25, 2006, 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	9,840,272	5,993,895	6,218,779	4,213,825	3,644,674
b Contributions . . .		3,000,000	1,110,000	1,100,000	6,000
c Net investment earnings, gains, and losses	1,870,841	846,377	-1,334,884	904,954	563,151
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance	11,711,113	9,840,272	5,993,895	6,218,779	4,213,825

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

- **a** Board designated or quasi-endowment ▶ 12.000 %
- **b** Permanent endowment ▶ 13.000 %
- **c** Term endowment ▶ 75.000 %

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				
b Buildings				
c Leasehold improvements		11,210	11,210	0
d Equipment		225,000	225,000	0
e Other		1,187,951	361,637	826,314
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				826,314

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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	79,725,054
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	1,712,110		
b	Donated services and use of facilities	2b	70,025		
c	Recoveries of prior year grants	2c	81,907		
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	1,864,042
3	Subtract line **2e** from line **1**			3	77,861,012
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	1,455		
c	Add lines **4a** and **4b**			4c	1,455
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	77,862,467

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	82,146,574
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	70,025		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	80,452		
e	Add lines **2a** through **2d**			2e	150,477
3	Subtract line **2e** from line **1**			3	81,996,097
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	81,907		
c	Add lines **4a** and **4b**			4c	81,907
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	82,078,004

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part lV, 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, 2024. 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 -80,452. GRANT REFUNDS 81,907.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENT EXPENSES REPORTED IN PART VIII, LINE 8B 80,452.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	GRANT REFUNDS 81,907.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE G
(Form 990)

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

2023

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 NATURE UNLEASHED (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	180,045	182,868		362,913
	2 Less: Contributions	160,272	170,380		330,652
	3 Gross income (line 1 minus line 2)	19,773	12,488		32,261
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	25,719	16,404		42,123
	7 Food and beverages	10,398			10,398
	8 Entertainment				
	9 Other direct expenses	11,154	16,777		27,931
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				80,452
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-48,191

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:

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

Schedule I
(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL FOREST FOUNDATION

Employer identification number

54-1798359

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and 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) REBECCA ANDERSON 1400 SW 5TH AVE PORTLAND OR 97201	37-1472291	501(C)(3)	130,128				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(2) ANGONG WILDERNESS EXPERIENCE PO BOX 1000 ARGONVILLE GA 30620	59-3822630	501(C)(3)	17,807				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(3) BACA/CONTRY 1400 SW 5TH AVE STE 730 M/AIR STE 1 MISSOULA MT 59802	20-1077177	501(C)(3)	10,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(4) BAKER CREEK WATERSHED COALITION 1709 NORTH BOISE AVENUE BAKER CITY OR 97814	81-0753959	501(C)(3)	216,988				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(5) BLACK MESA TRUST PO BOX 1 KYKOTSMOVI AZ 86039	86-0965963	501(C)(3)	16,987				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(6) BOB BRADSHAW 1400 SW 5TH AVE PO BOX 1000 HUNGRY HORSE MT 59919	31-1597921	501(C)(3)	30,388				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(7) BORDERLANDS RESTORATION NETWORK PO BOX 1 PATAGONIA AZ 85624	47-2581031	501(C)(3)	5,170				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(8) BOULDER CLIMBING COMMUNITY 1306 EUCLID AVENUE BOULDER CO 80302	45-3823599	501(C)(3)	30,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(9) BOULDER WATERSHED COLLECTIVE 1746 YOURELLE CANYON ROAD BOULDER CO 80302	84-2679914	501(C)(3)	190,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(10) CALIFORNIA CONSERVATION CORPS 1719 NEWELL AVENUE WALNUT CREEK CA 94596	68-0234744	501(C)(3)	150,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(11) CAROLINA LUMBERS COLLECTIVE PO BOX 1 ASHEVILLE NC 28804	20-1770124	501(C)(3)	15,476				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(12) CASCADE FOREST CONSERVANCY 1001 SW 5TH AVE PORTLAND OR 97211	93-1263285	501(C)(3)	14,300				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(13) CENTER FOR THE PUBLIC LAND TRUSTS OF ALASKA 1026 W 4TH AVE STE 201 ANCHORAGE AK 99501	92-0036505	501(C)(3)	38,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(14) CHILD FAMILY HEALTH INTERNATIONAL 1500 VETERANS MEMORIAL TRAFFAGE CITY,MT	38-2534122	501(C)(3)	29,344				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(15) CITY OF GREELEY 1000 10TH STREET GREELEY CO 80631	84-6000592	501(C)(3)	589,152				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(16) CLEARWATER ECOLOGIC ASSOCIATION PO BOX 1 LEWISTON ID 83501	82-0288410	501(C)(3)	25,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(17) COCONINO ASSOCIATION OF SOUTHERN ARIZONA 2323 E GREENLAWN AVE STE 4150 FLAGSTAFF AZ 86004	47-2534022	501(C)(3)	10,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(18) COLORADO TRAIL FOUNDATION 710 10TH STREET SUITE 210 GOLDEN CO 80401	46-2850842	501(C)(3)	101,948				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(19) COLORADO WATER CONSERVATION BOARD 1313 SHERMAN STREET DENVER CO 80203	84-6000545	115	284,414				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(20) COLORADO STATE UNIVERSITY FORT COLLINS,CO 80521	84-0644076	501(C)(3)	2,000,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(21) CONSERVATION VALLEY & NATURAL TRENDS PO BOX 1 PUBLIC,T 59865	81-0229409	7408C	261,398				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(22) CONSERVATION VOLUNTEERS AUSTRALIA PO BOX 423 PORT MELBOURNE,VIC 3207	33-0295393	501(C)(3)	91,901				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(23) CONSERVATION WORKS 1400 SW 5TH AVE PO BOX 1000 LONG BEACH,CA 90802	84-1450868	501(C)(3)	1,943,515				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(24) CONTOOCOOK CANOEING FOUNDATION PO BOX 1 EAST LAKE,CO 80622	74-3058673	501(C)(3)	87,867				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(25) CREATED BUTTE LAND TRUST PO BOX 1 CRESTED BUTTE,CO 81224	84-1159838	501(C)(3)	10,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(26) CRESTED BUTTE LAND TRUST PO BOX 782 CRESTED BUTTE,CO 81224	68-0512136	501(C)(3)	30,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(27) DEER CREEK WATERSHED 6556 NE 74TH ST STE 200 SEATTLE,WA 98115	91-1592071	501(C)(3)	16,102				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(28) EASTERN SIERRA COUNCIL 1400 SW 5TH AVE 100 S FANCY ST BISHOP,CA 93514	23-7253130	501(C)(3)	23,799				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(29) ECOCULTURE 210 E DALE AVE FORT COLLINS CO 80524	84-4941458	501(C)(3)	622,349				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(30) ESTES VALLEY WATERSHED COALITION 1750 BIG THOMPSON AVENUE ESTES PARK,CO 80517	47-2792160	501(C)(3)	30,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(31) FRIENDS OF [illegible] LAW 1400 SW 5TH AVE BERKELEY,CA 94702	94-2976224	501(C)(3)	6,162				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(32) FRIENDS OF COOAK PO BOX 104 COOAK,CA 95322	82-2362821	501(C)(3)	45,500				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(33) FRIENDS OF COLORADO AVALANCHE INFORMATION CENTER PO BOX 1140 EVERGREEN,CO 80437	76-0788329	501(C)(3)	92,280				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(34) FRIENDS OF HUNTER RANGER DISTRICT PO BOX 1648 HAILEY,ID 83333	20-2343058	501(C)(3)	244,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(35) FRIENDS OF [illegible] 1400 SW 5TH AVE PO BOX 1000 [illegible],CA 96130	27-3758868	501(C)(3)	17,512				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(36) FRIENDS OF [illegible] PO BOX 1 [illegible],MT 59923	81-0209897	501(C)(3)	11,300				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(37) FRIENDS OF THE INYO 1400 SW 5TH AVE BISHOP,CA 93514	77-0386436	501(C)(3)	65,670				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(38) FRIENDS OF WOOD RIVER WILDERNESS PO BOX 2035 KETCHUM,ID 83340	45-3927355	501(C)(3)	152,059				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(39) GEORGIA-PACIFIC COUNTRY HOMEBUILDING PO BOX 915 SILVER CITY,NM 88062	93-2435005	501(C)(3)	17,794				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(40) GLOBAL FOREST RESTORATION 1400 SW 5TH AVE 910 W MAIN ST,NO 342 BOZEMAN,MT 59715	85-0588048	501(C)(3)	70,849				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(41) GRAND CANYON TRUST 2601 N FOX RD FLAGSTAFF,AZ 86004	86-0417511	501(C)(3)	25,519				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(42) HOWLING WAY SOLUTIONS,NC 28557	45-3412769	501(C)(3)	62,437				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(43) ICEFIELD RANGE RESEARCH GROUP 1400 W 12TH AVE ANCHORAGE,AK 99501	94-3175114	501(C)(3)	5,441				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(44) IDAHO CONSERVATION LEAGUE PO BOX 844 BOISE,ID 83701	87-4485562	501(C)(3)	15,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(45) KOOTENAI TRIBE OF IDAHO PO BOX 1269 BONNERS FERRY,ID 83805	82-0301158	7408C	25,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(46) LAKE TAHOE BASIN MANAGEMENT UNIT 1400 SW 5TH AVE 35 COLLEGE DRIVE SOUTH LAKE TAHOE,CA 96150	93-4329727	501(C)(3)	30,516				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(47) LEAVE NO TRACE 1400 SW 5TH AVE PO BOX 997 LONGMONT,CO 80501	93-4005158	501(C)(3)	252,969				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(48) LEOPARD WILDERNESS EXPERIENCE PO BOX 1 ARGONVILLE GA 30620	20-1283527	501(C)(3)	199,991				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(49) LOS CAMPAÑEROS RESTORATION PROJECT 1400 SW 5TH AVE ADVANCE,CA 95921	83-1163453	501(C)(3)	30,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(50) MID COLUMBIA RESOURCE IMPROVEMENT GROUP 1400 SW 5TH AVE PO BOX 1000 HOOD RIVER,OR 97031	20-0824733	501(C)(3)	26,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(51) MOUNTAIN HARDWEAR CONSERVATION GROUP 1400 SW 5TH AVE FORT COLLINS,CO 80521	20-3923960	501(C)(3)	22,718				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(52) MOUNTAIN WEST WATERSHED ALLIANCE 1400 SW 5TH AVE PO BOX 1 BOISE,ID 83701	81-1535101	501(C)(3)	23,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(53) NATIONAL CONSERVATION TRAINING FOUNDATION PO BOX 1 BOYCE,VA 22620	52-2379466	501(C)(3)	53,556				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(54) NATIONAL FOREST FOUNDATION 1400 SW 5TH AVE FORT COLLINS,CO 80521	84-1612053	501(C)(3)	20,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(55) POLESNY CANYON TRAIL CREW 1400 SW 5TH AVE PO BOX 1000 LAKEWOOD,CO 80215	83-1163453	501(C)(3)	30,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(56) PUBLIC LANDS INTERPRETIVE ASSOCIATION 1400 SW 5TH AVE FORT COLLINS,CO 80521	84-0282703	501(C)(3)	13,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(57) RANGELAND RESTORATION 1400 SW 5TH AVE PO BOX 1000 ADVANCE,CA 95921	85-0588048	501(C)(3)	70,849				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(58) RED ROCK CANYON CONSERVATION 4107 PORTOLA PKWY LAS VEGAS,NV 89102	45-3412769	501(C)(3)	25,519				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(59) RENO WATERSHED FORUM 1400 SW 5TH AVE 1664 KUENZLI HWY SOLDOTNA,AK 99669	91-1929284	501(C)(3)	62,437				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(60) REYTIZ RANGE IMPROVEMENT GROUP 1400 W 12TH AVE ANCHORAGE,AK 99501	94-3175114	501(C)(3)	5,441				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(61) RIVERS COUNCIL OF WASHINGTON 1400 SW 5TH AVE PO BOX 1 OLYMPIA,WA 98501	87-4485562	501(C)(3)	15,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(62) ROOTSWING TRAD OF IDAHO 1400 SW 5TH AVE BONNERS FERRY,ID 83805	82-0301158	7408C	25,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(63) SAGE STEPPE RESTORATION COUNCIL 1400 W 4TH AVE STE 400 ANCHORAGE,AK 99501	93-4329727	501(C)(3)	30,516				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(64) SAN JUAN MOUNTAINS ASSOCIATION 1400 SW 5TH AVE 15 SOUTH 7TH AVE DURANGO,CO 81301	93-4005158	501(C)(3)	252,969				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(65) SIERRAFOREST 1400 SW 5TH AVE PO BOX 1 [illegible],CA 93651	20-1248361	501(C)(3)	199,991				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(66) SNOWSPORTS INDUSTRIES AMERICA 8377 B-STATE ROAD STHEATLEY,ID 83318	83-1163453	501(C)(3)	30,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(67) SOUTHERN SNAPPING TURTLE 1400 SW 5TH AVE PO BOX 1 [illegible],NC 28403	83-0254153	7408C	19,282				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(68) SPRINGWATER NETWORK 1400 SW 5TH AVE PO BOX 1 [illegible],CA 94952	94-3098621	501(C)(3)	46,940				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(69) SUTTON OUTREACH 5940 SHERMAN ST STE 1 SAN DIEGO,CA 92121	23-0860449	501(C)(3)	24,132				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(70) SWEARINGEN CONSERVATION 1400 SW 5TH AVE PO BOX 1 [illegible],CO 80521	20-3923960	501(C)(3)	22,718				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(71) TAHOE AREA COUNCIL 2484 COOL PINES DR [illegible],CA 96161	31-1570510	501(C)(3)	23,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(72) TEAMS TO PEOPLE 1400 SW 5TH AVE 1001 E EAST HARMONY AVE FORT COLLINS,CO 80553	82-3379466	501(C)(3)	53,556				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(73) TOLIVAR CANYON TRAIL CREW 1400 SW 5TH AVE PO BOX 1000 LAKEWOOD,CO 80215	83-1163453	501(C)(3)	30,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(74) TRAILS AND WILDERNESS COALITION 1400 SW 5TH AVE PO BOX 1 [illegible],CA 95959	94-2976224	501(C)(3)	6,162				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(75) TRANSBOUNDARY HERITAGE INITIATIVE 1400 SW 5TH AVE PO BOX 1 [illegible],MT 59923	81-0209897	501(C)(3)	11,300				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(76) UNIVERSITY OF MONTANA 1400 SW 5TH AVE 32 CAMPUS DR MISSOULA,MT 59812	81-0228409	7408C	261,398				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(77) UTAH STATE UNIVERSITY 1400 SW 5TH AVE 0705 OLD MAIN HILL LOGAN,UT 84322	87-0217243	501(C)(3)	45,258				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(78) VAIL SKI RESORT PO BOX 1 VAIL,CO 81658	84-1474845	501(C)(3)	8,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(79) WEST SLOPE COLORADO 1400 SW 5TH AVE PO BOX 1 GRAND JUNCTION,CO 81502	84-1495255	501(C)(3)	21,516				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(80) WESTERN RIVERS CONSERVANCY 1400 SW 5TH AVE PO BOX 1 PORTLAND,OR 97201	93-0796120	501(C)(3)	50,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(81) WILDERNESS ALLIANCE 1400 SW 5TH AVE PO BOX 1 BOZEMAN,MT 59771	81-0228409	501(C)(3)	261,398				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(82) WILDERNESS WORKSHOP 1400 SW 5TH AVE PO BOX 1 DENVER,CO 80202	84-1450868	501(C)(3)	315,951				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(83) WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BLVD BRONX,NY 10460	13-1626739	501(C)(3)	25,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(84) WILDLIFE MITIGATION INSTITUTE 1400 SW 5TH AVE PO BOX 1 [illegible],CO 80521	84-1612053	501(C)(3)	20,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(85) WILDLIFE RESOURCES 1400 SW 5TH AVE PO BOX 1 [illegible],ID 83702	82-0301158	7408C	25,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(86) WOLF CONSERVATION CENTER 1400 SW 5TH AVE PO BOX 1 [illegible],NY 10605	13-3191741	501(C)(3)	25,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(87) WOODY BIOMASS UTILIZATION GROUP 1400 SW 5TH AVE PO BOX 1 [illegible],CO 80521	84-1612053	501(C)(3)	20,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(88) WYOMING WILDLIFE FEDERATION 1400 SW 5TH AVE PO BOX 1 [illegible],WY 82601	83-0254153	7408C	19,282				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(89) YOUTH CORPS - CO 991 CAPTAIN JACK DR [illegible],CO 80521	84-1612053	501(C)(3)	20,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(90) ROCKY MOUNTAIN RESEARCH STATION PO BOX 1801 [illegible],AZ 85721	85-0400817	501(C)(3)	88,815				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(91) SALMON RESTORATION COUNCIL 1400 SW 5TH AVE PO BOX 1 [illegible],ID 83501	81-0378823	501(C)(3)	16,432				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(92) SALMON RIVER RESTORATION COUNCIL 1400 SW 5TH AVE [illegible],ID 83501	81-0378823	501(C)(3)	17,500				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(93) SALMON VALLEY STEWARDSHIP 1400 SW 5TH AVE PO BOX 1 [illegible],ID 83467	20-3734466	501(C)(3)	25,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(94) SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION 5500 CAMPANILE DR SAN DIEGO,CA 92182	95-4004727	501(C)(3)	199,462				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(95) SANTIAGO CANYON COLLEGE 1400 SW 5TH AVE PO BOX 75 [illegible],CA 92678	82-0305564	501(C)(3)	25,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(96) SARATOGA COMMUNITY LAND TRUST 1400 SW 5TH AVE [illegible],WY 82301	84-1413950	501(C)(3)	25,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(97) SEDONA BUTTES TRAIL ASSOCIATION 500 CHAPARRAL DR [illegible],AZ 86351	84-4439635	501(C)(3)	10,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(98) SEDONA INSTITUTE FOR COMMUNITY & ENVIRONMENT 1400 SW 5TH AVE [illegible],AZ 86336	73-1379936	501(C)(3)	23,270				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(99) SITKA 1400 SW 5TH AVE [illegible],AK 99835	91-1818368	501(C)(3)	45,996				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(100) SITKA CONSERVATION SOCIETY 1400 SW 5TH AVE PO BOX 1 [illegible],AK 99835	92-0096632	501(C)(3)	14,508				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(101) SITKA TRAIL WORKS 901 HALIBUT POINT RD [illegible],AK 99835	91-1853739	501(C)(3)	25,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(102) SOUTHEAST ALASKA WATERSHED COALITION 1400 SW 5TH AVE [illegible],AK 99827	37-1651525	501(C)(3)	155,295				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(103) SOUTHERN ARIZONA RESEARCH FOUNDATION 1400 SW 5TH AVE [illegible],AZ 85719	23-0356414	501(C)(3)	10,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(104) SOUTHWEST CHAPTER OF THE WILDLIFE SOCIETY 1400 SW 5TH AVE PO BOX 75 [illegible],CA 92678	95-4004727	501(C)(3)	199,462				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(105) SPRINGWATER NETWORK 1400 SW 5TH AVE PO BOX 1 [illegible],CA 94952	94-3098621	501(C)(3)	46,940				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(106) STEWARDSHIP PARTNERSHIP 1400 SW 5TH AVE PO BOX 1 [illegible],CA 94952	83-0254153	7408C	19,282				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(107) SUTTON OUTREACH 5940 SHERMAN ST STE 1 SAN DIEGO,CA 92121	23-0860449	501(C)(3)	24,132				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(108) SWEARINGEN CONSERVATION 1400 SW 5TH AVE PO BOX 1 [illegible],CO 80521	20-3923960	501(C)(3)	22,718				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(109) TAHOE AREA COUNCIL 2484 COOL PINES DR [illegible],CA 96161	31-1570510	501(C)(3)	23,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(110) TEAMS TO PEOPLE 1400 SW 5TH AVE 1001 E EAST HARMONY AVE FORT COLLINS,CO 80553	82-3379466	501(C)(3)	53,556				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(111) TOLIVAR CANYON TRAIL CREW 1400 SW 5TH AVE PO BOX 1000 LAKEWOOD,CO 80215	83-1163453	501(C)(3)	30,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(112) TRAILS AND WILDERNESS COALITION 1400 SW 5TH AVE PO BOX 1 [illegible],CA 95959	94-2976224	501(C)(3)	6,162				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(113) TRANSBOUNDARY HERITAGE INITIATIVE 1400 SW 5TH AVE PO BOX 1 [illegible],MT 59923	81-0209897	501(C)(3)	11,300				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(114) UNIVERSITY OF MONTANA 1400 SW 5TH AVE 32 CAMPUS DR MISSOULA,MT 59812	81-0228409	7408C	261,398				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(115) UTAH STATE UNIVERSITY 1400 SW 5TH AVE 0705 OLD MAIN HILL LOGAN,UT 84322	87-0217243	501(C)(3)	45,258				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(116) VAIL SKI RESORT PO BOX 1 VAIL,CO 81658	84-1474845	501(C)(3)	8,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(117) WEST SLOPE COLORADO 1400 SW 5TH AVE PO BOX 1 GRAND JUNCTION,CO 81502	84-1495255	501(C)(3)	21,516				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(118) WESTERN RIVERS CONSERVANCY 1400 SW 5TH AVE PO BOX 1 PORTLAND,OR 97201	93-0796120	501(C)(3)	50,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(119) WILDERNESS ALLIANCE 1400 SW 5TH AVE PO BOX 1 BOZEMAN,MT 59771	81-0228409	501(C)(3)	261,398				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(120) WILDERNESS WORKSHOP 1400 SW 5TH AVE PO BOX 1 DENVER,CO 80202	84-1450868	501(C)(3)	315,951				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(121) WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BLVD BRONX,NY 10460	13-1626739	501(C)(3)	25,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(122) WILDLIFE MITIGATION INSTITUTE 1400 SW 5TH AVE PO BOX 1 [illegible],CO 80521	84-1612053	501(C)(3)	20,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(123) WILDLIFE RESOURCES 1400 SW 5TH AVE PO BOX 1 [illegible],ID 83702	82-0301158	7408C	25,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(124) WOLF CONSERVATION CENTER 1400 SW 5TH AVE PO BOX 1 [illegible],NY 10605	13-3191741	501(C)(3)	25,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(125) WOODY BIOMASS UTILIZATION GROUP 1400 SW 5TH AVE PO BOX 1 [illegible],CO 80521	84-1612053	501(C)(3)	20,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(126) WYOMING WILDLIFE FEDERATION 1400 SW 5TH AVE PO BOX 1 [illegible],WY 82601	83-0254153	7408C	19,282				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(127) YOUTH CORPS - CO 991 CAPTAIN JACK DR [illegible],CO 80521	84-1612053	501(C)(3)	20,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(128) ROCKY MOUNTAIN RESEARCH STATION PO BOX 1801 [illegible],AZ 85721	85-0400817	501(C)(3)	88,815				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(129) SALMON RESTORATION COUNCIL 1400 SW 5TH AVE PO BOX 1 [illegible],ID 83501	81-0378823	501(C)(3)	16,432				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(130) SALMON RIVER RESTORATION COUNCIL 1400 SW 5TH AVE [illegible],ID 83501	81-0378823	501(C)(3)	17,500				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(131) SALMON VALLEY STEWARDSHIP 1400 SW 5TH AVE PO BOX 1 [illegible],ID 83467	20-3734466	501(C)(3)	25,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(132) SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION 5500 CAMPANILE DR SAN DIEGO,CA 92182	95-4004727	501(C)(3)	199,462				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(133) SANTIAGO CANYON COLLEGE 1400 SW 5TH AVE PO BOX 75 [illegible],CA 92678	82-0305564	501(C)(3)	25,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(134) SARATOGA COMMUNITY LAND TRUST 1400 SW 5TH AVE [illegible],WY 82301	84-1413950	501(C)(3)	25,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(135) SEDONA BUTTES TRAIL ASSOCIATION 500 CHAPARRAL DR [illegible],AZ 86351	84-4439635	501(C)(3)	10,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
(136) SEDONA INSTITUTE FOR COMMUNITY & ENVIRONMENT 1400 SW 5TH AVE [illeg

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

Return to Form

Software ID:

Software Version:

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

2023

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**		No
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**	Yes	
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, 1099-MISC compensation, and/or 1099-NEC			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 MARY MITSOS PRESIDENT & CEO	**(i)**	276,872	110,000	1,188	19,585	11,821	419,466	0
	(ii)	0	0	0	0	0	0	0
2 MARCUS SELIG CHIEF CONSERVATION OFFICER	**(i)**	195,259	0	180	10,071	20,775	226,285	0
	(ii)	0	0	0	0	0	0	0
3 COREY WHITELY CHIEF FINANCIAL OFFICER	**(i)**	196,588	0	1,188	3,835	11,611	213,222	0
	(ii)	0	0	0	0	0	0	0
4 MELISSA RICHARDS CHIEF PEOPLE OFFICER	**(i)**	145,268	0	311	0	15,042	160,621	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 7	THE BOARD OF DIRECTORS DECIDES ON AN ANNUAL BONUS FOR MARY MITSOS BASED ON THE ANNUAL FINANCES OF THE ORGANIZATION.

Additional Data

Return to Form

Software ID:

Software Version:

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

2023

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	7	114,924	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 (▶ MILES/E-PASSES)	X	1	20,185	FAIR MARKET VALUE
26	Other (▶ ITEMS/SUPPLIES)	X	2	12,219	FAIR MARKET VALUE
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	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):	USING A COMBINATION OF THE TWO METHODS ABOVE

Additional Data

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

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	A CONFLICT OF INTEREST MAY EXIST WHEN THE INTERESTS OR CONCERNS OF AN INTERESTED PARTY MAY BE SEEN AS COMPETING WITH THE INTERESTS OR CONCERNS OF THE NFF. AN INTERESTED PARTY IS ANY DIRECTOR, OFFICER OR EMPLOYEE, WHO (I) STANDS TO GAIN A PERSONAL BENEFIT FROM AN ACTION THE NFF TAKES OR A TRANSACTION INTO WHICH THE NFF ENTERS; OR (II) HAS ANOTHER INTEREST THAT IMPAIRS, OR COULD BE CONSTRUED TO IMPAIR, THE INDEPENDENCE OR OBJECTIVITY OF THE DIRECTOR, OFFICER, OR EMPLOYEE IN DISCHARGING SUCH PERSON'S DUTIES TO THE NFF. AN INTERESTED PARTY IS UNDER A CONTINUING OBLIGATION TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST AS SOON AS IT IS KNOWN OR REASONABLY SHOULD BE KNOWN. IF THERE IS UNCERTAINTY ABOUT WHETHER AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST EXISTS, THE BOARD (OR, AS APPLICABLE, OTHER OFFICERS) WILL CONSIDER THE MATTER AND MAKE A DETERMINATION. EMPLOYEES WHO ARE NOT OFFICERS OF THE NFF SHOULD REPORT ANY ACTUAL OR POTENTIAL CONFLICTS OF WHICH THEY BECOME AWARE TO THEIR IMMEDIATE SUPERVISOR OR TO THE PRESIDENT & CHIEF EXECUTIVE OFFICER. THE PRESIDENT & CHIEF EXECUTIVE OFFICER, OR THEIR DESIGNEE, WILL REVIEW THE SITUATION AND DECIDE WHAT, IF ANY, ACTIONS SHOULD BE TAKEN IN RESPONSE. THE PRESIDENT & CHIEF EXECUTIVE OFFICER SHALL REPORT TO THE CHAIRPERSON THE RESULTS OF ANY REVIEW AND THE ACTION TAKEN. THE CHAIRPERSON SHALL DETERMINE WHETHER ANY FURTHER BOARD REVIEW OR ACTION IS REQUIRED. DIRECTORS AND OFFICERS MUST COMPLETE AND SIGN THE "CONFLICT OF INTEREST DISCLOSURE FORM" ANNUALLY. IN ADDITION, DURING THE YEAR, IF A DIRECTOR OR OFFICER BECOMES AWARE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST THEY MUST PROMPTLY NOTIFY THE CHAIRPERSON. IF A DIRECTOR OR OFFICER BECOMES AWARE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST THAT INVOLVES AN EMPLOYEE OF THE NFF WHO IS NOT A DIRECTOR OR OFFICER, THEN THEY MUST PROMPTLY NOTIFY THE PRESIDENT & CHIEF EXECUTIVE OFFICER. THE BOARD SHALL REVIEW INFORMATION OBTAINED THROUGH THE DISCLOSURE PROCESS DESCRIBED ABOVE TO ASSESS WHETHER ANY DISCLOSED RELATIONSHIPS RAISE POTENTIAL CONFLICTS OF INTEREST AND TO DETERMINE APPROPRIATE STEPS TO MANAGE OR RESOLVE SITUATIONS THAT MAY RAISE CONFLICTS. THE POTENTIALLY CONFLICTED DIRECTOR OR OFFICER SHALL NOT BE PRESENT FOR DELIBERATION OR VOTE ON THE MATTER AND MUST NOT ATTEMPT TO IMPROPERLY INFLUENCE THE DETERMINATION OF WHETHER A CONFLICT OF INTEREST EXISTS.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).
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 VII, SECTION A, LINE 1A:	NATIONAL FOREST FOUNDATION'S CONGRESSIONAL CHARTER, ESTABLISHED UNDER THE NATIONAL FOREST FOUNDATION ACT AMENDMENT ACT OF 1990, SET FORTH THAT THE CHIEF OF THE US FOREST SERVICE SHALL BE AN EX OFFICIO NONVOTING MEMBER OF THE GOVERNING BOARD OF DIRECTORS.
FORM 990, PART IX, LINE 11G	SERVICE CONTRACTS: PROGRAM SERVICE EXPENSES 47,064,286. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 207,882. TOTAL EXPENSES 47,272,168. CONSULTING/PRO FEES: PROGRAM SERVICE EXPENSES 105,672. MANAGEMENT AND GENERAL EXPENSES 436,317. FUNDRAISING EXPENSES 323,029. TOTAL EXPENSES 865,018. COLLECTION AGREEMENTS: PROGRAM SERVICE EXPENSES 3,606,275. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 107. TOTAL EXPENSES 3,606,382.
FORM 990, PART XI, LINE 9:	PRIOR YEAR GRANT REVERSAL 81,907.

Additional Data

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