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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

OMB No. 1545-0047

Α	For the 2	2012 calendar year, or tax year beginning $$ OCT $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	SEP 30, 2013	
В	Check if	C Name of organization	D Employer identifi	cation number
ć	applicable:			
	Address change	AMERICAN FORESTS		
	Name change	Doing Business As	53-0	196544
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	r
	Termin- ated	1220 L STREET, NW, SUITE 750		737-1944
	Amended		G Gross receipts \$	8,351,274.
	Applica- tion	WASHINGTON, DC 20005	H(a) Is this a group re	eturn
	pending	F Name and address of principal officer: SCOTT STEEN	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	cluded? Yes No
$\overline{\Gamma}$	Tax-exen	npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or □	527 If "No," attach a	list. (see instructions)
		▶ WWW.AMERICANFORESTS.ORG	H(c) Group exemption	
				M State of legal domicile: DC
P	art I	Summary	•	
_	1 Bı	riefly describe the organization's mission or most significant activities: SEE SCHE	DULE O	
ü				
Activities & Governance	2 CI	neck this box 🕨 🔲 if the organization discontinued its operations or disposed of r	nore than 25% of its net as	ssets.
ove			3	14
Ğ	1	umber of independent voting members of the governing body (Part VI, line 1b)		14
SS		otal number of individuals employed in calendar year 2012 (Part V, line 2a)		30
)ţį		otal number of volunteers (estimate if necessary)		6458
Çį		otal unrelated business revenue from Part VIII, column (C), line 12		20,747.
⋖		et unrelated business taxable income from Form 990-T, line 34		0.
		,	Prior Year	Current Year
Φ	8 C	ontributions and grants (Part VIII, line 1h)	2,201,267.	3,562,086.
ğ	1	ogram service revenue (Part VIII, line 2g)	30,120.	28,435.
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	321,956.	304,638.
Œ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,582.	18,436.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,578,925.	3,913,595.
	$\overline{}$	rants and similar amounts paid (Part IX, column (A), lines 1-3)	1,115,971.	1,458,831.
	1	enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Ś		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,741,039.	2,122,750.
Expenses	16a Pr	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	65,055.
ф	b To	ortal fundraising expenses (Part IX, column (D), line 25) 805,110.		
ш	17 O	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	792,560.	1,120,344.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,649,570.	4,766,980.
	19 R	evenue less expenses. Subtract line 18 from line 12	-1,070,645.	-853,385.
Net Assets or Fund Balances	3	·	Beginning of Current Year	End of Year
sets	20 To	otal assets (Part X, line 16)	8,447,671.	7,366,132.
t As	21 To	otal liabilities (Part X, line 26)	1,481,625.	1,234,326.
Ele-	22 N	et assets or fund balances. Subtract line 21 from line 20	6,966,046.	6,131,806.
Pa	art II	Signature Block		
Und	ler penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of m	y knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	ın J	Signature of officer	Date	
He	re 📗	SCOTT STEEN, PRESIDENT AND CEO		
		Type or print name and title		
		rint/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d M	ICHAEL SORRELLS, CPA	self-employ	
		irm's name ▶ BDO USA, LLP	Firm's EIN ▶	13-5381590
Use	Only F	irm's address 7101 WISCONSIN AVE., SUITE 800		
_		BETHESDA, MD 20814-4827	Phone no. (301)654-4900
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions)		X Yes No

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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? X 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 \$ 2,667,810 • including grants of \$ 1,458,831 •) (Revenue \$
	PROGRAMS AND PUBLIC POLICY - RESTORING FOREST ECOSYSTEMS, SUPPORTING
	URBAN FOREST RESEARCH AND WORK, ADVOCATING FOR SOUND NATIONAL FOREST
	POLICIES AND FUNDING, PROMOTING SCIENCE AND RESEARCH, AND WORKING WITH
	LOCAL AND COMMUNITY PARTNERS ARE THE LYNCHPINS OF AMERICAN FORESTS'
	CONSERVATION AND PUBLIC POLICY WORK. IN THE LAST 20 YEARS, OUR GLOBAL
	RELEAF PROGRAM HAS HELPED RESTORE FORESTS IN ALL 50 STATES AND 38
	COUNTRIES AROUND THE WORLD, PLANTING MORE THAN 45 MILLION TREES. FOR
	ALMOST TWO DECADES, AMERICAN FORESTS HAS WORKED WITH CITIES AND
	RESEARCHERS AROUND THE COUNTRY TO ANALYZE FOREST COVER IN URBAN
	ENVIRONMENTS AND TO HELP PROMOTE THE BENEFITS THAT TREES IN CITIES CAN
	PROVIDE. (SEE SCHEDULE O FOR CONTINUATION.)
	TROVIDE: (DEE DEFENDED O TOR CONTINONTION:)
4b	(Code:) (Expenses \$ 655,968 • including grants of \$) (Revenue \$ 7,688 •)
40	(Code:) (Expenses \$ 055,968 including grants of \$) (Revenue \$ 7,688) COMMUNICATIONS - BEYOND SUPPORTING THE WORK OCCURRING IN THE PROGRAMS
	AND PUBLIC POLICY PROGRAMS, AMERICAN FORESTS' COMMUNICATIONS PROGRAM
	FOCUSES ON EDUCATING ITS COMMUNITY ABOUT THE ISSUES, CHALLENGES AND
	DEVELOPMENTS IN THE FORESTRY WORLD. THIS GOAL IS ACCOMPLISHED THROUGH
	THE DAILY BLOG, LOOSE LEAF; THE MONTHLY E-NEWSLETTER, FOREST FILES; AND
	THE QUARTERLY MAGAZINE, AMERICAN FORESTS. IN ADDITION, AMERICAN
	FORESTS' NATIONAL BIG TREE PROGRAM IS A PRIME EDUCATION EFFORT,
	PROMOTING MORE THAN 750 OF AMERICA'S BIGGEST TREES ACROSS HUNDREDS OF
	SPECIES. EVERY YEAR, THE PROGRAM RECEIVES HUNDREDS OF NOMINATIONS FOR
	BIG TREES AND USES THE PUBLICATION OF ITS NATIONAL REGISTER OF BIG
	TREES TO COMMUNICATE THE IMPORTANT ROLE BIG TREES PLAY IN ECOSYSTEMS
	ACROSS AMERICA.
10	
40	(Code:) (Expenses \$
4.	
4d	Other program services (Describe in Schedule O.)
4.	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 3,323,778.
40	Total program service expenses ► 3,343,110.

232002 12-10-12

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	If "Yes," complete Schedule A	2	X	
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		Х
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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
Ū	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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	446	Х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
ıza	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			37
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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		Х
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2012)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Х	
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 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2012)

Form 990 (2012) AMERICAN FORESTS Part V Statements Regarding Other IRS Filings and Tax Compliance

Service the number reported in Box 3 of Form 1008. Enter 0- if not applicable 1a 28 28 1b 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response to any question in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter 6-bill rot applicable 10 0 0 0 0 0 0 0 0						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter o I find applicable OI bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a 30 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, rifled for the calendar year ending with or within the year covered by this return. 2b If at least one is reported on line 2a, did the organization fall enquired federal employment tax returns? 2b If Yas I least one is reported on line 2a, did the organization fall required federal employment tax returns? 2c V X 2d If the organization have unrelated business gross income of \$1,000 or more during the year? 3a IX I will be organization thave unrelated business gross income of \$1,000 or more during the year? 3a IX I will be organization thave 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 I wan 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?) 5b If Yes, enter the name of the foreign country. I was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c I was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c I was the organization aparty to a prohibited tax was or is a party to a prohibited tax shelter transaction? 5c I was the organization aparty to a prohibited tax was or is a party to a prohibited tax shelter transaction? 5c I was the organization aparty to a prohibited tax was or is a party to a prohibited tax shelter transaction? 5c I was the organization and tax to deductible organization than that was or is a party to appropriate than the organization or gritted and the organization	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	28			
c Did the organization comply with backup withholding rules for reportable gamments to vendors and reportable gaming (gambling) winnings to prize winners? 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 30 If the organization is reported on line 2a, did the organization file all required federal employment tax returns? 2b If 1 If year, and a second or a second or second o	b		1b	0			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this result. 2b If at least on is reported on line 2a, did the organization field if equired federal employment tax retures? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a If the organization have unreated business gross income of \$1,000 or more during the relatered business gross income of \$1,000 or more during the relatered varie, did the organization have an interest in, or a singulative or other authority over, a financial account in a foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to lit the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a of 5b, did the organization file Form 886-77 6d Does the organization have unreal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organization selected appropriate in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c If Yes," indicate the number of Forms 8822 filed during the year 1d If the organization received a payment in excess of \$75 made party as a contribution and party for yorkich it was required to file Form 8890 as required? 7d If the organization received any paymentime, directly or indirectly, to paymentume on a personal benefit contract? 7e Did the organization received any paymentime, directly or indirectly, to a personal benefit contract? 7d Section 501(x)12 organizations. Finter: 1 In the organ	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportat	ole gaming			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b If the veganization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If "ves," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b X 4a At any time during the calendary 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, sortines account, or other financial account)? 5b If "ves," is loss the organization that foreign country." 5c Be instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization an party to a prohibited tax whether transaction at any time during the tax year? 5c If "ves," to line 5a or 5b, did the organization file Form 8898-17 6c If "ves," to line 5a or 5b, did the organization file Form 8898-17 6d Does the organization should with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization shall excluse that are normally greater than \$100,000, and did the organization should with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If "ves," did the organization inclinde with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization shall excluse a spyment in excess of \$75 made parity as a contribution only parity for goods and services provided 7 7c If If the organization receive a payment in excess of \$75 made parity as a contribution on your parity for goods and services provided 7 7d If If		(gambling) winnings to prize winners?			1c	X	
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b Did the organization make any taxable distributions under section 4966? 9 a Did the organization make any taxable distributions under section 4966? 9 a Did the organization make a distribution to a donor, donor advisor, or related person? 9 b Did the organization make a distribution included on Part VIII, line 12 10 a Did the organization server 990, Part VIII, line 12 11 b Gross income from members or shareholders 11 b Gross income from members or shareholders 11 b Did	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				37
							V
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O			000	(0040)

Form 990 (2012)
Part VI Governance

ı aı	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	NO I	espon	SE
				X
Sec	Check if Schedule O contains a response to any question in this Part VItion A. Governing Body and Management			21
	and the developing body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14		100	110
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,	
40	District the second of the sec	10	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	па	21	
	The state of the s	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	тт	ΤC	17.17
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, FL, GA, HI			, Λ Ι
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	avallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O)			
10	LX Own website LX Another's website LX Upon request Uther (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fina	ocial	
19	statements available to the public during the tax year.	u midi	icial	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	•	
	PETER HUTCHINS - 202-737-1944			
	1220 L STREET, NW, SUITE 750, WASHINGTON, DC 20005			

SEE SCHEDULE O FOR FULL LIST OF STATES

Form **990** (2012)

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

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s bot	h an	compensation	compensation	amount of
	week	H-	Cer an	u a u	recto	r/trus	iee)	from	from related	other
	(list any	trustee or director						the	organizations	compensation
	hours for	ordi	e e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		96	suadı		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		yoldı	t con /ee				organizations
	line)	Individual	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANN NICHOLS	2.00	╁	 -		_	1 0				
DIRECTOR, CHAIR		X		Х				0.	0.	0.
(2) BRUCE LISMAN	2.00									
DIRECTOR, VICE CHAIR		X		Х				0.	0.	0.
(3) RODERICK A. DEARMENT	2.00									
DIRECTOR, TREASURER		Х		Х				0.	0.	0.
(4) ROB BOURDON	1.00									
DIRECTOR		Х						0.	0.	0.
(5) ZIM BOULOS	1.00									
DIRECTOR		Х						0.	0.	0.
(6) MICHAEL CHENARD	1.00									
DIRECTOR		Х						0.	0.	0.
(7) DONNA DABNEY	1.00									
DIRECTOR		X						0.	0.	0.
(8) ERIN FULLER	1.00									
DIRECTOR		X						0.	0.	0.
(9) STEVE MARSHALL	1.00	1						_	_	_
DIRECTOR		Х						0.	0.	0.
(10) BOYD MATSON	1.00	1						_	_	_
DIRECTOR		Х						0.	0.	0.
(11) MEGAN OXMAN	1.00								_	
DIRECTOR		Х						0.	0.	0.
(12) SUSAN SARFATI	1.00								_	
DIRECTOR		Х						0.	0.	0.
(13) JONATHAN SILVER	1.00								_	
DIRECTOR		Х						0.	0.	0.
(14) LYNDA WEBSTER	1.00								_	
DIRECTOR		X						0.	0.	0.
(15) SCOTT M. STEEN	50.00	1						044 00:		10 011
CEO				Х				211,824.	0.	18,011.
(16) REBECCA WALKER	50.00	1		l				140 004		0 040
VP & CFO	1 25 52	<u> </u>	<u> </u>	Х				142,094.	0.	9,948.
(17) GERALD GRAY	37.50	1						120 010		10 005
SVP						X		132,919.	0.	17,265.

232007 12-10-12

Form **990** (2012)

Part VII Section A. Officers, Directors, Tre		ploy	ees			ighe	st C						
(A)	(B)			(C Posi		,		(D)	(E)			(F)	
Name and title	Average hours per		not c	heck I	more	than		Reportable	Reportable			timate	
	week					is bot or/trus		compensation from	compensation from related			ount	UI
	(list any	tor						the	organization			pensa	ation
	hours for	or director				Dis.		organization	(W-2/1099-MI			om th	
	related	tee or	ustee			ensati		(W-2/1099-MISC)		-	orga	anizat	ion
	organizations	al trus	nal tr		employee	om b						l relat	
	below line)	Individual trustee	Institutional trustee	Officer	, emp	Highest compensated employee	Former				orga	nizati	ons
(18) ELEANOR SLOAN	40.00	Pul	su	#0	Key	ijî e	훈						
VP OF MARKETING & COMM	40.00	ł				x		136,342.		0.	1 1	5,9	89
(19) PETER HUTCHINS	50.00					 		130/3120				, , ,	
VP OF PROGRAMS		1				X		119,967.		0.	1:	2,9	66.
(20) GREG MEYER	40.00							,					
VP OF CORP. PARTNERSHIPS						Х		106,756.		0.	;	3,6	85
		ļ											
		ł											
						<u> </u>							
		1											
		1											
								0.40					
1b Sub-total								849,902.		0.	8:	3,8	
c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)								849,902.		0.	8.	3,8	64.
2 Total number of individuals (including but	not limited to th	nose	liste	ed at	oove	e) wł	ho re	eceived more than \$100	,000 of reportab	ole			,
compensation from the organization												Yes	No
3 Did the organization list any former office	or director or tr	ictor	o ko	w on	nnlo	oo	or	highest compensated o	mployoo on			103	140
line 1a? If "Yes," complete Schedule J for											3		Х
4 For any individual listed on line 1a, is the								her compensation from			3		
and related organizations greater than \$1									ine organization		4	Х	
5 Did any person listed on line 1a receive o									dual for services		_		
rendered to the organization? If "Yes," co	•				•			•			5		Х
Section B. Independent Contractors	•												
1 Complete this table for your five highest of	compensated in	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of cor	npens	ation f	rom	
the organization. Report compensation for	or the calendar y	ear (endi	ng w	vith	or w	/ithir	n the organization's tax	year.				
(A) Name and busines	se addross	NT/	\ N TT	,				(B) Description of s	envices	,	(C omper		n
iname and busines	33 audi (533	74(ONE	3			\dashv	Description of S	OI VICES	<u> </u>	,ompet	isaliU	11
							\dashv						
													_
							\dashv						
2 Total number of independent contractors	(including but :	O+ 11:	mita	d + ^	the	SC 11:	oto c	Labovo) who received =	oro than				
Total number of independent contractors\$100,000 of compensation from the orga		iot III	mie	u iU		se 11: 0	o i C U	i above, who received h	IOIE HIAH				
# 100,000 of compensation from the orga						-					Form 9		

232008

Form 990 (2012) AMERICA

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII CA CA		L VII			e to anv question i	n this Part VIII			
10 10 10 10 10 10 10 10						(A)	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded
Susiness Code 2 a MAGAZINE ADVERTISING 541800 20,747 20,	nts	1 a	Federated campaigns	1a					
Susiness Code 2 a MAGAZINE ADVERTISING 541800 20,747 20,	등이	b	Membership dues	1b	1,596.				
Susiness Code 2 a MAGAZINE ADVERTISING 541800 20,747 20,	A,								
Susiness Code 2 a MAGAZINE ADVERTISING 541800 20,747 20,	[팔편	d	Related organizations	1d					
Susiness Code 2 a MAGAZINE ADVERTISING 541800 20,747 20,	ns,		- ·	. —	250,408.				
Susiness Code 2 a MAGAZINE ADVERTISING 541800 20,747 20,	흕制	f							
Susiness Code 2 a MAGAZINE ADVERTISING 541800 20,747 20,	들위								
Susiness Code 2 a MAGAZINE ADVERTISING 541800 20,747 20,	E E	_			35,000.				
2 a MAGAZINE ADVERTISING 541800 20,747 2	9 C	h	Total. Add lines 1a-1f		D	3,562,086.			
MAGAZINE SALES 900099	_		Walantin animperation			00 545		00 545	
Total. Add lines 2a2f	ا <u>ن</u> و	2 a					7.600	20,747.	
Total. Add lines 2a2f	le j	b	MAGAZINE SALES		900099	7,688.	7,688.		
Total. Add lines 2a2f	E el	_							
Total. Add lines 2a2f	Be	d							
Total. Add lines 2a2f	ğ								
3 Investment income (including dividends, interest, and other similar amounts) 147,202. 147,202. 147,202. 147,202.	_					28 435			
147,202. 147,202.	\dashv					20,433.			
1 1 1 1 1 1 1 1 1 1		3	•		· ·	147 202			147 202
The image		4				217,202.			217,2021
10 10 10 10 10 10 10 10					•	2 061.			2 061.
Second S		3	noyanies			_,			
Description		6 a	Gross rents	(i) Heal	(ii) i ersonai				
C Rental income or (loss)									
Total revenue Contributions Contribution									
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses					<u> </u>				
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 157,558, -122. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$									
B Less: cost or other basis and sales expenses 4,437,557 122.					 				
and sales expenses		b	•	, ,					
C Gain or (loss) 157,558 -122				4,437,557	122.				
A Net gain or (loss)		С	Gain or (loss)	157,558	-122.				
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b Less: cost of goods sold b Less: cost of goods sold		d	Net gain or (loss)			157,436.			157,436.
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 16,375. b c d All other revenue e Total. Add lines 11a-11d 16,375. 12 Total revenue. See instructions. A language of inventory 1	اه								
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 16,375. b c d All other revenue e Total. Add lines 11a-11d 16,375. 12 Total revenue. See instructions. A language of inventory 1	ž		including \$	of					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 16,375. b c d All other revenue e Total. Add lines 11a-11d 16,375. 12 Total revenue. See instructions. A language of inventory 1	ě								
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 16,375. b c d All other revenue e Total. Add lines 11a-11d 16,375. 12 Total revenue. See instructions. A language of inventory 1	₹	b	Less: direct expenses	ا	o				
Part IV, line 19	١	С	Net income or (loss) from fund	Iraising events					
b Less: direct expenses b C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 16,375. 16,375. 16,375. 16,375. 16,375. 16 Total. Add lines 11a-11d 16,375. 3,913,595. 7,688. 20,747. 323,074.		9 a	Gross income from gaming ac	tivities. See					
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 16,375. d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 10 All other revenue. See instructions. 11 Total revenue. See instructions.					a				
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and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 16,375. 16,375. 16,375. 16,375. 16,375. 16,375. 16,375. 16,375. 16,375. 17,688. 20,747. 323,074.			· · · · · · · · · · · · · · · · · · ·	-					
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Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 16,375. b 16,375. c 4 All other revenue e Total. Add lines 11a-11d 16,375. 12 Total revenue. See instructions. 3,913,595. 7,688. 20,747. 323,074.									
11 a MISCELLANEOUS 900099 16,375. 16,375. b c d All other revenue 16,375. 16,375. e Total. Add lines 11a-11d 16,375. 16,375. 12 Total revenue. See instructions. 3,913,595. 7,688. 20,747. 323,074.	ļ	С							
b c d All other revenue	-			e					
c d All other revenue e Total. Add lines 11a-11d 16,375. 12 Total revenue. See instructions. 3,913,595. 7,688. 20,747. 323,074.		11 a	MISCELLANEOUS		900099	16,375.			16,375.
d All other revenue 16,375. e Total. Add lines 11a-11d 16,375. 12 Total revenue. See instructions. 3,913,595. 7,688. 20,747. 323,074.		b							
e Total. Add lines 11a-11d ▶ 16,375. 12 Total revenue. See instructions. ▶ 3,913,595. 7,688. 20,747. 323,074.									
12 Total revenue. See instructions. 3,913,595. 7,688. 20,747. 323,074.						16 255			
					>	-	7 (00	20 747	202 074
	23200		rotal revenue. See mstructions.		>	2,313,335.	7,008.	20,747.	

Form 990 (2012) AMERICAN FORE Part IX | Statement of Functional Expenses

Pa	rt IX Statement of Functional Expens	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respon	nse to any question in th			<u></u>
	not include amounts reported on lines 6b, 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 governments and				
	organizations in the United States. See Part IV, line 21	1,093,430.	1,093,430.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	365,401.	365,401.		
4	United States. See Part IV, lines 15 and 16	303,401.	303,401.		
4 5	Benefits paid to or for members				
3	trustees, and key employees	391,122.	171,151.	100,690.	119,281.
6	Compensation not included above, to disqualified	00-7			
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,467,899.	807,301.	324,984.	335,614.
8	Pension plan accruals and contributions (include		-		
	section 401(k) and 403(b) employer contributions)	75,046.	39,689.	16,542.	18,815.
9	Other employee benefits	62,844.	55,993.	3,669.	3,182.
10	Payroll taxes	125,839.	72,159.	26,134.	27,546.
11	Fees for services (non-employees):				
а	Management	10 10 -			
	Legal	10,197.	4,941.	4,034.	1,222.
С	Accounting	23,952.	184.	23,637.	131.
d	Lobbying	65 055			<u> </u>
е	Professional fundraising services. See Part IV, line 17	65,055. 7,148.		7,148.	65,055.
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	/,140.		7,140.	
g	column (A) amount, list line 11g expenses on Sch O.)	155,071.	119,670.	8,398.	27,003.
12	Advertising and promotion	97,244.	94,805.	1,196.	1,243.
13	Office expenses	163,279.	109,937.	17,983.	35,359.
14	Information technology	138,655.	102,693.	17,893.	18,069.
15	Royalties	,	,	,	<u> </u>
16	Occupancy	193,970.	105,635.	45,540.	42,795.
17	Travel	72,088.	43,707.	3,677.	24,704.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,658.	5,435.	1,888.	3,335.
20	Interest				
21	Payments to affiliates	F4 0C0	20 017	11 426	10 400
22	Depreciation, depletion, and amortization	54,062.	30,217.	11,436.	12,409.
23	Insurance	14,226.	7,664.	3,135.	3,427.
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 0.)				
а	PRINTING	109,903.	63,151.	143.	46,609.
b	MEMBERSHIP/SUBSCRIPTION	27,134.	25,449.	776.	909.
С	BAD DEBTS EXPENSE	19,189.	-	19,189.	
d	STATE REGISTRATIONS	13,123.			13,123.
е	All other expenses	10,445.	5,166.		5,279.
25	Total functional expenses. Add lines 1 through 24e	4,766,980.	3,323,778.	638,092.	805,110.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2012)
Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response to any question in this Part X			L
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	500.	1	368
2	Savings and temporary cash investments	3,358,863.	2	1,223,525
3	Pledges and grants receivable, net	736,715.	3	706,516
4	Accounts receivable, net	498.	4	249
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
"	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
1_	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7 8	Notes and loans receivable, net		7	
	Inventories for sale or use	71 012	8	07 54
9	Prepaid expenses and deferred charges	71,013.	9	87,54
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 1,011,160.	455 265		601 06
b	Less: accumulated depreciation 10b 389,900.	155,365.	10c	621,26
11	Investments - publicly traded securities	4,111,341.	11	4,655,91
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	13,376.	15	70,75
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,447,671.	16	7,366,13
17	Accounts payable and accrued expenses	336,376.	17	387,87
18	Grants payable	1,074,074.	18	442,18
19	Deferred revenue		19	5,30
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 current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
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			
		71,175.	25	398,96
26	Schedule D Total liabilities. Add lines 17 through 25	1,481,625.	26	1,234,32
120	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	1,101,023	20	1,231,32
	complete lines 27 through 29, and lines 33 and 34.			
07		4,216,199.	27	4,325,83
27	Unrestricted net assets	2,719,180.	27	1,775,30
28	Temporarily restricted net assets	30,667.	28	30,66
29	Permanently restricted net assets	30,007.	29	30,00
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	6 066 046	32	
27 28 29 30 31 32 33	Total net assets or fund balances	6,966,046.	33	6,131,80
34	Total liabilities and net assets/fund balances	8,447,671.	34	7,366,13

Form **990** (2012)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,91		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,76		
3	Revenue less expenses. Subtract line 2 from line 1	3	-85		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,96		
5	Net unrealized gains (losses) on investments	5	-1	9,1	90.
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	3	8,3	35.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6,13	1,8	06.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				LX.
				Yes	No
1	Accounting method used to prepare the Form 990: Lash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 53-0196544

Name of the organization

AMERICAN FORESTS

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

he organ	ization is not a	a private foundation	because it is: (For lines 1	1 through ⁻	11, check	only one b	ox.)					
1	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
з 🗌	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical res	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 stat	city, and state:										
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	oed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🖳	A federal, sta	ite, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7 📖	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ental unit o	r from the	general	public desc	ribed i	in
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershij	o fees, a	and gross re	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	in excepti	ons, and (2) no more	than 33 1	/3% of its	support	t from gross	invest	tment
	income and u	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June 3	0, 197	⁷ 5.
	See section	509(a)(2). (Complete	e Part III.)									
ю 🔲	An organizati	on organized and or	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	l).				
I1 🔲	An organizati	on organized and or	perated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to carry	y out the	e purposes o	of one	or
	more publicly	supported organiza	ations described in section	on 509(a)(1) or section	on 509(a)(2	2). See sec	tion 509(a	a)(3). Ch	eck the box	that	
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h.						
	a Type I	 Ту	/pe II 💢 🗀 Ty	ype III - Fu	nctionally	integrated	d	I 🔲 Тур	e III - No	n-functional	y integ	grated
е 🗌	By checking	this box, I certify tha	at the organization is not	controlled	I directly o	r indirectly	by one o	r more disc	qualified	persons oth	ner tha	เท
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations desc	cribed in s	ection 509	9(a)(1) or	section 509)(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	nis box									
g	Since August	t 17, 2006, has the c	organization accepted ar					owing pers	sons?			
	(i) A persor	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed i	in (ii) and (i	ii) below	<i>'</i> ,	Yes	No
			upported organization?									
			n described in (i) above?									
			person described in (i) o									
h			about the supported org									
		-		-								
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	ı notify the	(vi) Is	the	(vii) Amount	of mo	netarv
	anization	(,	(described on lines 1-9		sted in your			organizátio (i) organiz	ed in the	` '	port	
			above or IRC section (see instructions))	governing	document?	(i) of your	support?	U.S.	.?			
			(see ilistructions))	Yes	No	Yes	No	Yes	No			
otal												

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-1

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

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

sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Caler	dar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for t	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						>
	tion C. Computation of Public						
	Public support percentage for 2012 (lir					14	%
	Public support percentage from 2011					15	%
	33 1/3% support test - 2012. If the or	-					
	stop here. The organization qualifies as a publicly supported organization						
	b 33 1/3% support test - 2011. 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 qualif						
	10% -facts-and-circumstances test						
	and if the organization meets the "fact		•	-	•	ŭ	
	meets the "facts-and-circumstances" t						
	10% -facts-and-circumstances test	-					
	more, and if the organization meets the		•				
	organization meets the "facts-and-circu						
18	Private foundation. If the organization	did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	elow, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	(u) 2000	(8) 2000	(0) 2010	(4) 2011	(0) 2012	(i) rotal
•	membership fees received. (Do not						
	include any "unusual grants.")	3,755,281.	8,873,827.	6,268,991.	4,003,956.	3,562,086.	26,464,141.
2	Gross receipts from admissions,	, ,	, , ,	, , ,	, , ,	, , ,	, , -
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	215,141.	711.147.	156,090.	143.939.	7,688.	1,234,005.
3	Gross receipts from activities that		, = = 7 = = ;			,,,,,,	
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	· · · · ·	3,970,422.	9,584,974.	6,425,081.	4,147,895.	3,569,774.	27,698,146.
	Total. Add lines 1 through 5	3,370,422.	3,304,374.	0,423,001.	4,147,055.	3,303,774.	27,030,140.
7 8	3 received from disqualified persons						0.
r	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0.
_	amount on line 13 for the year						0.
	Add lines 7a and 7b						27,698,146.
	Public support (Subtract line 7c from line 6.)						27,030,140.
-	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	3,970,422.	9,584,974.	6,425,081.	4,147,895.	3,569,774.	27,698,146.
	Gross income from interest,	3,3,0,122.	3,301,371.	0,120,001.	1,117,033.	3,303,771.	27,030,110.
100	dividends, payments received on						
	securities loans, rents, royalties	39,560.	33 857	124 837	173,434.	149,263.	520,951.
L	and income from similar sources Unrelated business taxable income	33,300.	33,037.	124,037.	1/3,434.	140,200.	320,331.
L	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_		39,560.	33,857.	12/ 837	173,434.	149,263.	520,951.
	Add lines 10a and 10b Net income from unrelated business	33,300.	33,037.	124,057.	1/3,434.	140,200.	320,331.
•	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
'-	or loss from the sale of capital				148,259.	16,375.	164,634.
40	assets (Explain in Part IV.)	4,009,982.	9,618,831.	6,549,918.	4,469,588.	3,735,412.	28,383,731.
	Total support. (Add lines 9, 10c, 11, and 12.)	, ,					
14	First five years. If the Form 990 is for	· ·		•	•	()()	ation,
50	check this box and stop here ction C. Computation of Publ		roontago				<u> </u>
	•			- L (A)		45	97.58 %
	Public support percentage for 2012 (I					15	
	Public support percentage from 2011 etion D. Computation of Investigation					16	97.88 %
	•			- 10 1 (6)		47	1.84 %
	Investment income percentage for 20					17	
	Investment income percentage from 2					18	
19a	33 1/3% support tests - 2012. If the						
	more than 33 1/3%, check this box at						
b	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	<u></u> ▶∟∟

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).												
SCHEI	OULE A	λ,	PART	III,	LINE	12,	EXPL	OITANA	1 FOR	OTHER	INCOME:	
ROYAI	TIES											
2011	AMOUN	1T :	\$	1,000).							
CANCI	ELLATI	ON	OF (GRANT								
2011	AMOUN	1T :	\$	128,9	916.							
MISC	ELLANE	EOU	S									
2011	AMOUN	1T:	\$	18,34	13.							
2012	AMOUN	1T:	\$	16,3	75.							

** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

2012

AMERICAN FORESTS 53-0196544 Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year,

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

religious, charitable, etc., contributions of \$5,000 or more during the year

contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number

AMERICAN FORESTS

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$358,771.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$241,920.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$133,887.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$104,172.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 100,000.	Person X Payroll

Employer identification number

AMERICAN FORESTS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additions	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$54,226.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$53,530.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$44,136.	Person X Payroll

Employer identification number

AMERICAN FORESTS

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$35,818.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$35,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$ 30,000.	Person X Payroll

Employer identification number

AMERICAN FORESTS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additions	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$22,234.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$18,079.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$15,800.	Person X Payroll

Employer identification number

AMERICAN FORESTS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional copies of Part I if additional copi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$13,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$13,486.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$\$\$\$\$\$	Person X Payroll

Employer identification number

AMERICAN FORESTS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$12,966.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$12,407.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$11,912 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$11,185.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$11,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$11,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

AMERICAN FORESTS

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 10,251.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$ 9,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		9,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		- - \$\$9,191.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		9,167.	Person X Payroll

Employer identification number

AMERICAN FORESTS

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$8,768.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$8,681.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$8,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$7,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$ 7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

AMERICAN FORESTS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$6,726.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$6,626.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$6,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$5,780.	Person X Payroll

Employer identification number

AMERICAN FORESTS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$5,600.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$5,520.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$5,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$5,000.	Person X Payroll

Employer identification number

AMERICAN FORESTS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

AMERICAN FORESTS

· HILLICH	CAN POREDID	33	-0190344
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization **Employer identification number**

AMERICAN FORESTS

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t 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
1.5	FURNITURE	_	
<u> 16</u>			
		\$35,000 .	09/15/13
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I		(
		<u> </u>	
(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
		_	
—		<u> </u>	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	,	_	
		<u> </u>	90, 990-EZ, or 990-PF) (201)

Name of organization Employer identification number

VMED.	LCDM	FORES	TC

Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc.	vidual contributions to sect ne following line entry. For o c., contributions of \$1,000 o	ion 501(c)(7), (8), rganizations comp or less for the year.	or (10) organizations that total more than \$1,000 for the leting Part III, enter (Enter this information once.) \$
(a) No. from Part I	Use duplicate copies of Part III if addition (b) Purpose of gift	al space is needed. (c) Use of g	jift	(d) Description of how gift is held
		(e) Transf	er of gift	
_	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held
		(e) Transf	er of gift	
_	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held
		(e) Transf	er of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held
		(e) Transf	er of gift	
-	Transferee's name, address, ar			elationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			Em	oloyer identification number
	AMERICA		53-0196544		
Pa	art I-A Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 527	organization.
2	Provide a description of the organize Political expenditures Volunteer hours	·		>	\$
		ganization is exempt unde			
1	Enter the amount of any excise tax	incurred by the organization under	er section 4955	>	\$
2	Enter the amount of any excise tax	incurred by organization manager	rs under section 4955	>	\$
	If the organization incurred a section				
	Was a correction made?				Yes No
	of If "Yes," describe in Part IV.	renization is evenent unde	or coation E01/a	avaant aaatian EO:	1/0//2)
	art I-C Complete if the org	·			
	Enter the amount directly expended		· ·	***************************************	\$
2	Enter the amount of the filing organ		•		Φ
2	exempt function activities Total exempt function expenditures				Φ
3	line 17b				¢
4	Did the filing organization file Form	1120-POL for this year?			Yes No
	Enter the names, addresses and er				
•	made payments. For each organiza				
	contributions received that were pr				
	political action committee (PAC). If	additional space is needed, provide	de information in Part I	V.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds. If none, enter -0	delivered to a separate
					political organization.
					If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2012

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Part II-A Complete if the org			mpt under sectio	n 501(c)(3) and fil	ed Form 5768	
A Check if the filing organiza expenses, and sha	ition belong	s to an affi	expenditures).	n Part IV each affiliated	group member's nam	ne, address, EIN,
Limi	ts on Lobb	ying Expe	nd "limited control" pro nditures unts paid or incurred.	112	(a) Filing organization's totals	(b) Affiliated group totals
 1a Total lobbying expenditures to infl b Total lobbying expenditures to infl c Total lobbying expenditures (add l d Other exempt purpose expenditure 	uence a leg ines 1a and	islative boo	dy (direct lobbying)			
e Total exempt purpose expenditure	es (add lines	1c and 1c	d)			
f Lobbying nontaxable amount. Ent		int from the	e following table in bot	h columns.		
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.						
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (erh Subtract line 1g from line 1a. If zer						
i Subtract line 1f from line 1c. If zero	o or less, en	ter -0				
j If there is an amount other than ze reporting section 4911 tax for this	_			ation file Form 4720	[Yes No
(Some organia	zations that blumns belo	I-Year Ave t made a s ow. See th	eraging Period Under ection 501(h) election e instructions for line	Section 501(h) n do not have to com es 2a through 2f on pa	olete all of the five	
	Lobby	ying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
Grandroote labbuing expanditures						

Schedule C (Form 990 or 990-EZ) 2012

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(k	o)
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		405
		X			405
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		Х		405
	Total. Add lines 1c through 1i				405
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504(-)	(5)	-1:	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)	(5), or se	Ction	
	001(0)(0).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization make only inflouse lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			t III-A, lir	1e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
_	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
_	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information		5		
		. + II A /- ££:1:		E-A) D-AU	A U O
and F	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Pa Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:	п п-А (апш	ated group	list); Part II	-A, line 2;
AMI	ERICAN FORESTS' STAFF MET WITH CONGRESSIONAL MEMBER	S TO I	DISCUS	S	
GE1	NERAL APPROPRIATIONS, TO PROMOTE BUDGET REQUESTS, TO	O DISC	CUSS T	HE	
COI	LLABORATIVE FOREST LANDSCAPE RESTORATION PROGRAM, TO	O DISC	CUSS T	HE	
	LDFIRE DISASTER FUNDING ACT, THE RESIDENTIAL ENERGY				
	TINGS ACM THE COMMINITAL DADES DEVITAL TRANSON ACM				

232043 01-07-13

Part IV Supplemental Information (continued)
REAUTHORIZATION OF THE FARM BILL INCLUDING THE PERMANENT
REAUTHORIZATION OF STEWARDSHIP CONTRACTING. THEY ALSO MET WITH THE
FOREST SERVICE, THE OFFICE OF MANAGEMENT AND BUDGET, THE UNDERSECRETARY
OF THE DEPARTMENT OF AGRICULTURE AND THE COUNCIL ON ENVIRONMENTAL
QUALITY REGARDING RECOMMENDATIONS TO THE PRESIDENT'S CLIMATE ACTION
PLAN AND WILDFIRE SUPPRESSION FUNDING SOLUTIONS.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

AMERICAN FORESTS

Employer identification number 53-0196544

Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 advi	sed 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 a		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Par	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc-	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements of	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year > \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	the organization's accounting for
_	conservation easements.		
Par	rt III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1		
а	, , , , , , , , , , , , , , , , , , , ,		
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2012

	t III Organizations Maintaining C	collections of A	rt. Histo	rical Tr	easures. o	r Othe	r Simila			± Page ∠ ued)
	Using the organization's acquisition, accessi									-
3	(check all that apply):	on, and other record	is, crieck i	arry or trie	lollowing tha	l ale a si	grillicarit	ase of its	CONSCIO	TILETTIS
а	Public exhibition	d		an or eve	hange progra	me				
b	Scholarly research	e			nange progra					
C	Preservation for future generations	•	0							
4	Provide a description of the organization's co	alloctions and avalai	n how tho	v furthor t	no organizatio	on's over	mnt nurna	so in Par	+ VIII	
5	During the year, did the organization solicit of							oc IIII ai	t XIII.	
3	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa			ngamzatio	ii anoworda	100 101	. 01111 000,	i aitiv, i		
	Is the organization an agent, trustee, custod		diary for co	ontribution	s or other as:	sets not	included			
	on Form 990, Part X?		-						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								00	
-	Too, oxplain the arrangement in traction	and complete the re	mownig ta	D. 0.					Amount	
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete i	f the organization ar	swered "	Yes" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) Pri	or year	(c) Two year	s back ((d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g,	column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should	· ·								
За	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administe	red for th	ne organiz	ation	-	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations								3b	
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm				. 1			.		
	Description of property	(a) Cost or o		(b) Cost			cumulate	d	(d) Bool	k value
		basis (investr	nent)	basis	(otner)	aep	reciation			
	Land									
	Buildings			6.6	8,567.	1	.93,52	7	171	5,040.
	Leasehold improvements				1,242.		31,45			9,786.
	Equipment	I			1,351.		64,91			5,786. 5,434.
	Other		V/:				04,3	L / •		260.

Schedule D (Form 990) 2012

	Three differences of the contract of the contr				
	ion of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1) Financia	l derivatives				
(2) Closely-	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					
) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related. Se	e Form 990. Part X. lin	ne 13.		
	(a) Description of investment type	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1)					-
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)) must squal Form 000 Port V sel. (P) line 12)				
Part IX	o) must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, line	1 <i>E</i>			
Part IX		Description			(b) Book value
	(a) L	Description			(D) BOOK VAIUE
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	mn (b) must equal Form 990, Part X, col. (B) line			>	
Part X	Other Liabilities. See Form 990, Part X, li	ine 25.			
1.	(a) Description of liability		(b) Book value		
	eral income taxes				
(2) DE	FERRED RENT		398,969.		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
	mn (b) must equal Form 990, Part X, col. (B) line	25)	398,969.		
	ASC 740) Footpote In Part XIII provide the tex			l etatemente that ror	orts 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. Schedule D (Form 990) 2012

SCITE	edule D (Form 990) 2012 PATEIX I CIXED ID			JIJUJII Pa	ige 🕶
Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Rev	enue per Ret	turn		
1	Total revenue, gains, and other support per audited financial statements		1	4,026,76	56.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а		19,190.			
b	Donated services and use of facilities 2b 1	32,361.			
С					
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d	2	2e	113,17	
3	Subtract line 2e from line 1		3	3,913,59	95.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,913,59	95.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Ex	penses per R	etu		
1	Total expenses and losses per audited financial statements		1	4,861,00)6.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities 2a 1	.32,361.			
b	Prior year adjustments 2b				
С	Other losses 2c				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d	2	2e	132,36	
3	Subtract line 2e from line 1		3	4,728,64	<u> 15.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	38,335.			
С	Add lines 4a and 4b		4c	38,33	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,766,98	30.
Pa	rt XIII Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b a	and 2	b; Part V, line 4; P	art

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

PART V, LINE 4: EARNINGS ON THE PERMANENTLY RESTRICTED ENDOWMENT MAY

BE USED FOR GENERAL SUPPORT OF AMERICAN FORESTS' MISSION.

PART X, LINE 2: AF IS A NOT-FOR PROFIT ORGANIZATION INCORPORATED IN

THE DISTRICT OF COLUMBIA AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IT HAS BEEN DETERMINED

THAT THE ORGANIZATION IS NOT A PRIVATE FOUNDATION AS DEFINED IN SECTION

509(A).

Schedule D (Form 990) 2012

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

AMERICAN FOREST	'S				53-019654	4
Part I General Info	rmation on A	Activities Ou	tside the United States. Compl			
to Form 990, Par		n maintain recor	ds to substantiate the amount of its gr	ants and other a	ssistance	
			the selection criteria used to award the			Yes No
O Fan mantinalisma Daga	wile a lie Davit V the					-:- - 4
2 For grantmakers. Desc United States.	cribe in Part v the	e organization s	procedures for monitoring the use of it	is grants and oth	ier assistance out	side the
	he following Part	t I, line 3 table c	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a progr describe s	ty listed in (d) ram service, specific type e(s) in region	(f) Total expenditures for and investments in region
EAST ASIA AND THE			GRANTS TO RECIPIENTS			
PACIFIC	0	0	LOCATED IN PROJECT AREA	REFORESTATIO	N	81,911.
EUROPE (INCLUDING			GRANTS TO RECIPIENTS			
ICELAND & GREENLAND)	0	0	LOCATED IN PROJECT AREA	REFORESTATIO	N	114,080.
			GRANTS TO RECIPIENTS			
NORTH AMERICA	0	0	LOCATED IN PROJECT AREA	REFORESTATIO	N	56,050.
RUSSIA & THE NEWLY			GRANTS TO RECIPIENTS			
INDEPENDENT STATES	0	0	LOCATED IN PROJECT AREA	REFORESTATIO	N	39,400.
			GRANTS TO RECIPIENTS			
SOUTH ASIA	0	0	LOCATED IN PROJECT AREA	REFORESTATIO	N	50,000.
			GRANTS TO RECIPIENTS			
SUB-SAHARAN AFRICA	0	0	LOCATED IN PROJECT AREA	REFORESTATIO	N	23,960.
3 a Sub-total	0	0				365,401.

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

0

0

Schedule F (Form 990) 2012

b Total from continuation

and 3b)

sheets to Part I
c Totals (add lines 3a

0.

365,401.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE	REFORESTATION PROJECTS IN CHINA AND INDONESIA.	81,911.	WIRE	0.		
		EUROPE (INCLUDING	REFORESTATION IN	114,080.		0.		
			PLANTING TREES IN MEXICO FOR WILDLIFE HABITAT.	56,050.	WIRE	0.		
		NEWLY INDEPENDENT	PLANTING TREES AND ENGAGING COMMUNITIES IN RUSSIA.	39,400.	WIRE	0.		
			PLANTING TREES FOR CLEAN DRINKING WATER IN INDIA.	50,000.	WIRE	0.		
		SUB-SAHARAN	PLANTING TREES IN LOCAL COMMUNITIES IN GUINEA.	23,960.	WIRE	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	
	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	▶

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region cash grant recipients cash disbursement non-cash non-cash assistance assistance

Page 3

Schedule F (Form 990) 2012

Page 4

	(1 01111 990) 2012		
Part IV	Foreign Form	ıs	

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2012

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to 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. ► See separate instructions.

Inspection

Name of the organization				-			ntification number
	N FORESTS					53-0196	
Part I required to complete this par	 Complete if the organization answer t. 	ered "Y	'es" to	Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
 Indicate whether the organization raise a X Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitar f Solicitar g Special or oral agreement with any individual cart VII) or entity in connection with prividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or con contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid r retained by) iundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
AVALON CONSULTING GROUP, INC.		Yes	No				
- 2030 M STREET NW, SUITE	DIRECT MAIL		Х	137,704.		65,055.	72,649.
			<u> </u>	137,704.		65,055.	72,649.
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from re	egistration

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2012

	II L	of fundraising event contributions and gr	-		· · · · · · · · · · · · · · · · · · ·	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
ē			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				1
	10 11	, ,				
Pa	ırt	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
	_	\$15,000 on Form 990-EZ, line 6a.		I		T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	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	n 5 in column (d)		>	()
	8	Net gaming income summary. Combine line 1	I, column d, and line 7			
а	ls t	ter the state(s) in which the organization opera the organization licensed to operate gaming ac	ctivities in each of these			Yes No
b	If " 	No," explain:				
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·	-	year?	Yes No
	_					
	_					
2320	82 0	1-07-13			Schedule G (Fo	rm 990 or 990-EZ) 2012

11 Does the organization operate gaming activities with nonmembers? 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? 13 Indicate the percentage of gaming activity operated in: a The organization's facility b An outside facility 13a 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization \$\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	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? □ 13 Indicate the percentage of gaming activity operated in: a The organization's facility □ b An outside facility □ 13a 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? □ b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	
to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in: a The organization's facility b An outside facility 13a 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? b If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party \$\bullet\$ and the amount of gaming revenue received by the organization \$\bullet\$ and the amount of gaming revenue received by the organization \$\bullet\$ and the amount of gaming revenue received by the organization \$\bullet\$ and the amount of gaming revenue received by the organization \$\bullet\$ and the amount of gaming revenue received by the organization \$\bullet\$ and the amount of gaming revenue received by the organization \$\bullet\$ and the amount of gaming revenue received by the organization \$\bullet\$ and the amount of gaming revenue received by the organization \$\bullet\$ and the amount of gaming revenue received by the organization \$\bullet\$ and the amount of gaming revenue received by the organization \$\bullet\$ and the amount of gaming revenue received by the organization \$\bullet\$ and the amount of gaming revenue received by the organization \$\bullet\$ and the amount of gaming revenue received by the organization \$\bullet\$ and the amount of gaming revenue received by the organization \$\bullet\$ and the amount of gaming revenue received by the organization \$\bullet\$ and the amount of gaming revenue received by the organization \$\bullet\$ and the amount of gaming revenue received by the organization \$\bullet\$ and the amount of gaming revenue received by the organization \$\bullet\$ and the amount of gaming revenue received by the organization \$\bullet\$ and the amount of gaming revenue received by the organization \$\bullet\$ and the amoun	
13 Indicate the percentage of gaming activity operated in: a The organization's facility 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? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	
a The organization's facility 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? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	
b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Address Is a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party \$\infty\$.	
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?	
Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Voc. No.
Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization \$\$\$ and the amount of gaming revenue retained by the third party \$\$\$\$	Voc. No.
b If "Yes," enter the amount of gaming revenue received by the organization \$\begin{align*}	Vos 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 ▶ \$	Voc N
of gaming revenue retained by the third party >\$	162 - 140
of gaming revenue retained by the third party >\$	
- ·· · ·, -···-· · · · · · · · · ·	
Name	
Address ▶	
16 Gaming manager information:	
Name .	
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 L No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Complete this part to 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 complete this part to provide any additional information (see	nstructions).
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:	
(I) NAME OF FUNDRAISER: AVALON CONSULTING GROUP, INC.	
(1) MEET OF TONDERSTORM. AVAION CONDUCTING GROOF, INC.	
(I) ADDRESS OF FUNDRAISER:	
2030 M STREET NW, SUITE 700, WASHINGTON, DC 20036	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization AMERICAN	Employer identification number $53-0196544$						
Part I General Information on Grants a							33 0130311
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's process.	stance?						
Part II Grants and Other Assistance to					anization answered "\	es" to Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	n be duplicated if addi	tional space is need	ded.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
U.S. FOREST SERVICE 101B SUN AVE NE ALBUQUERQUE, NM 87109	72-0564834	115	214,178.	0.			PLANT TREES IN SEVERAL NATIONAL FORESTS ACROSS THE US
STATE OF CALIFORNIA - DEPT. OF PARKS & REC 200 PALM CANYON DR - BORREGO SPRINGS, CA 92004	68-0303606	115	344,000.	0.			PROVIDED TO PLANT TREES IN CUYAMACA RANCHO STATE PARK.
CERES TRUST 204 7TH STREET W. #114 NORTHFIELD, MN 55057	20-5768077	501(C)(3)	81,053.	0.			RETURN OF UNSPENT TREE PLANTING GRANT.
APPLEGATE PARTNERSHIP AND WATERSHED COUNCIL - P.O. BOX 899 - JACKSONVILLE, OR 97530	93-1151372	501(C)(3)	15,000.	0.			PLANTING 8,800 TREES TO RESTORE RIPARIAN HEALTH IN THE AREA.
BUREAU OF LAND MANAGEMENT, CARSON CITY DISTRICT - 5665 MORGAN MILL RD - CARSON CITY, NV 89701	84-0437540	115	15,946.	0.			PLANTING 25,000 TREES IN RESPONSE TO A LOCAL WILDFIRE.
FRIENDS OF THE WILDLIFE CORRIDOR 3325 GREEN JAY RD ALAMO, TX 78516	74-2847358	501(C)(3)	25,000.	0.			PLANTING 33,350 TREES IN THE LRG NWR TO ENHANCE WILDLIFE HABITAT.
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	-	-	la a librar el Alabata				26.

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II.)	rage (
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOJAVE DESERT RESOURCE							
CONSERVATION DISTRICT - 14393 PARK							PLANTING 25,000 TREES IN
AVE; STE 200 - VICTORVILLE, CA							SAN BERNARDINO COUNTY IN
92392	33-0466656	501(C)(3)	16,725.	0.			RESPONSE TO A WILDFIRE.
							REFORESTATION AND
SUSTAINABLE HARVEST INTERNATIONAL							COMMUNITY PLANTINGS FOR
779 NORTH BEND RD							WILDLIFE AND CLEANER
SURRY, ME 04684	43-2023182	501(C)(3)	24,000.	0.			DRINKING WATER.
HILLDEADHU GUADDIANG							DIAMMING AF OOO MDEEG IN
WILDEARTH GUARDIANS							PLANTING 45,000 TREES IN
516 ALTO ST							AN AREA ADVERSELY
SANTA FE, NM 87501	85-0406306	501(C)(3)	20,000.	0.			AFFECTED BY WILDFIRE
							PLANTING 600 TREES FOR
NATIONAL FOREST FOUNDATION							THE GREATER LOS ANGELES
803 2ND ST., STE A							AREA TO RESTORE
DAVIS, CA 95616	52-1786332	501(C)(3)	20,400.	0.			RECREATIONAL LAND AFTER A
							PLANTING 26,000 LONGLEAF
NATIONAL AUDUBON SOCIETY OF SOUTH							PINES TO RESTORE WILDLIFE
CAROLINA - 336 SANCTUARY RD -							HABITAT IN SOUTH
HARLEYVILLE, SC 29448	13-1624102	501(C)(3)	14,160.	0.			CAROLINA.
MUSKEGON CONSERVATION DISTRICT							DIAMMING 20 000 MDEEG AND
							PLANTING 20,000 TREES AND
940 N. VAN EYCK ST			0.4.600				ENGAGING LOCAL VOLUNTEERS
MUSKEGON, MI 49442	38-2333068	115	24,600.	0.			IN MUSKEGON, MICHIGAN.
NOOKSACK SALMON ENHANCEMENT							PLANTING 20,000 TREES IN
ASSOCIATION - 2445 E BAKERVIEW RD							WHATCOM COUNTY TO RESTORE
- BELLINGHAM, WA 98226	94-3140165	501(C)(3)	25,000.	0.			RIPARIAN AREAS.
- BEHLINGHAM, WA 30220	94-3140103	501(C/(3/	23,000.	0.			
NAMIONAL AUDUDON GOGLEMY OF GOVERN							PLANTING 22,800 LONGLEAF
NATIONAL AUDUBON SOCIETY OF SOUTH							PINE TREES TO RESTORE THE
CAROLINA - 336 SANCTUARY RD -	40.465	504 (5) (5)		_			LONGLEAF ECOSYSTEM IN THE
HARLEYVILLE, SC 29448	13-1624102	501(C)(3)	12,779.	0.			SOUTHERN U.S.
							PLANTING 530 TREES IN
TOWN OF MASSENA ELECTRIC							MASSENA, NY TO RESTORE
DEPARTMENT - 71 E. HATFIELD ST							THE TREE CANOPY AFTER AN
MASSENA, NY 13662	15-6001040	115	11,500.	0.			ICE STORM.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							PLANTING 3,000 TREES TO
TREES ATLANTA							ENHANCE A PARK AND
225 CHESTER AVE							ADDITIONAL RECEREATIONAL
ATLANTA, GA 30316	58-1584758	501(C)(3)	25,000.	0.			AREAS IN ATLANTA.
							PLANTING 20,000 TREES IN
MUSKEGON CONSERVATION DISTRICT							MUSKEGON COUNTY TO
940 N. VAN EYCK							PROVIDE SHELTER AND FOOL
MUSKEGON, MI 49442	38-2333068	115	23,890.	0.			FOR A VARIETY OF ANIMAL
							PLANTING 10,000 TREES TO
NOOKSACK SALMON ENHANCEMENT							IMPROVE AQUATIC HABITAT
ASSOCIATION - 2445 E BAKERVIEW RD							FOR MANY SPECIES,
- BELLINGHAM, WA 98226	94-3140165	501(C)(3)	15,000.	0.			INCLUDING SALMON.
NATURE CONSORTIUM							PLANTING 5,300 TREES AND
4408 DELRIDGE WAY SW, STE 107							UNDERSTORY PLANTS IN
SEATTLE, WA 98106	91-2014138	501(C)(3)	25,000.	0.			SEATTLE'S URBAN FOREST.
TREEFOLKS							PLANTING 54,000 TREES IN
P.O. BOX 704							RESPONSE TO THE BASTROP
	74-2569827	501(C)(3)	50,000.	0.			COUNTY WILDFIRES OF 2011
AUSTIN, TX 78767	74-2309027	501(0/(3/	30,000.	0.			PLANTING 2,800 URBAN
WESTERN PENNSYLVANIA CONSERVANCY							TREES IN THE CITY OF
800 WATERFRONT DR							PITTSBURGH TO ENHANCE TH
PITTSBURGH, PA 15222	25-1053485	501(C)(3)	25,000.	0.			URBAN CANOPY.
TITIODORGII, TRI 13222	23 1033403	501(0)(3)	23,000.	<u> </u>			DREAM CINCII.
WESTERN PENNSYLVANIA CONSERVANCY							PLANTING 5,000 RIPARIAN
800 WATERFRONT DR							TREES IN SOUTHWEST
PITTSBURGH, PA 15222	25-1053485	501(C)(3)	25,000.	0.			PENNSYLVANIA.
11115B0KGII, 1A 15222	23 1033403	501(0/(3/	25,000.	• •			LEMMSILIVAMIA.
HANDS ON NASHVILLE							
37 PEABODY ST							URBAN VOLUNTEER TREE
NASHVILLE, TN 37210	62-1461078	501(C)(3)	5,200.	0.			PLANTING IN NASHVILLE.
•			,				
NEW JERSEY TREE FOUNDATION							
576 LEESVILLE RD							URBAN VOLUNTEER TREE
JACKSON, NJ 08625	22-3484753	501(C)(3)	8,000.	0.			PLANTING IN ASBURY PARK.

Part II Continuation of Grants and Other	er Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASADENA BEAUTIFUL FOUNDATION							
.044 PROSPECT BLVD							URBAN VOLUNTEER TREE
ASADENA, CA 91103	95-2127204	501(C)(3)	5,200.	0.			PLANTING IN PASADENA.
REES ATLANTA 25 CHESTER AVE							IDDAN VOLUMBED BREE
TLANTA, GA 30316	58-1584758	501(C)(3)	5,200.	0.			URBAN VOLUNTEER TREE PLANTING IN ATLANTA.
IIIIIII, GA 30310	30 1304/30	501(0)(3)	3,200.	0.			LIMITING IN ATHANIA.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to pro	vide the informatio	n required in Part I,	line 2, Part III, colum	nn (b), and any other additional ir	nformation.
SCHEDULE I, PART I, LINE 2: GLOBA	L RELEAF	GRANT AWAE	RDS ARE GEN	ERALLY	
REIMBURSABLE AWARDS FOR WHICH WE	REQUEST A	ND RECEIVE	E A PROJECT	REPORT FORM	
BEFORE PROVIDING PAYMENT TO GRANT	EES. THE	PROJECT F	REPORT FORM	REQUESTS:	
1. A NARRATIVE RESPONSE TO QUEST	IONS ON W	HETHER ANI	O HOW WELL	THE GRANTEE	
HAS CARRIED OUT THE PROPOSED GRAN	T ACTIVIT	IES AND AG	CHEIVED PRO	POSED	
OBJECTIVES; AND,					
2. FINANCIAL AND BUDGET INFORMAT	ION ON HO	W THE REQU	JESTED GRAN	T AMOUNTS	
WERE EXPENDED, AS WELL AS INFORMA	TION ABOU	T OTHER FU	JNDS AND SU	PPORT	
DIRECTED TO THE PROJECT; AND,					
232102 12-18-12		53			Schedule I (Form 990) (201

Page 2

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" to Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN FORESTS

Employer identification number 53-0196544

Pa	rt I Questions Regarding Compensation				
	·		Yes	No	
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (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		<u> </u>	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,				
	trustees, and the CEO/Executive Director, regarding the items checked in 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 Independent compensation consultant Written employment contract Compensation survey or study				
	Independent compensation consultant X Compensation survey or study Approval by the board or compensation committee				
	Approval by the board of compensation committee				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?	4a		Х	
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а	The organization?	5a		X	
b	Any related organization?	5b		Х	
	If "Yes" to line 5a or 5b, describe in Part III.				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
	The organization?	6a		X	
b	Any related organization?	6b		Х	
_	If "Yes" to line 6a or 6b, describe in Part III.				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		v	
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	6		х	
G	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9			
	Regulations section 53.4958-6(c)?	J			

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

Schedule J (Form 990) 2012

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 in 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(B)(()-(U)	in prior Form 990
(1) SCOTT M. STEEN	(i)	211,824.	0.	0.	12,862.	5,149.	229,835.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) REBECCA WALKER	(i)	134,711.	7,383.	0.	8,867.	1,081.	152,042.	0.
VP & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GERALD GRAY	(i)	132,919.	0.	0.	8,304.	8,961.	150,184.	0.
SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELEANOR SLOAN	(i)	136,342.	0.	0.	9,035.	7,954.	153,331.	0.
VP OF MARKETING & COMM	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN FORESTS

Employer identification number

53-0196544

Pai	rt I Types of Property								
	·	(a) Check if applicable	(b) Number of contributions or items contributions	(c) Noncash contri amounts report Form 990, Part VI	ted on	(d) Method of de noncash contribu	etermir	•	:s
1	Art - Works of art		items contributed	1 01111 990, 1 ait vi	ii, iiile ig				
2	Art - Works of art 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								
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 Other ► (FURNITURE)	X	1	35	000.				
25	`	- 21		33,	000.				
26	Other ()								
27	Other ()								
28	Other ()		<u> </u>						
29	Number of Forms 8283 received by the organiz		•						
	for which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement	29				
								Yes	No
30a	During the year, did the organization receive by	-							
	at least three years from the date of the initial of			-					
	the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?								X
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?								Х
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) t	or a type of prope	rty for which colum	nn (a) is ch	ecked,			
	describe in Part II.								
LHA		the Instruc	tions for Form 99	0.		Schedule M	(Form	990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

AMERICAN FORESTS

Employer identification number 53-0196544

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

AMERICAN FORESTS PROTECTS AND RESTORES FORESTS, PRESERVING THE HEALTH

OF OUR PLANET AND THE WELL-BEING OF ITS INHABITANTS.

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

AMERICAN FORESTS PROTECTS AND RESTORES FORESTS, PRESERVING THE HEALTH

OF OUR PLANET AND THE WELL-BEING OF ITS INHABITANTS. FOUNDED IN 1875,

THE ORGANIZATION HAS SERVED AS A CATALYST FOR MANY OF THE MOST

IMPORTANT MILESTONES IN THE CONSERVATION MOVEMENT, INCLUDING THE

FOUNDING OF THE U.S. FOREST SERVICE, THE NATIONAL FOREST AND PARK

SYSTEMS, THE CREATION OF THE MODERN ENVIRONMENTAL MOVEMENT, AND

SIGNIFICANT IMPROVEMENTS IN ENVIRONMENTAL LEGISLATION AND FOREST

MANAGEMENT PRACTICES. SINCE 1990, AMERICAN FORESTS HAS PLANTED NEARLY

40 MILLION TREES IN FOREST ECOSYSTEM RESTORATION PROJECTS AROUND THE

GLOBE, RESULTING IN CLEANER AIR AND DRINKING WATER, RESTORED HABITAT

FOR WILDLIFE AND FISH, AND THE REMOVAL OF MILLIONS OF TONS OF CARBON

FROM THE ATMOSPHERE.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

STRATEGIC INITIATIVES AND PUBLIC OUTREACH PROGRAM WAS COMBINED WITH

PROGRAMS AND PUBLIC POLICY.

FORM 990, PART III, LINE 4A

PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):

FOR MORE THAN A CENTURY, AMERICAN FORESTS HAS BEEN AT THE FOREFRONT OF

FOREST POLICY, MEETING WITH KEY POLICYMAKERS AND ARGUING FOR

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

Schedule O (Form 990 or 990-EZ) (2012)

APPROPRIATE PLANS AND LEVELS OF FUNDING TO SUPPORT NEEDED WORK IN OUR

NATION'S FORESTS. THROUGHOUT THE COURSE OF ITS HISTORY, AMERICAN

FORESTS HAS GROUNDED ITS WORK IN THE BEST SCIENCE OF THE TIME, AND WITH

THE 2011 CREATION OF ITS SCIENCE ADVISORY BOARD, AMERICAN FORESTS HAS

ALIGNED ITSELF WITH SOME OF THE NATION'S PREMIERE SCIENTISTS TO

CONTINUE DEVELOPING ITS WORK IN AND AROUND THE LATEST SCIENCE. FOR

DECADES, AMERICAN FORESTS HAS WORKED WITH LOCAL PARTNERS TO HELP

RESTORE AND PROTECT FORESTS AND HAS SERVED ON MANY LOCAL AND REGIONAL

COALITIONS AND COMMUNITY GROUPS TO PROMOTE STRONG LOCAL FORESTRY

PRACTICES AND PARTNERSHIPS.

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE RECEIVES THE COMPLETED IRS FORM 990 TO REVIEW. AFTER THEY REVIEW IT, THE FORM IS DISTRIBUTED TO THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS, EMPLOYEES AND VOLUNTEERS ARE REQUIRED TO COMPLETE THE ANNUAL CONFLICTS QUESTIONNAIRE.

ANY CONFLICTS DISCLOSED IN THIS PROCESS ARE RESOLVED.

FORM 990, PART VI, SECTION B, LINE 15A: CEO COMPENSATION REVIEW INCLUDED
REVIEWING 990S OF SIMILAR ORGANIZATIONS, INCLUDING: AMERICAN FOREST
FOUNDATION, NATIONAL FOREST FOUNDATION, AND THE ARBOR DAY FOUNDATION.
NON-PROFIT SALARY SURVEYS WERE ALSO CONSULTED.

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

AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY,NC

ND,OH,OK,RI,SC,TN,OR,PA,UT,VA,WA,WV,WI,DC

AMERICAN FORESTS	53-0196544
FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S	990 IS MADE
AVAILABLE ON ITS OWN WEBSITE, ANOTHER'S WEBSITE, AND UPON	REQUEST. THE
FORMS 1023 AND 990-T ARE MADE AVAILABLE ONLY UPON REQUEST	•
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FIN	ANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CANCELLED GRANTS	38,335.
FORM 990, PART XII, LINE 2C	
OVERSIGHT OF AUDIT:	
THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS	FOR OVERSIGHT
OF THE AUDIT OF THE FINANCIAL STATEMENTS.	