

COMMITTEE ON NATURAL RESOURCES
113th Congress Disclosure Form
As required by and provided for in House Rule XI, clause 2(g) and
the Rules of the Committee on Natural Resources

Subcommittee on Public Lands and Environmental Regulation
Legislative Hearing on **H.R. 3606 (McClintock)**, the "*Emigrant Wilderness Historical Use Preservation Act of 2013.*"
March 6, 2014

For Individuals: N/A

1. Name: N/A

2. Address: N/A

3. Email Address: N/A

4. Phone Number: N/A

* * * * *

For Witnesses Representing Organizations:

1. Name: MATTHEW BLOOM

2. Name of Organization(s) You are Representing at the Hearing:

NATIONAL FOREST RECREATION ASSOCIATION/
KENNEDY MEADOWS RESORT AND PACK STATION

3. Business Address: PO Box 4010 Sonora, CA 95370

4. Business Email Address: [Information redacted for privacy]

5. Business Phone Number: [Information redacted for privacy]

For all Witnesses

Name/Organization: Matt Bloom/National Forest Recreation Association, Kennedy Meadows Resort and Pack Station

Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on **H.R. 3606 (McClintock)**, the "*Emigrant Wilderness Historical Use Preservation Act of 2013.*"

March 6, 2014

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

- owned and operated Kennedy Meadows for 18 years
- worked in the wilderness for 30 years
- licensed and permitted guide and outfitter
- BS degree Fresno State University

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

- see above

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

- worked at Kennedy Meadows for thirty years
- owned Kennedy Meadows for 18 years

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

-NONE

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

-NONE

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

-NONE

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Witnesses Representing Organizations

Name/Organization: Matt Bloom/National Forest Recreation Association, Kennedy Meadows Resort and Pack Station

Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on **H.R. 3606 (McClintock)**, the “*Emigrant Wilderness Historical Use Preservation Act of 2013.*”
March 6, 2014

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

-board of directors

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

-NONE

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

-NONE

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

-NONE

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

- information will be forwarded as soon as obtained

**Short Form
Return of Organization Exempt From Income Tax**

2009

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , 2009, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	C NATIONAL FOREST RECREATION ASSOCIATION P.O. BOX 488 WOODLAKE, CA 93286	D Employer identification number 23-7132947
			E Telephone number 559-564-2038
			F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ www.nfra.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

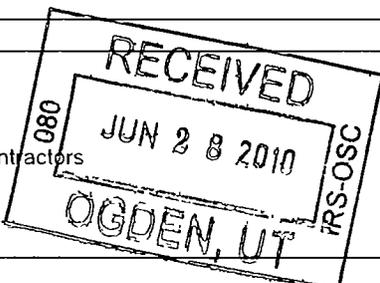
J Tax-exempt status (check only one) — 501(c) (6) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **71,243.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	4,100.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	60,557.
	4 Investment income	4	1,586.
	5a Gross amount from sale of assets other than inventory	5a	5,000.
	b Less cost or other basis and sales expenses	5b	5,555.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-555.
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ _____)	8		
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	65,688.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	41,970.
	13 Professional fees and other payments to independent contractors	13	595.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,210.
	16 Other expenses (describe ▶ <u>See Statement 2</u>)	16	26,306.
	17 Total expenses. Add lines 10 through 16	17	70,081.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,393.	
NET ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	87,272.
	20 Other changes in net assets or fund balances (attach explanation) <u>See Statement 3</u>	20	-7,064.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	75,815.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	86,733.	22 align="right">76,930.
23 Land and buildings		23
24 Other assets (describe ▶ <u>See Statement 4</u>)	539.	24 align="right">385.
25 Total assets	87,272.	25 align="right">77,315.
26 Total liabilities (describe ▶ <u>See Statement 5</u>)	0.	26 align="right">1,500.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	87,272.	27 align="right">75,815.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

SCANNED JUL 22 2010

Handwritten mark

Part V Other Information (Note the statement requirements in the instrs for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved ▶ 38b N/A		
39	Section 501(c)(7) organizations Enter.		
39a	a Initiation fees and capital contributions included on line 9 ▶ 39a N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities ▶ 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
40b	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The organization's books are in care of ▶ WARREN MEYER Telephone no. ▶ 602-569-2333
 Located at ▶ 11811 N. TATUM BLVD., STE 4095 PHOENIX AZ ZIP + 4 ▶ 85028

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ▶ _____		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country: ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** | N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|------------|-----|----|
| 46 | | |
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |
- 46** 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
- 47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

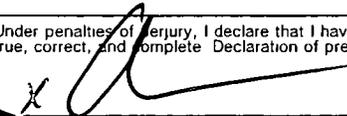
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

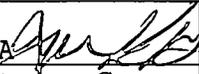
Sign Here

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

▶  Signature of officer

▶ _____ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶  Joe Kashani, CPA

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Bickford Accountancy Corp
1486 Huntington Ave., Ste 200
South San Francisco, CA 94080

May the IRS discuss this return with the preparer shown above? See instructions.

BAA

NATIONAL FOREST RECREATION ASSOCIATION

23-7132947

Statement 1
Form 990-EZ, Part I, Line 5c
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 5,000.
 Cost or Other Basis: 5,555.

Total Gain (Loss) Publicly Traded Securities \$ -555.

Total Net Gain (Loss) From Noninventory Sales \$ -555.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Bank Charges	\$	292.
Conferences, Conventions, and Meetings		14,959.
Depreciation		154.
Dues & Subscriptions		2,500.
Insurance		1,063.
Meeting Exp		60.
Office Expenses		219.
Reimbursed Officer Exp		6,206.
State of Ca Registration		20.
Storage		312.
Telephone		521.
Total	\$	<u>26,306.</u>

Statement 3
Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

Unrealized loss on investment		-7,064.
Total	\$	<u>-7,064.</u>

Statement 4
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Miscellaneous	\$ 539.	\$ 385.
Total	<u>\$ 539.</u>	<u>\$ 385.</u>

NATIONAL FOREST RECREATION ASSOCIATION

23-7132947

Statement 5
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Payable to Officers, Directors, Etc.	\$ 0.	\$ 1,500.
Total	<u>\$ 0.</u>	<u>\$ 1,500.</u>

Statement 6
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

To promote good relations with United States public land management agencies.

Statement 7
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Ruby Allen - Inyo PO Box 1791 Bishop, CA 93515	Director 0	\$ 0.	\$ 0.	\$ 0.
Virginia Barnes 1485 Redwood Drive Los Altos, CA 94024	Director 0	0.	0.	0.
Lynda Breault - Salt River PO Box 6568 Mesa, AZ 85216	President 0	0.	0.	0.
Laurie Cashman - Pinecrest PO Box 1216 Pinecrest, CA 95364	Director 0	0.	0.	0.
Bob Coe - Pahaska 183 Yellowstone Hwy Cody, WY 82414	Director 0	0.	0.	0.
Dave Dohnel - Inyo 1012 East Line St Bishop, CA 93514	Director 0	0.	0.	0.
Esther Fishbaugh - Gallatin 1380 Wolverine Lane Bozeman, MT 59718	Director 0	0.	0.	0.

NATIONAL FOREST RECREATION ASSOCIATION

23-7132947

Statement 7 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Frank Forvilly - Tahoe PO Box 1961 Zephyr Cove, NV 89448	Director 0	\$ 0.	\$ 0.	\$ 0.
Jerry Hamby - Ocoee 2496 Highway 64 Benton, TN 37307	Director 0	0.	0.	0.
Kaly Harward - Crescent Lake PO Box 8516 Coburg, OR 97408	Director 0	0.	0.	0.
Frank Helm - Stanislaus PO Box 1188 Pinecrest, CA 95364	Director 0	0.	0.	0.
R Gary Jones - Silver Lake PO Box 116 June Lake, CA 93529	Director 0	0.	0.	0.
Bud Kahn - Thousand Trails PO Box 6123 Federal Way, WA 98003	Director 0	0.	0.	0.
Dick Kemp - American Land 13 Whispering Wind Irvine, CA 92614	Past President 0	0.	0.	0.
Larry Knapp - Yosemite PO Box 100 Fish Camp, CA 93623	Director 0	0.	0.	0.
Eric Mart - CA Land Mgmt 675 Gilman St Palo Alto, CA 94301	VP Govt Affairs 0	0.	0.	0.
Warren Meyer - RRM 11811 N Tatum Blvd. Ste 4095 Phoenix, AZ 85028	Treasurer 0	0.	0.	0.
Hilary Painter - Muir Trail PO Box 700 Ahwahnee, CA 93601	Director 0	0.	0.	0.
Donn Ricketts - Sabino Canyon 5900 N Sabino Canyon Road Tucson, AZ 85750	Director 0	0.	0.	0.

NATIONAL FOREST RECREATION ASSOCIATION

23-7132947

Statement 7 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Jennifer Roeser - McGee Creek HCR 79 Box 162 Mammoth Lakes, CA 93546	VP Internal Aff 0	\$ 0.	\$ 0.	\$ 0.
Chuck Shepard - Willamette PO Box 8516 Coburg, OR 97408	Director 0	0.	0.	0.
Bob Tanner - Inyo PO Box 395 Mammoth Lakes, CA 93546	Director 0	0.	0.	0.
Vacant - Eagle Lake PO Box 1771 Susanville, CA 96130	Director 0	0.	0.	0.
Marily Reese - NFRA PO Box 488 Woodlake, CA 93286	Executive Direc 0	41,970.	0.	0.
	Total	\$ 41,970.	\$ 0.	\$ 0.

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545 1150

2010

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

C

NATIONAL FOREST RECREATION ASSOCIATION
P.O. BOX 488
WOODLAKE, CA 93286

D Employer identification number
23-7132947

E Telephone number
559-564-2038

F Group Exemption Number ▶

G Accounting Method. Cash Accrual Other (specify) ▶

I Website: ▶ www.nfra.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (ck only one) — 501(c)(3) 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **79,397.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

RECEIVED	1	Contributions, gifts, grants, and similar amounts received	1	8,700.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	69,225.
	4	Investment income	4	1,472.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
EXPENSES	6b	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	6c	c Less direct expenses from gaming and fundraising events	6c	
	6d	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
ASSETS	7a	7a Gross sales of inventory, less returns and allowances	7a	
	7b	b Less: cost of goods sold	7b	
	7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	8 Other revenue (describe in Schedule O)	8		
9	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	79,397.	
EXPENSES	10	10 Grants and similar amounts paid (list in Schedule O)	10	
	11	11 Benefits paid to or for members	11	
	12	12 Salaries, other compensation, and employee benefits	12	41,025.
	13	13 Professional fees and other payments to independent contractors	13	645.
	14	14 Occupancy, rent, utilities, and maintenance	14	
	15	15 Printing, publications, postage, and shipping	15	
	16	16 Other expenses (describe in Schedule O) See Schedule O	16	26,402.
	17	17 Total expenses. Add lines 10 through 16 ▶	17	68,072.
18	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,325.	
ASSETS	19	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	75,815.
	20	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	87,140.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

SCANNED JUL 19 2011

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/> 0.		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/> N/A		
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/> N/A		
39b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/> N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="40a"/> N/A, section 4912 <input type="text" value="40a"/> N/A; section 4955 <input type="text" value="40a"/> N/A		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="40c"/> 0.		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="40d"/> 0.		
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed <input type="text" value="41"/> None		

42a The organization's books are in care of WARREN MEYER Telephone no. 602-569-2333
 Located at 11811 N. TATUM BLVD., STE 4095 PHOENIX AZ ZIP + 4 85028

		Yes	No
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: <input type="text"/>		X
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: <input type="text"/>		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year N/A

		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
44b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
 - a 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst)
 - 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
 - b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
47		
48		
49a		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over

52 Did the organization complete Schedule A? Note. All section 501(c) charitable trusts must attach a completed Schedule A

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

Sign Here
 Signature of officer: *[Signature]*
 Type of print name and title: *John Meyer, Pres*

Paid Preparer Use Only
 Print/Type preparer's name: Joe Kashani, CPA
 Preparer's signature: *[Signature]*
 Firm's name: Bickford Accountancy Corp
 Firm's address: 1486 Huntington Ave., Ste 20
 South San Francisco, CA 9408

May the IRS discuss this return with the preparer shown above? See inst BAA

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2010

Department of the Treasury
Internal Revenue Service

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.

**Open to Public
Inspection**

Name of the organization

NATIONAL FOREST RECREATION ASSOCIATION

Employer identification number

23-7132947

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

To promote good relations with United States public land management agencies.

NATIONAL FOREST RECREATION ASSOCIATION

23-7132947

Form 990-EZ, Part I, Line 16
Other Expenses

Bank Charges	\$	117.
Conferences, Conventions, and Meetings		17,052.
Depreciation		110.
Dues & Subscriptions		5,000.
Insurance		1,095.
Member Support		500.
Merchant Service Fees		1,125.
Office Expenses		559.
Storage		306.
Telephone		538.
Total	\$	<u>26,402.</u>

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment	\$ 385.	\$ 275.
Total	<u>\$ 385.</u>	<u>\$ 275.</u>

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Payable to Officers, Directors, Etc.	\$ 1,500.	\$ 0.
Total	<u>\$ 1,500.</u>	<u>\$ 0.</u>

Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Ruby Allen - Inyo PO Box 1791 Bishop, CA 93515	Director 0	\$ 0.	\$ 0.	\$ 0.
Virginia Barnes 1485 Redwood Drive Los Altos, CA 94024	Director 0	0.	0.	0.
Laurie Cashman - Pinecrest PO Box 1216 Pinecrest, CA 95364	Director 0	0.	0.	0.

NATIONAL FOREST RECREATION ASSOCIATION

23-7132947

Form 990-EZ, Part IV (continued)
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Bob Coe - Pahaska 183 Yellowstone Hwy Cody, WY 82414	Director 0	\$ 0.	\$ 0.	\$ 0.
Dave Dohnel - Inyo 1012 East Line St Bishop, CA 93514	Director 0	0.	0.	0.
Esther Fishbaugh - Gallatin 1380 Wolverine Lane Bozeman, MT 59718	Director 0	0.	0.	0.
Frank Forvilly - Tahoe PO Box 1961 Zephyr Cove, NV 89448	Director 0	0.	0.	0.
Jerry Hamby - Ocoee 2496 Highway 64 Benton, TN 37307	Director 0	0.	0.	0.
Kaly Harward - Crescent Lake PO Box 8516 Coburg, OR 97408	Director 0	0.	0.	0.
Frank Helm - Stanislaus PO Box 1188 Pinecrest, CA 95364	Director 0	0.	0.	0.
R Gary Jones - Silver Lake PO Box 116 June Lake, CA 93529	Director 0	0.	0.	0.
Bud Kahn - Thousand Trails PO Box 6123 Federal Way, WA 98003	Director 0	0.	0.	0.
Dick Kemp - American Land 13 Whispering Wind Irvine, CA 92614	Past President 0	0.	0.	0.
Larry Knapp - Yosemite PO Box 100 Fish Camp, CA 93623	Director 0	0.	0.	0.
Eric Mart - CA Land Mgmt 675 Gilman St Palo Alto, CA 94301	VP Govt Affairs 0	0.	0.	0.

NATIONAL FOREST RECREATION ASSOCIATION

23-7132947

Form 990-EZ, Part IV (continued)
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Warren Meyer - RRM 11811 N Tatum Blvd. Ste 4095 Phoenix, AZ 85028	Int Pres/Treas 0	\$ 0.	\$ 0.	\$ 0.
Hilary Painter - Muir Trail PO Box 700 Ahwahnee, CA 93601	Director 0	0.	0.	0.
Donn Ricketts - Sabino Canyon 5900 N Sabino Canyon Road Tucson, AZ 85750	Director 0	0.	0.	0.
Jennifer Roeser - McGee Creek HCR 79 Box 162 Mammoth Lakes, CA 93546	VP Internal Aff 0	0.	0.	0.
Chuck Shepard - Willamette PO Box 8516 Coburg, OR 97408	Director 0	0.	0.	0.
Bob Tanner - Inyo PO Box 395 Mammoth Lakes, CA 93546	Director 0	0.	0.	0.
Marilyn Reese - NFRA PO Box 488 Woodlake, CA 93286	Executive Direc 0	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization NATIONAL FOREST RECREATION ASSOCIATION	Employer identification number 23-7132947
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions P, O. BOX 488	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WOODLAKE, CA 93286	

Enter the Return code for the return that this application is for (file a separate application for each return) 03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ WARREN MEYER -----

Telephone No. ▶ 602-569-2333 ----- FAX No. ▶ 602-569-6225 -----

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 11, to file the exempt organization return for the organization named above.
The extension is for the organization's return for.

- ▶ calendar year 20 10 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
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)
 Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL FOREST RECREATION ASSOCIATION Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 488 City or town, state or country, and ZIP + 4 WOODLAKE, CA 93286	D Employer identification number 23-7132947 E Telephone number (559) 564-2038 F Group Exemption Number <input type="checkbox"/>
---	---	---

G Accounting method Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: www.nfra.org

J Tax-Exempt status (check only one) 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 70,491

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	5,100
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	63,600
	4 Investment income	4	1,791
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
c Less direct expenses from gaming and fundraising events	6c	0	
d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	70,491	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	37,818
	13 Professional fees and other payments to independent contractors	13	670
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	190
	16 Other expenses (describe in Schedule O)	16	33,947
17 Total expenses. Add lines 10 through 16	17	72,625	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,134
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	87,140
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	85,006

Part II **Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	86,865	22	84,810
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	275	24	196
25 Total assets	87,140	25	85,006
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	87,140	27	85,006

Part III **Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
To promote good relations with United States public land management agencies

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 Direct member assist , subscriptions containing information for newsletter and related materials, membership promo calendars, business material services, American outdoor project (Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a	
29 NFRA conference and pre-conference meetings for planning (Grants \$ 24,737) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a	
30 NFRA newsletter membership published periodically, mailing list includes USFS official rangers, special interest mailing includes postage, member/non-member mail, membership drive (Grants \$ 190) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	24,927

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		No
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a _____			
b Did the organization file Form 1120-POL for this year?	37b		No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>Section 501(c)(7) organizations.</i> Enter			
a Initiation fees and capital contributions included on line 9	39a	0	
b Gross receipts, included on line 9, for public use of club facilities	39b	0	
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____			
d <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____			
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41 List the states with which a copy of this return is filed <input type="checkbox"/> _____			
42a The organization's books are in care of <input type="checkbox"/> <u>WARREN MEYER</u> Telephone no <input type="checkbox"/> <u>(602) 569-2333</u> 11811 N TATUM BLVD STE 4095 Located at <input type="checkbox"/> <u>PHOENIX, AZ</u> ZIP + 4 <input type="checkbox"/> <u>85028</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b		No
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 _____			
44a Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a		No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c Did the organization receive any payments for indoor tanning services during the year?	44c		No
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		No
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

	Yes	No
--	-----	----

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46		No
-----------	--	----

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
--	-----	----

47 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

47		
-----------	--	--

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
-----------	--	--

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
------------	--	--

b If "Yes," was the related organization a section 527 organization?

49b		
------------	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations must attach a completed Schedule A ▶ _____

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

Sign Here	***** Signature of officer Warren Meyer - RRM Int Pres/Treas Type or print name and title
Paid Preparer's Use Only	Preparer's signature: Joe Kashani CPA Date: _____ Firm's name (or yours if self-employed), address, and ZIP + 4: Bickford Accountancy Corp 1486 Huntington Ave Ste 200 South San Francisco, CA 94080

May the IRS discuss this return with the preparer shown above? See instructions ▶ _____

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
NATIONAL FOREST RECREATION ASSOCIATION

Employer identification number

23-7132947

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$275 Machinery and Equipment - Ending \$196
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	Miscellaneous Exp \$10
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	Meeting Room Costs \$119
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Storage \$306
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Postage Box Rental \$447
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	Telephone \$780
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Insurance \$1171
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Merchant Service Fees \$1216
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Dues & Subscriptions \$5000
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$79
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$24737
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$82

Additional Data

Software ID: 11000144
Software Version: 2011v1.2
EIN: 23-7132947
Name: NATIONAL FOREST RECREATION ASSOCIATION

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Marly Reese - NFRA PO Box 488 Woodlake, CA 93286	Executive Direc 0	37,818		
Bob Tanner - Inyo PO Box 395 Mammoth Lakes, CA 93546	Director 0	0		
Chuck Shepard - Willamette PO Box 8516 Coburg, OR 97408	Director 0	0		
Jennifer Roeser - McGee Creek HCR 79 Box 162 Mammoth Lakes, CA 93546	VP Internal Aff 0	0		
Donn Ricketts - Sabino Canyon 5900 N Sabino Canyon Road Tucson, AZ 85750	Director 0	0		
Hilary Painter - Muir Trail PO Box 700 Ahwahnee, CA 93601	Director 0	0		
Warren Meyer - RRM 11811 N Tatum Blvd Ste 4095 Phoenix, AZ 85028	Int Pres/Treas 0	0		
Eric Mart - CA Land Mgmt 675 Gilman St Palo Alto, CA 94301	VP Govt Affairs 0	0		
Larry Knapp - Yosemite PO Box 100 Fish Camp, CA 93623	Director 0	0		
Dick Kemp - American Land 13 Whispering Wind Irvine, CA 92614	Past President 0	0		
Bud Kahn - Thousand Trails PO Box 6123 Federal Way, WA 98003	Director 0	0		
R Gary Jones - Silver Lake PO Box 116 June Lake, CA 93529	Director 0	0		
Frank Helm - Stanislaus PO Box 1188 Pinecrest, CA 95364	Director 0	0		
Kaly Harward - Crescent Lake PO Box 8516 Coburg, OR 97408	Director 0	0		
Jerry Hamby - Ocoee 2496 Highway 64 Benton, TN 37307	Director 0	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Frank Forvilly - Tahoe PO Box 1961 Zephyr Cove, NV 89448	Director 0	0		
Esther Fishbaugh - Gallatin 1380 Wolverine Lane Bozeman, MT 59718	Director 0	0		
Dave Dohnel - Inyo 1012 East Line St Bishop, CA 93514	Director 0	0		
Bob Coe - Pahaska 183 Yellowstone Hwy Cody, WY 82414	Director 0	0		
Laurie Cashman - Pinecrest PO Box 1216 Pinecrest, CA 95364	Director 0	0		
Virginia Barnes 1485 Redwood Drive Los Altos, CA 94024	Director 0	0		
Ruby Allen - Inyo PO Box 1791 Bishop, CA 93515	Director 0	0		