COMMITTEE ON NATURAL RESOURCES

Disclosure Form

As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Oversight hearing on "The Impact of Catastrophic Forest Fires and Litigation on People and Endangered Species: Time for Rational Management of our Nation's Forests"

- 1. Name: William C. Crapser
- 2. Name of Organization(s) You are Representing at the Hearing:
 - a. National Association of State Foresters
 - b. Council of Western State Foresters
- 3. Business Address:
 - a. 444 North Capitol Street, NW, Washington, DC, 20001
 - b. 2850 Youngfield Street, Lakewood, CO, 80215
- 4. Business Email Address: [Information redacted for privacy]
- 5. Business Phone Number: [Information redacted for privacy]

Name/Organization <u>Bill Crapser</u>, <u>National Association of State Foresters</u>; <u>Council of Western State Foresters</u> Title/Date of Hearing "<u>The Impact of Catastrophic Forest Fires and L itigation on People and Endangered Species</u>: Time for Rational Management of our Nation's Forests" on Tuesday, July 24, 2012.

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

See attached resume.

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 attached resume.

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

See attached resume.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

See attached list of federal grants

e. A list of all lawsuits or petiti ons filed by you against the federal government in the current year and the previous four years, giving the nam e of the laws uit or petition, the subject m atter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

N/A

f. Any othe r information you wish to convey that might aid the M embers of the Committee to better understand the context of your testimony.

Name/Organization <u>Bill Crapser</u>, <u>National Association of State Foresters</u>; <u>Council of Western State Foresters</u> Title/Date of Hearing "<u>The Impact of Catastrophic Forest Fires and L itigation on People and Endangered Species</u>: <u>Time for Rational Management of our Nation's Forests" on Tuesday</u>, <u>July 24</u>, 2012.

In addition, for witnesses representing organizations:

- g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.
 - Chair, Western Forestry Leadership Coalition 2007 2008
 - Chairman, Forest Science and Health Committee, National Association of State Foresters 2009 2011
- h. Any federal grants or contracts (incl uding subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and am ount of each grant or contract for each of the organization(s).

See attached list of grants

i. A list of all lawsuits or petitions filed by the organi zation(s) you represent at the hearing against the federal government in the current year and the previous four ye ars, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federa 1 statutes under which the lawsuits or petitions were filed for each of the organization(s).

N/A

j. A list of any countries from which the organization (s) you represent at the hearing have received foreig n donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

N/A

k. 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 organ ization(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)).

See attached Form 990s for the National Association of State Foresters and the Council of Western State Foresters.

Highly motivated and effective forestry leader. Wide range of experience, both in the private sector and government, including forest management, forest policy, resource procurement, and fire management. Very experienced in leading complex organizations, programs, and projects. Proven track record as an organizational leader and innovator.

Professional Experience:

Forest Resource and Procurement Management – 27 years

- Leader and Administrator of state forestry agency, responsible for fire and forest management on 3.6 million acres of state trust land, with an annual budget authority of approximately \$12 million.
- Led diverse natural resource programs with numerous agencies, partners and cooperators.
- Act as Governor's Office advisor on forestry and wildfire issues.
- Prepare and deliver testimony on proposed federal and state legislation to legislative and congressional committees.
- Led the wood procurement and handling team for a sawmill operation with an annual wood budget of approximately \$20 million.
- Managed the fiber procurement and material flow for a large pulpmill facility with an annual wood budget in excess of \$60 million.
- Supervised and led staff of foresters, procurement representatives, hourly operators, mechanics, accountants, administrative staff, consultants, and contractors.
- Prepared and presented budgets, financial plans, and proposals for capital projects.
- Cruised, appraised and purchased timber sales, logs, and timberlands.
- Negotiated and made agreements with logging, road building, and trucking contractors. Also negotiated transportation rates and contracts with railroads and barge companies.
- Prepared and implemented short, mid, and long range operational and strategic plans.
- Led efforts to implement the Sustainable Forestry Initiative (SFI) program.
- Spokesman with agency and elected officials and with the news media.
- Operated heavy equipment, managed logging sides, worked on rigging crews.

Association Management – 5 years

- Managed the Western Division of a national trade association.
- Worked with coalitions of diverse groups on timber supply and transportation issues throughout the Western United States.
- Prepared and presented annual budgets and proposals for projects.
- Organized and managed conventions, meetings, and seminars.

Education:

- University of Montana, Bachelor of Science in Forest Management
- Stanford University. US Chamber Institute for Organizational Management
- Society of American Foresters, Certified Forester #1027

Work History:

Wyoming State Forestry Division: 2003 – Present

State Forester

Louisiana Pacific Corporation: 2000 – 2003

Forest Resource Manager

Weyerhaeuser Company: 1993 – 2000

- Fiber Resource Planning Manager

Forest Resource and Supply Manager American Pulpwood Association: 1989 - 1993

Western Division Forester *Darby Lumber Inc*: 1986 – 1989

Procurement Forester

Various Logging and Roadbuilding Contractors: 1980 - 1986

Professional Activities:

- President Wyoming Timber Industry Association 2000 2003
- Chairman of Central Rockies Sustainable Forestry Implementation Committee 2001 2003
- Chairman, SE Wyoming Chapter of Society of American Foresters 2005
- Chair, Western Forestry Leadership Coalition 2007 2008
- Chairman, Forest Science and Health Committee, National Association of State Foresters 2009 -2011
- Western Governors Association Forest Health Advisory Committee 2004 Present
- Current Vice-Chairman Western Forestry leadership Coalition

National Association of State Foresters <u>Listing of Federal grant and/or contract received since October 1, 2008</u>

Source:	ee: Grant Number:		10/09-09/10	10/10-09/11	10/11-9/12	
USDA Forest Service State & Private Forestry	08-DG-11132540-066	\$ -	\$ 10,000	\$ -	\$ -	
USDA Forest Service State & Private Forestry	08-DG-11132540-065	35,000	35,000	35,000	-	
USDA Forest Service	07-DG-11132540-135	-	50,000	-	-	
State & Private Forestry USDA Forest Service	08-DG-11132540-064	100,000	105,800	107,403	107,403	
Sustainable Forestry USDA Forest Service	06-DG-11132540-002	88,000	110,000	-	-	
State & Private Forestry USDA Forest Service	07-CA-11132540-134	66,000	69,000	-	-	
State & Private Forestry USDA Forest Service	08-DG-11132543-061	66,470	69,406	57,078	-	
Fire and Aviation USDA Forest Service	07-DG-11132543-023	11,000	-	-	-	
Fire and Aviation USDA Forest Service	06-DG-11132544-259	35,420	68,655	28,750	-	
Cooperative Forestry USDA Forest Service	07-DG-11132540-020	256,000	256,000	-	-	
State & Private Forestry USDA Forest Service	08-DG-11020000-003-4 C	-	75,000	-	-	
State & Private Forestry USDA Forest Service	Subward: G-0828-2 08-DG-11020000-003-4 C	-	375,000	-	-	
State & Private Forestry USDA Forest Service	Subward: G-0828-1 09-PA-11031600-081	14,500	-	-	-	
State & Private Forestry USDA Forest Service	10-CS-11083150-002	-	15,000	-	-	
State & Private Forestry State & Private Forestry	07-DG-11132543-068	-	11,408	-	-	
Fire and Aviation USDA Forest Service	05-DG-11132543-047	270,000	-	-	-	
Fire and Aviation USDA Forest Service	07-DG-11132543-019	162,000	177,500	183,247	-	
Fire and Aviation USDA Forest Service	09-DG-11132543-135	129,223	152,103	318,591	-	
Fire and Aviation USDA Forest Service	09-DG-11132543-135	161,000	-	106,053	-	
Fire and Aviation USDA Forest Service	10-DG-11132543-111	-	306,000	250,000	-	
Fire and Aviation USDA Forest Service	10-DG-11132540-92	-	30,000	59,177	61,311	
State & Private Forestry USDA Forest Service	10-DG-11132540-274		350,000	-	-	
State & Private Forestry USDA Forest Service	10-DG-11132540-307	-	300,000	-	-	
State & Private Forestry USDA Forest Service	11-DG-11132543-344	-	-	185,504	-	
Fire and Aviation USDA Forest Service Fire and Aviation	11-DG-11132543-326			40,000	-	
USDA Forest Service	11-DG-14420004-031	-	-	15,000	-	

State & Private Forestry USDA Forest Service State & Private Forestry	11-DG-11132540-263			103,500	-
USDA Forest Service State & Private Forestry	11-DG-11132540-261	-	-	104,400	-
USDA Forest Service	12-DG-11132540-186	-	-	-	263,350
State & Private Forestry					
USDA Forest Service	12-DG-11132540-271	-	-	-	94,875
State & Private Forestry					
USDA Forest Service	12-DG-11132540-277	-	-	-	123,622
State & Private Forestry					
USDA Forest Service	12-DG-11132540-278	-	-	-	71,875
State & Private Forestry					
		\$ 1,394,613	\$ 2,565,872	\$1,593,703 \$	722,436

Coucil of Western State Foresters Listing of Federal grant and/or contract received since October 1, 2008

Source:	Grant Number:	10/08-9/09	10/09-09/10	10/10-09/11	10/11-9/12
USDA Forest Service					_
State & Privatie Forestry	07-DG-11132540-022	100,000	100,000	100,000	-
·					
USDA Forest Service					
State & Privatie Forestry	12-DG-11132540-142	_	_	_	100,000
,		100,000	100,000	100,000	100,000

Form 990

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)

2008

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

A F	or the 2	2008 calendar year, or tax year beginning 10/01, 2008, and ending			09/30		
B ch	ick if applicat	ble: Please C Name of organization NATIONAL ASSOCIATION OF STATE FORE	STE D	Employer ide	ntification	n number	63
	Address change	use IRS label or Doing Business As:		51-0141			
	Name shar	nge offet or Number and street (or P.O. box if mail is not delivered to street address) Room/	suite E	Telephone m	imper		
	Initial retur	type.		(202) 62	24-541	.5	
	Terminatio	Specific City or town, state or country, and ZIP + 4		-12			
-	Amended	HOUSE.	G	Gross receip	ts S	2.0	89,144
	neturn Application	WASHINGTON, De 20001	H	(a) is this a grou	ip return for		es X No
_	pending	444 NORTH CAPITOL STREET #540 WASHINGTON, DC 20001	н	affiliates? (b) Are all affilia	tes included	2 Y	es Ne
	2000			If "No." attac			(5)
_	ax-exemt	A 20.701 J 1 4	н	(c) Graup exem	olion numbe		
		▶ WWW.STATEFORESTERS.ORG	-	1997 M			ode: DC
_		A		1337			00
Pa	_	Summary					
	1 Bri	iefly describe the organization's mission or most significant activities:		CIPIT TO MA			
0		O PROMOTE COOPERATION BETWEEN THE STATES AND TERRITORIS					
and		ETWEEN FEDERAL GOVERNMENT AND FORESTRY GROUPS ON FORES			AND		
ern	T	O DEVELOP PROGRAMS AND ACTIVITIES TO ADVANCE FOREST ST	EWARD	SHIP.			
200		neck this box 🕨 🔝 if the organization discontinued its operations or disposed of more than			1 1		
ø		umber of voting members of the governing body (Part VI, line 1a)			3		- 1
ies	4 No	umber of independent voting members of the governing body (Part VI, line 1b)	69660	1043404-404			.7//.
Activities & Governance	5 To	otal number of employees (Part V, line 2a)	1.4.6.		5		7
Act		otal number of volunteers (estimate if necessary)					NONE
7		otal gross unrelated business revenue from Part VIII, line 12, column (C)			7 a		NON
	b Ne	et unrelated business taxable income from Form 990-T, line 34			7 b		NON
				Prior Year		Curre	nt Year
	8 C	ontribution and grants (Part VIII, line 1h)		1,882,6	17.	1,7	16,442
nuc	9 Pr	rogram service revenue (Part VIII, line 2g) PUBLIC INSPECTION		260,8	66.		NON
Revenue	10 In	ivestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,3			645
O.		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				2	46,480
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12),		2,144,8	35.	1,9	63,567
		irants and similar amounts paid (Part IX, column (A), lines 1-3)					79,158
		enefits paid to or for members (Part IX, column (A), line 4)				NON	
	40 0	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		634,1	80.		579,725
Expenses	16 - D	rofessional fundraising fees (Part IX, column (A), line 11e)			-		NON
oen	10a F	otal fundraising expenses, Part IX, column (D), line 25) >					5-14537
×	47 0	other expenses (Part IX. column (A), lines 11a-11d, 11f-24f)		1,389,5	33	1 d	177,666
				2,023,7	60-04-14-14-1		936,549
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		121,1			27,018
- 10		tevenue less expenses. Subtract line 18 from line 12 . , , , ,	12 15 000	ginning of Y			of Year
Net Assets or Fund Balances		CONTROL OF THE CONTRO			**************************************	and the second second	838,644
sso	20 T	otal assets (Part X, line 16)		862,4	HI10 001		
at A	21 T	otal liabilities (Part X, line 26)		332,7			281,899
		let assets or fund balances. Subtract line 21 from line 20	4	529,7	61.	7.5	556,745
Pa	rt II	Signature Block					or was an array
	1	Under penalties of penury, I declare that I have examined this return, including accompanying scheduland belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on	ules and	statements, ar	d to the	best of n er has ar	ny knowleds ny knowleds
		and denet, it is true, context, and complete promition of property forms and a context, and		15117.05555			/511 11011-0-0101F
	ign	\		Date			
ŀ	lere	Signature of officer		Date			
		Type or print name and title	2.00	T West	eparer's id	base Officials -	number
14/11/	. 1	Preparer's Date Ch	veck if		eparer s io se instruction		iumues:
Pai	Manager 1		nployed	>	Incompagn.		-77-27
	parer's	Firm's name (or yours ARONSON & COMPANY		EIN >	52-	-0987	391
US	Only	if self-employed). address, and ZIP + 4 805 KING FARM BLVD., 3RD FLOOR ROCKVILLE, MD 20850		Phone no. 🕨	301	-231	-6200
Ma	y the IR	S discuss this return with the preparer shown above? (See instructions)	9 4 9 4		\$12.2	X Ye	s N
200	W. Carlotte and the contract of the contract o	y Act and Paperwork Reduction Act Notice, see the separate instructions.				Forn	n 990 (200
11.79	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						

Part III	Statement of Program Service Accomplis	shments (see instructions)	51-0141374	. 090 =
1 Briefly d	escribe the organization's mission:			
SEE S	TATEMENT 1			
2 Did the	proprienting undertake any significant pro	Necessary New Yorks of States of the Con-	LO OTHER DESIGNATION OF THE STATE OF THE STA	
the prior	organization undertake any significant pr Form 990 or 990-F72	ogram services during the yea	Yes	X No
If "Yes" o	Form 990 or 990-EZ? escribe these new services on Schedule C			X NO
3 Did the	organization cease conducting, or make s	ignificant changes in how it co	inducts, any program	
services'				X No
If "Yes,"	sescribe these changes on Schedule O.		3 FEB. 3 FEB. 1 FEB. 614 E. 1.39	LA1140
	the exempt purpose achievements for ear	ch of the organization's three lar	gest program services by expenses	
Section	501(c)(3) and 501(c)(4) organizations and	section 4947(a)(1) trusts are re	quired to report the amount of grants an	d
allocatio	ns to others, the total expenses, and reven	ue, if any, for each program ser	vice reported.	
	World Discouling Town	V V V V V V V V V V V V V V V V V V V		
4a (Code: _	- Control of the Cont	ncluding grants of \$) (Revenue \$)
	ING TOGETHER THE FORESTRY OF			
	ELATED TERRITORIES FOR THE D		3 AND	
OPPOR	TUNITIES OF MUTUAL INTEREST.			
-				
9-				
-				
-				
-				
4b (Code:) (Expenses \$	including grants of \$)(Revenue \$	Y
	OMOTE COOPERATION IN FORESTR		///www.nac.u	_ /
	S/TERRITORIES AS WELL AS BET		AND DETVATE	
	TRY GROUPS.		1110 - 1110 111111	
	5-000 - 2008/01 P 7000			
		2		
	(10)			
4c (Code:) (Expenses \$ in	cluding grants of \$) (Revenue \$)
TO DI	SCUSS, DEVELOP, AND EDUCATE	ABOUT PROGRAMS AND AC	CTIVITIES	
WHICH	WILL ADVANCE THE PRACTICE C	F SUSTAINABLE FOREST	RY AND THE	
CONSE	RVATION AND PROTECTION OF FO	REST LAND AND ASSOCIA	ATED	
RESOU	RCES.			
-				
4.100				
	ogram services. (Describe in Schedule O.)			
(Expense	2.0) (Revenue \$)	
JSA Total pr	ogram service expenses ► \$	(Must equal Part IX, Lir	The state of the s	
8E1020 1.000			Form 9	990 (2008)

Part IV Checklist of Required Schedules No. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 X 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 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 X Did the organization maintain any donor advised funds or any accounts where 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 X 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, complete Schedule D, Part III 8 X Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D. Part V 10 10 X Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable 11 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E, 13 13 X Did the organization maintain an office, employees, or agents outside of the U.S.? 14a X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III. 16 X Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 17 X Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 18 18 X Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 19 X 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X. 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete Schedule J 23 X 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 questions 24b-24d and complete Schedule K. If "No," go to question 25 24a X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or 27 substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 JSA 8E1021 1.000 Form 990 (2008) Part IV Checklist of Required Schedules (continued)

			Yes	No
28 a	During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"	200		^
	complete Schedule L, Part IV	28b		Х
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L. Part IV	28c		X
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	100000		
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	260/56		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	000		
88.00	section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
0.5	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
27	organization? If "Yes," complete Schedule R, Part V, line 2	36		
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	20.4		8800
	W.,,.,.,.,.,.,.,.,.,.,.,.,.,.,.,.,.,	37		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

				12000
10	Eptor the number reported in Day 2 of Fear 1000, A 1 C		Yes	No
10	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		95	
Ь	U.S. Information Returns. Enter -0- if not applicable			162
c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		551	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			100
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	Jim!	- 8	
333	this return?	3a		х
b	If "Yes." has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O	3b		-24
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
1000	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		v
h	If "Yes," enter the name of the foreign country: ▶	** c1		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	811	5-1	
	and Financial Accounts.			
5.0		E	1010	300
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
6	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	2900		
0 -	Prohibited Tax Shelter Transaction?	5 c		320
h	Did the organization solicit any contributions that were not tax deductible?	6a		Х
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		
7	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	-	0.000	
d	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7 a		
D	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		_
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
-1	required to file Form 8282?	7 c	-	
u	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	-	-5	
£	benefit contract?	7e		1
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
**	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	14460		
8	required?	7h		
0	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring		_000	
9	organization, have excess business holdings at any time during the year?	8		
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	0-		
a	Did the organization make any taxable distributions under section 4966?	9a	-	
р	Did the organization make a distribution to a donor, donor advisor, or related person?	96		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12. 10a			
a	The state of the second control of the secon			
b	the second secon			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	CONTRACTOR OF THE CONTRACTOR O			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	1000	99	
2		4.2-		
h	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
100	120	Form 5	200	I Daniel
		Security 5	or No. 1 1	1700

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
	4 100 100 100 100 100 100 100 100 100 10	a	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
95	circumstances, process, or changes in Schedule O. See instructions,			
1a				
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
1038	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
1	of the governing body?	7 a	X	
0	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
620	the year by the following:			
a	The governing body?	8a	X	
0.0	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	boes the organization have local chapters, branches, or affiliates?	9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
10	affiliates, and branches to ensure their operations are consistent with those of the organization?	9 b		
100	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
11	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
-1.1	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	26375003		
Soct	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
occi	ON D. POLICIES			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	124	Yes	No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12a	X	_
	rise to conflicts?			
c	rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."	12b	X	
	ALLEN AL	4000	200	
13	Done the organization have a written whatlable and all a	12c	X	-
14	Does the organization have a written document retention and destruction policy?	13	X	-
15	Did the process for determining compensation of the following persons include a review and approval by	14	X	-
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision;			
а	The organization's CEO, Executive Director, or top management official?	40.	22	
b	Other officers or key employees of the organization?	15a	Х	100
	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b		Х
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
		4.0-		47.
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16a		X
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	406		
Sect	ion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶ DC,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3))	onh/		
	available for public inspection. Indicate how you make these available. Check all that apply.	S Crity,		
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	tost		
	policy, and financial statements available to the public.	631		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	10.		
2007	organization: ▶LOUANN_GILMER_444_NORTH_CAPITOL_STREET_#540_WASHINGTON, DC 20001	ICT .		
	202 624-5415			
	HAR WAS SELECT	#2.00	990	00000

SA

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	individual trustee or director	institutional trustee	Officer	To Key employee	a Highest compensated a employee	(a) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
STEVE W. KOEHN PRESIDENT	8.	x		х				NONE	NONE	NON
JEFF JAHNKE		1,000		1				1103(12)	110,112	1457141
VICE PRESIDENT	4.	X		Х				NONE	NONE	NON
JOHN T. SHANNON		- 0.00						1750112	NONE	MOM
TREASURER	4.	х		X				NONE	NONE	NONI
LEAH W. MACSWORDS	V-Color			***				2101112	MONE	NON
IMMEDIATE PAST PRESIDENT	4.	X		Х				NONE	NONE	NON
ARTHUR BLAZER		- 77						110812	NONE	NON
DIRECTOR	2,	х						NONE	NONE	KIONI
CARL GARRISON								110112	INCANEL	NON
DIRECTOR	2.	X	-					NONE	NONE	81/3811
JAMES S. BARRESI								NONE	IVOINE	NONE
DIRECTOR	2.	X						NONE	NONE	NON
JAMES J. FARRELL	- 555	- 2						WONE	EVAINE	NONI
EXECUTIVE DIRECTOR	40.			х				115,080.	NONE	NONE
								110,000.	NOME	1919191

(A)	(B)			(0	3)			(D)	(E)		(F)	
Name and title	Average hours per week	a Individual trustee D or director	Institutional trustee		a Key employee	Highest compensated a employee	Ny) Farmer	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	am comp fro orga and	timate ount o other oensal om the anizati i relate nizatio	of tion e ion ed
b Total								115,080. \$100,000 in re	NON portable compen			NON the
organization ► 1			_	_	-			110	110-		Yes	No
Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directe	or or	tri.	iste ual	e, l	cey e	mp	loyee, or highes	t compensated	3		×
For any individual listed on line 1a, is the	sum of	repor	tabl	e c	om	oensa	ition	and other com	pensation from	-		
the organization and related organizations individual	greater th	an S	150	,00	0?	If "Y	es,"	complete Sched	ule J for such	4		X
Did any person listed on line 1a receive	or accr	ue co	omp	ens	atio	n fro	m	any unrelated of	rganization for		Ty.	- "
services rendered to the organization? If "Yes," section B. Independent Contractors	complete S	Sched	ule .	J for	SU	ch pei	rson			5		X
Complete this table for your five highest of compensation from the organization.	compensat	ed in	dep	end	lent	cont	rac	tors that received	d more than \$1	00,000	of	
(A) Name and business addr	229							(B) Description of ser	nánae	(C) Compens		
DANIEL E. SMITH-SEE SCHEDULE O	****						þ	is a sort phori or so	71063	Conspons	10(10)1	
Total number of ledensides assured to	only all and the			es 13.		02/1-2			0.000			
Total number of independent contractors (in compensation from the organization ► N	ncluding ti IONE	1050	(0)	() V	VIIO	rece	ivec	i more than \$10	0,000 in			
	- S-1-44									Form	990	(200)

Part	VIII	Statement of Revenue		51-0141374						
				(A) Total revenue	(B) Related or exempt function revolue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 51-			
amounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c	364,302.							
and other similar amounts	d e f	Related organizations	1,352,140.							
o pu	g	Noncash contributions included in lines 1a-1f; \$								
	h	Total. Add lines 1a-1f		1,716,442.	36 2 4 6 7		NEW WILL			
nue			Business Code							
eve	2a									
9	b									
Program Service Revenue	C									
ŝ	d									
E	е									
lo.	f	All other program service revenue								
<u>a</u>	g	Total. Add lines 2a-2f	아이팅 맛도 그렇게 되어서 그 이사 ()	NONE						
	3	Investment income (including dividends, in	The second secon	- 200						
		other similar amounts)	The second secon	645.						
	4	Income from investment of tax-exempt bon	25.7	NONE						
	5	Royalties · · · · · · · · · · · · · · · · · · ·	(ii) Personal	NONE		- CA C 2				
			(11) 1 0/30/30							
	6a	Gross Rents								
	b	Less: rental expenses			Tard of the end					
	c	Rental income or (loss) L								
	d	Net rental income or (loss) (i) Securities		NONE						
	7 a	Gross amount from sales of assets other than inventory	(ii) Ostras							
-	b	Less: cost or other basis			A 14-24-1		NI E			
	-	and sales expenses		il a second						
	c	Gain or (loss)			Service Service					
	d	Net gain or (loss)		NONE						
a	8a									
Other Revenue		of contributions reported on line 1c). See Part IV, line 18	а		40,000					
Jer	b		90							
8	c	Net income or (loss) from fundraising event		NONE						
	9a	Gross income from gaming activities. See Part IV, line 19.	a							
	b	Less: direct expenses	b							
	с	Net income or (loss) from gaming activities	<u> </u>	NONE						
	10a	Gross sales of inventory, less returns and allowances , , , , , , , , ,	a 213,717.							
	b	Less: cost of goods sold	367 11 15 15 15 15 15 15 15 15 15 15 15 15				Miles			
	c	Net income or (loss) from sales of inventory		88,140.						
		Miscellaneous Revenue	Business Code		(4 440)					
	11a		900099	1,624.	1,624.					
	b	ANNUAL MEETINGS	900099	156,716.	156,716.					
	С									
	d	All other revenue		,						
	e	Total. Add lines 11a-11d		158,340.						
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6	TOTAL THE STOREST CO.	1 000 500	158,340.					
		9c, 10c, and 11e	ALT TOTAL THE POST (SOUTH	1,963,567.	130,340.					

JSA

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete columns (A) but are not required to complete columns (B) (C) and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) (D) Fundraising expenses
1	Grants and other assistance to governments and		- Capicino Ca	general expenses	expenses
	organizations in the U.S. See Part IV, line 21	79,158.			
2	Grants and other assistance to individuals in	137233			
	the U.S. See Part IV, line 22	NONE			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	115,080.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) , , ,	NONE			
7	Other salaries and wages	512,904.			
8	Pension plan contributions (include section 401				
	(k) and section 403(b) employer contributions)	17,736.			
9	Other employee benefits	NONE			
10	Payroll taxes	34,005.			
11	Fees for services (non-employees):				
a	Management	NONE			
b	Legal	525.			
	Accounting	7,453.			
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	NONE			
	Other	366,508.			
12	Advertising and promotion	NONE			
	Office expenses	54,574.			
14	Information technology	3,844.			
15	Royalties, , , ,	NONE			
16	Occupancy	105,728.			
	Travel	388,022.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	*******			
19	Conferences, conventions, and meetings	NONE			
20	Interest	216,713. NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	1,091.			
23	Insurance	5,628.			
24	Other expenses Itemize expenses not	5,020.			
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
a	SUBSCRIPTIONS_AND_PUBLICATIO	6,865.			
b	BANK_FEES	11,042.			
c	ADMINISTRATION	3,756.			
d	FUNDING_TO_STATES	5,917.			
е					
f	All other expenses				
25	Total functional expenses, Add lines 1 through 24f	1,936,549.			
26	Joint Costs. Check here ▶ If following	930000			
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation				

Balance Sheet

			(A) Beginning of year			B) of yea	r		
	1	Cash - non-interest-bearing	310,602.	1		309,	653		
	2	Savings and temporary cash investments		2					
	3	Pledges and grants receivable, net		3					
	4	Accounts receivable, net	356,405.	4		391,	193		
	5	Receivables from current and former officers, directors, trustees, key							
	88.5	employees, or other related parties. Complete Part II of Schedule L		5					
	6	Receivables from other disqualified persons (as defined under section							
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II							
	5.35	of Schedule L		6					
ets	7	Notes and loans receivable, net		7					
Assets	8	Inventories for sales or use	164,517.	8		118,	894		
×	9	Prepaid expenses and deferred charges	23,107.	9		12,	191		
		Land, buildings, and equipment; cost basis 10a 18,929.							
	b	Less: accumulated depreciation. Complete		9210					
	7776	Part VI of Schedule D	1,620.	10c			529		
	11	Investments - publicly traded securities		11					
	12	Investments - other securities. See Part IV, line 11		12					
	13 Investments - program-related. See Part IV, line 11								
	14 Intangible assets 14 15 Other assets. See Part IV, line 11 6, 184 15								
			6,184.	THE R. P. LEWIS CO., LANSING, MICH.		6,	184		
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	862,435.	16		838,	644		
	17	Accounts payable and accrued expenses	320,908.			277,	028		
	18 Grants payable								
	19	Deferred revenue		19					
77427	20	Tax-exempt bond liabilities		20					
Liabilities	21 Escrow account liability. Complete Part IV of Schedule D								
	Payables to current and former officers, directors, trustees, key employees,								
	highest compensated employees, and disqualified persons. Complete Part II								
	of Schedule L								
		23 Secured mortgages and notes payable to unrelated third parties							
	25	Other liabilities. Complete Part X of Schedule D	NC 12-1005			100	101021		
	26	Total liabilities. Add lines 17 through 25	NONE	7.12.00		4, 281,	871		
-	20	Total liabilities. Add lines 17 through 25							
ses		lines 27 through 29, and lines 33 and 34.							
lan	27								
Ba	28	8 Temporarily restricted net assets							
pu	29	Permanently restricted net assets		29					
Net Assets or Fund Balanc									
sts	30	Capital stock or trust principal, or current funds		30					
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31					
t A	32	Retained earnings, endowment, accumulated income, or other funds		32					
Š	33	Total net assets or fund balances	529,727.	33		556,	745		
	34	Total liabilities and net assets/fund balances	862,435.	34		838,	ACM TO S		
Pa	rt XI	Financial Statements and Reporting				Leonosine			
ŀ	Acco	unting method used to prepare the Form 990. Cash X Accrual Othe	r			Yes	No		
2a		the organization's financial statements compiled or reviewed by an independent account		20000 20000	2a		v		
b		the organization's financial statements audited by an independent accountant?			2b	X	Х		
C		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility		50503 50503	20	A			
		, review, or compilation of its financial statements and selection of an independent account		SEE SEE	2 c	x			
la		result of a federal award, was the organization required to undergo an audit or audits as s			2.0	- 1			
		Single Audit Act and OMB Circular A-133?			3 a	X			
b	If "Ye	es," did the organization undergo the required audit or audits?			3b	X			
			and teleplated interest to		30	-0	_		

SCHEDULE D (Form 990)

Supplemental Financial Statements

2008

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

	e organizatioл			Employer identification number
NATION	AL ASSOCIATION OF STATE FORESTER	Š		E4 0141774
Part I	Organizations Maintaining Donor Advis the organization answered "Yes" to Form	sed Funds or Other Si	milar Funds or A	51-0141374 ccounts. Complete if
		(a) Donor advised	funds	(b) Funds and other accounts
1 Tota	al number at end of year			
2 Aggr	regate contributions to (during year)			
3 Aggr	regate grants from (during year)			
4 Aggr	regate value at end of year			
5 Did t	the organization inform all donors and donor adv	visors in writing that the	assets held in dono	radvised
6 Did t	is are the organization's property, subject to the the organization inform all grantees, donors, and	organization's exclusive	legal control?	4400.0
imoe	d only for charitable purposes and not for the bea	netit of the donor or don	or advisor or other	1 - 1
Part II	Conservation Easements Complete if the			Yes N
The Real Property lies and the least	Conservation Easements. Complete if the cose(s) of conservation easements held by the o	TE OFGANIZATION ANSWE	rod "Voe" to Lore	n 990, Part IV, line 7.
	Preservation of land for public	rganization (check all that	1 10000	
	Preservation of land for public use (e.g., recreat Protection of natural habitat	ion or pleasure)	Preservation of a	n historically importantly land area
	Preservation of open space	1	Preservation of co	ertified historic structure
2 Com	inlete lines 2a-2d if the association button or			
	plete lines 2a-2d if the organization held a qualit ne last day of the tax year.	ied conservation contrib	ution in the form of	a conservation easement
	enter early of the ten your.			0.00
a Total	number of conservation assessments		F5	Held at the End of the Year
b Total	number of conservation easements			
c Numi	acreage restricted by conservation easements .			
d Num	ber of conservation easements on a certified his	toric structure included in	n (a) <u>2</u>	
Numi	ber of conservation easements included in (c) a	cquired after 8/17/06 .		
the to	ber of conservation easements modified, transfe axable year ▶	erred, released, extingui	shed, or terminated	by the organization during
	ber of states where property subject to conserve	. The second		
Does	the organization have a written policy repording	uon easement is located		ALCON TO A CONTRACT OF THE CON
enfor	s the organization have a written policy regarding cement of the conservation easements it holds?	the periodic monitoring	, inspection, violation	ons, and
Staff	or valunteer hours devoted to monitoring, inspe	oting and reference		······ Yes No
Amou	unt of expenses incurred in monitoring, inspectin	cong, and enforcing eas	ements during the y	ear►
Does	each conservation easement reported on line 2	y, and enforcing easem	ents during the year	▶ \$
170()	h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(o) above satisfy the req	uirements of section	
In Par	art XIV, describe how the organization reports co	negruation pagements is		Yes No
balan	nce sheet, and include, if applicable, the text of the	no footpote to the organ	ins revenue and ex	Dense statement, and
THE PERSON NAMED IN COLUMN	Service of a coordinated for conservation easiem	enis		
Part III	Organizations Maintaining Collections o Complete if the organization answered "Y	f Art Historical Trope	ures, or Other Si IV, line 8.	milar Assets.
 a If the art, hi provid 	organization elected, as permitted under SFAS istorical freasures, or other similar assets held fide, in Part XIV, the text of the footnote to its final	116, not to report in its or public exhibition, education in the notation of the notation in t	revenue statement cation, or research	and balance sheet works of in furtherance of public service,
histori	organization elected, as permitted under SFAS ical treasures, or other similar assets held for pute the following amounts relating to these items:	116, to report in its reve	min = += +=	balance sheet works of art, rtherance of public service.
(i) Ro	evenues included in Form 990, Part VIII, line 1 .	Object acceptance and acceptance acceptance	2 1-1200000 No. 1000000000000000000000000000000000000	. .
(11)	socia moided in Form 990 Part A	the election andread process	a especial markets are	Action to the Market
If the	organization received or held works of art, historica are sent and art, historica are sent and art are sent are	rical treasures or other	similar accepts for 6-	tancial only assured
follow	ing amounts required to be reported under SFA	S 116 relation to these it	ems:	sancial gain, provide the
a Rever	nues included in Form 990, Part VIII, line 1	+ + + + + + + + + + + + + + + + + + +		▶ §
d Itayas		The second of the second of the second of		F 3
b Asset	s included in Form 990, Part X	444 EVANA (ESSEL ENIM		> \$

_	(Form 990) 2008					1-014	1374		Page
L	Organizations Maintainin	ng Collections of	of Art, H	listorica	I Treasures	, or Ot	her Similar As	sets (continued)
n	ng the organization's accession	and other records	check	any of th	n following th	act arm	o cionificant una	of ite.	an Hanting
	is (check all that apply):	and other records	, unduk	any or tr	e rollowing tr	ial are	a significant use	OURS	COHECHOR
	Public exhibition		0.40		Lance	o la se se se se se			
-	Scholarly research		d		Loan or ex	unange.	programs		
+	Preservation for future ger	proportional country	е		Other				
				apara arabahan	even and an experience			waru 12 maa 13	station of the contract of the
	vide a description of the organiz XIV.	tation's collections	and exp	olain now	tney turtner	the org	anization's exer	npt pur	rpose in
ir	ng the year, did the organization	n solicit or receive	e donatio	ons of ar	t, historical tr	easures	s, or other simila	r	
e	ats to be sold to raise funds rath	ner than to be mai	intained a	as part o	f the organiz	ation's c	collection?	x 606	Yes No
	Trust, Escrow and Custo Part IV, line 9, or reporte					ion ans	swered "Yes" to	o Form	1 990.
	e organization an agent, trustee ided on Form 990, Part X?							ſ	Yes No
16	es," explain the arrangement in	Part XIV and corr	oplete th	e followir	na table:				les N
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ig idaio.		Δn	nount	
úir	inning balance					10		100ili	
Sit	itions during the year		es need	Pr Brance	tistatisa tata	1.0			
tri	ributions during the year			3. 800000	1)2123131 1)25	10			
(ir	ing balance	2000 CO. 1000 CO. 2000 CO. 1000 CO. 100	303 tobis	SI TREEFE	1313 13	16			
*1	the organization include an ami	ount on Form 000	Doet V	line 212	# 3# 0 # 0 # 0 # D	11:			Two I In
10	es," explain the arrangement in	Bad VIV	i, ran A	, 1110 2 1 2	responsible from	ing mang	of the same form	1 1010	Yes No
-	Endowment Funds. Com		ntion or	. average of	"Vaa" ta Ca	000	Doot IV. Line	10	
	Endowment Punds. Com	(a) Current Year		rior year					7 - #24 C#000000 A 300000 A 30000 A
vir	inning of year balance	(a) Consent rear	(0)7	tion year.	(c) Two ye	ars pack	(d) Three year	S Dack	(e) Four years back
	tributions		-						
	stment earnings or losses				-				
	nts or scholarships				1				
	er expenditures for facilities .		-						
	programs								
THI	inistrative expenses								
	of year balance								
	ride the estimated percentage of		lance hel	d as:					
	rd designated or quasi-endowm	ient >	1%						
m	manent endowment >	%							
		%							
t	there endowment funds not in t	the possession of	the orga	anization	that are held	d and ar	dministered for ti	he	
	inization by:								Yes No
úľ	inrelated organizations		2-2 50000	a totata				89188	3a(i)
re	elated organizations		201 KINGK	14 Kate (50	E000004 E000			********	3a(ii)
16	es" to 3a(ii), are the related org-	anizations listed a	is require	ed on Sch	iedule R?			* * * *	3b
C	cribe in Part XIV the intended us	ses of the organiz	ation's e	ndowme	nt funds.				
Γ	Investments - Land, Build					rt X, line	e 10.		
	Description of investment		l or other ba vestment)	isis (b) Cost or other basis (other)	(c	Depreciation	(d) Book value
d	1	S10101 40							
d	dings								
S	sehold improvements	C 202 G 4							
	pment				18,92	Q.	18,400.		529.
	er				10,32	A.T	10,900.		369.
			Port V	column	(B) line 10(a)	E.F.			529.
			, Part X,	colun	10	nn (B), line 10(c)	nn (B), line 10(c).)	nn (B), line 10(c).) ▶	nn (B), line 10(c).) ▶

Part VII	Investments - Other Securities, See F	form 990, Part X, line 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial de	rivatives and other financial products		
Closely-held	equity interests		
Other	TOOLS CONCLED WHEN BROKE BOOK BOOK		
Total, (Column	(b) should equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related. See	orm 990, Part X, line 13	8
	(a) Description of investment type	(b) Book value	A STATE OF THE STA
		(b) Dook value	(c) Method of valuation; Cost or end-of-year market value
	100		
	(b) should equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. See Form 990, Part X, I	ne 15.	
	(a)	Description	(b) Book value
	72		
Total, (Column	(b) should equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities, See Form 990, Part X	line 25	
NAME OF TAXABLE PARTY.	(a) Description of liability		
Federal incon		(b) Amount	
The second of the second of the second	I WANTED		
DEFERRED	RENT	4,871.	
		150	
Total, (Column	(b) should equal Form 990. Part X, col. (B) line 25.)	12. 222	
	provide the text of the footnote to the organic	4,871	
in Part XIV,	provide the text of the footnote to the organic	mization's financial statemi	onte that conacte the organization's link its. fe-

organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

SCHEDULE (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

4		
Š	0	
ě	C	3
CMB NO.	000	ME S

Open to Public Inspection oN.

(h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Employer identification number X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 51-0141374 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance **** (f) Method of valuation (book, FMV, appraisal (d) Amount of cash grant (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 28,474. 24,335. 10,925. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations Ic) RC section General Information on Grants and Assistance STATE FORESTERS (b) EIN Enter total number of other organizations NATIONAL ASSOCIATION OF BOX 10345 KINGSHILL, VI 00850 (a) Name and address of organization VI DEPARTMENT OF AGRICULTURE IN DEPARTMENT OF AGRICULTURE ALABAMA FORESTRY DOMNISSION BOX 40627 MELROSE STATION or government Name of the organization Internal Revenue Service 513 MADISON AVENUE Part Part II

BE1288 2:000

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I (Form 990) 2008

٥١

Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Part III

(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 provide the information required in Part I, line 2, and any other additional information.	ete this part to	provide the info	rmation required	in Part I, line 2, and any	other additional information.
PROCEDURES FOR MONITORING GRANT FUNDS	SON				
PART 1 #2					
THROUGH GRANT ASSISTANCE FROM THE USDA FOREST SERVICE STATE.	USDA FOREST	SERVICE_STA	ME & PRIVATE		
FORESTRY, NASF WAS ABLE TO SUPPORT	THE	DEVELOPMENT OF STA	STATEWIDE FOREST	37	
RESOURCE ASSESSMENTS AND STRATEGIES.	δ.				· · · · · · · · · · · · · · · · · · ·
STATES AND TERRITORIES WERE REQUIRED TO	ED TO APPLY	FOR THE FUN	APPLY FOR THE FUNDS. STATED IN	IN	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
THE APPLICATION IS HOW THE FUNDS ARE TO BE		ED. STATES	USED. STATES AND TERRITORIES	IES	
ARE TO SUBMIT INVOICES AND OTHER DOCUMENTATION TO NASE FOR COSTS RELATED	OCUMENTATIO	N TO NASE EC	M. COSTS RELA	TED	
TO THEIR STATE ASSESSMENTS. PROGRESS AND		ANCIAL REPOR	FINANCIAL BEPORTS ARE ALSO		
PROVIDED TO NASF FROM THE STATES.		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

21

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No	1545-0047
00	00
<u> </u>	08
Open	o Public
Inspec	

NATIONAL ASSOCIATION OF STATE FORESTERS	Employer identification number 51-0141374
APPROVAL OF FORM 990	
FORM 990 PART VI SECTION A #10	
THE FORM 990 IS PROVIDED TO THE EXECUTIVE COMMITTEE AND A CONFERE	ENCE_IS
ARRANGED TO DISCUSS THE FORM WITH THE EXECUTIVE DIRECTOR AND DIRE	CTOR OF
FINANCE.	

NATIONAL ASSOCIATION OF STATE FORESTERS	51-0141374
POLICY FOR COMPENSATION	
PAGE 6 SECTION B #15B	
THE NAST EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE N	ASE
EXECUTIVE COMMITTEE. TO ASSIST WITH THIS DETERMINATION THE EXECU	TIVE
COMITTEE COMPARES THE DUTIES AND RESPONSIBILITIES OF THE EXECUTIVE	Ē
DIRECTOR'S POSITION WITH ORGANIZATIONS OF SIMILIAR SIZE AND INDUS	TRY.

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
NATIONAL ASSOCIATION OF STATE FORESTERS	51-0141374
MEMBERSHIP	
PAGE 6 PART VI #6, 7A	
NASE MEMBERSHIP IS OPEN TO THE STATE FORESTOR OR EQUIVALENT OF A	LL_STATES
AND TERRITORIES OF THE UNITED STATES. THE MEMBERSHIP ELECTS THE	
PRESIDENT, VICE PRESIDENT AND TREASURER AT THE ANNUAL MEETING.	

	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

T=0.00000000000000000000000000000000000	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
NATIONAL ASSOCIATION OF STATE FORESTERS	51-0141374
AVAILABLE TO THE PUBLIC	
PAGE 6 SECTION C #19	
DOCUMENTS ARE AVAILABLE UPON REQUEST.	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	*******
	***************************************
	***************************************
	***************************************
	****
	222222222222222222222222

# Form 990

Return of Organization Exempt From Income Tax

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service benefit trust or private foundation)

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

A I	or th	ne 200	9 cale	ndar year, or tax year beginning 10/01, 2009, and end	ding			09/30	, 20	10	
В	Sheck if a	pplicable	Please	C Name of organization NATIONAL ASSOCIATION OF STATE FORESTERS		D Empl	loyer ide	entification	n numbe	or.	
Г	Addre		use IRS label or	Doing Business As			-014				
Г	0.500	change	print or	Number and street (or P.O. box if mail is not delivered to street address) Ro	om/suite	E Telep		-			
Г	Initial	return	type. See	444 NORTH CAPITOL STREET 540				4-5415	E .		
T		ination	Specific	City or town, state or country, and ZIP + 4		(EVE	7 02	4-241	-		
H	Amer		Instruc- tions.	WASHINGTON, DC 20001		2 1		5000	20.0	A 4	2000
H	- return -Appli	cation		ame and address of principal officer: JAMES J. FARRELL		G Gros	-	0.003	planning	-	284.
_	pend				4		nis a gro. iales?	up return for	1	05	X No
	0257/03	CONTRACTOR OF THE PARTY OF THE		NORTH CAPITOL STREET #540 WASHINGTON, DC 2000	1	H(b) Are	all affile	ites included	3 7	es.	No
_		empt st	-3.50	X 501(c) ( 5 ) ◀ (insert no.) 4947(a)(1) or 527		16.75	No," attac	ch a list (see	instructio	ns)	
Į.	desired by the same	-		STATEFORESTERS.ORG		H(c) Gro	up exemp	ption number	<b>&gt;</b>		
<_	-	of organ	ization:	X Corporation Trust Association Other ▶ L Year	r of format	ion: 199	37 M	State of leg	gal domi	cie:	DC
P	art I	Sur	mmary								
Activities & Governance	2	BETV TO I	PROMO VEEN DEVEL	be the organization's mission or most significant activities:  OTE COOPERATION BETWEEN THE STATES AND TERRITO FEDERAL GOVERNMENT AND FORESTRY GROUPS ON FOR  OP PROGRAMS AND ACTIVITIES TO ADVANCE FOREST  If the organization discontinued its operations or disposed of more to	RESTRY STEWA	MATT RDSHI	ERS P.				
8	3	Numb	er of vo	oting members of the governing body (Part VI, line 1a)	117011 2070	35 113 1131	1555	3			7
68	4	Numb	er of in	dependent voting members of the governing body (Part VI, line 1b)	var saast	ST 1883	2 2			_	1
= 1	5	Total r	numbar	of ampleuses (Dad V. Res Da)	** ***	0.00	9 0	4			9
cti	6				** ***	1.1.1		Edition of			7/30
-Q	7 a	Total	roce u	or volunteers (estimate if necessary)				6			
	100,000	Notue	gross u	nrelated business revenue from Part VIII, line 12, column (C)				7 a			
	D	MOT III	neraceo	business taxable income from Form 990-T, line 34						19100000	_ = =-
Revenue		Contro	la cid la cia	And Service (Prop. 1981). Western		Prior			Curre		
	8	Contri	button :	and grants (Part VIII, line 1h) COPY FOR		1,71	6,44	and the same of th	2,7	47,	377.
	9	Progra	ım serv	ace revenue (Fait VIII, line 2g)	SM			0.			0.
Re	10	Invest	ment in	Come (Fart Viii, Column (A), lines 3, 4, and 70)				15.			79.
	11	Other	revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	202		6,48				180.
	12	Lotal t	evenue	≥ - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32	1,96	3,56	7.	2,9	82,	635.
	13	Grants	and si	imilar amounts paid (Part IX, column (A), lines 1-3)		7	9,15	8.			247.
	1.4	Betterits paid to or for members (Part IX, column (A), line 4)						0.			0.
17	15	Salarie	es, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)	9331	67	9,72	5.	- 6	9.6,	379.
ns	16a	Profes	sional	fundraising fees (Part IX, column (A), line 11e)	****			0.			0.
Expenses	b	Total f	undrais	sing expenses, Part IX, column (D), line 25)	3.2		-			7707	
ш	17	Other	expens	es (Part IX, column (A), lines 11a-11d, 11f-24f)		1,17	7 66	6	1 3	7.9	877.
	18	Total e	expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	* * -	1,93					503.
	19	Reven	ue less	expenses. Subtract line 18 from line 12			7,01				
000	-	134.15.13	40.000	composition debutations to morning 12	117527	o my continue or you		The second second	0.000000000	W 100 100 100 100 100 100 100 100 100 10	133.
anc	20 21 22	Total	seente (	Part X, line 16)	ь	eginning			End o	Section 1	0.00
Bal	24			THE PROPERTY OF THE PROPERTY O			8,64	200		-	676.
Pun	22			s (Part X, line 26) fund balances. Subtract line 21 from line 20	10		1,89				798.
	rt II		A 100 A 100 A 11 A 100 A	Block		9.9	6,74	2.	- 1	49,	878.
EL:	11.411	~									
		Under	penaltie	ss of perjury. I declare that I have examined this return, including accompanying sche	dules and	statemen	its, and	to the be	st of m	y kno	wledge
0	tion of	10	TOTAL TEN	is true, correct, and complete Declaration of preparer (other than officer) is based or	ni ali intor	mation of	which	preparer	nas any	Knov	vieage
	ign			e of officer							
П	ere	100	Signatur	e or onicer		Da	ite				
			ype or	print name and title	00 100						
aid		Prepa signal		Clari V Atim Whali 18	Check if		(pee	arer's ident	1)	mber	
	parer's	Firm's	name (c	x yours ARONSON LLC	employed	EINI	110		181	120127	
se	Only	if self-	employers, and Z	d),		EIN	-		6113		-
A con-	the I			A STATE OF THE PERSON OF THE P		Phone no		301-	231-	020	0
ecty	trie it	10.0150	uss thi	is return with the preparer shown above? (See instructions)	* * * * *		P - F	X	Yes		No
Of	Privac	y Act	and Pa	perwork Reduction Act Notice, see the separate instructions.				- 52	From 1	990	2009)

	Statement of Program Courts 4	Page 2
Part III	Statement of Program Service Accomplishments	
V did	describe the organization's mission: "ACHMENT 2	
- MILI	ACTIMENT Z	
2 Did the	a programmation undertake and of the	
the pri	organization undertake any significant program services during the year which were not listed on	
If "Yes	or Form 990 or 990-EZ?	Yes X No
3 Did the	2 Organization cease conduction, as make it is	
service	organization cease conducting, or make significant changes in how it conducts, any program	
	s? " describe these changes on Schedule O.	Yes X No
4 Descrit	the exempt ourspace asking and the exempt ourspace asking and the exempt ourspace asking and the exempt of the exe	
Section	be the exempt purpose achievements for each of the organization's three largest program services by expe	nses.
	" " " " " " " " " " " " " " " " " " "	grants and
	ons to others, the total expenses, and revenue, if any, for each program service reported.	
4a (Code:		
	) (Expenses \$ including grants of \$ ) (Revenue \$	- V
THE D	RING TOGETHER THE FORESTRY OFFICIALS OF THE FIFTY STATES AND	-51
ODDOD	RELATED TERRITORIES FOR THE DISCUSSION OF PROBLEMS AND	
OFFOR	TUNITIES OF MUTUAL INTEREST.	
-		
9-		
-		
	) (Expenses \$ including grants of \$	
TO PR	)(Expenses \$ including grants of \$ )(Revenue \$ OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND	)
1b (Code: TO PR TERRI	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND	>
TO PR	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY	)
TO PR	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY	>
TO PR	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY	
TO PR	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY	
TO PR	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY	
TO PR	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY	
TO PR	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY	
TO PR	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY	
TO PR	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY	
TO PR	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY	
TO PR TERRI GROUP	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY S.	
TO PR TERRI GROUP	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY  S.  (Expenses \$ including grants of \$ NORMALL MATTERS BETWEEN STATES AND PRIVATE FORESTRY STATES AND	
TO PR TERRI GROUP  c (Code: TO DIS	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY  S.  (Expenses \$ including grants of \$ )(Revenue \$ 3000 SCUSS, DEVELOP, AND EDUCATE ABOUT PROGRAMS AND ACTUMENTS)	
TO PR TERRI GROUP C (Code: TO DIS WHICH	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY  S.  (Expenses \$ including grants of \$ )(Revenue \$ SCUSS, DEVELOP, AND EDUCATE ABOUT PROGRAMS AND ACTIVITIES WILL ADVANCE THE PRACTICE OF SUSTAINABLE FORESTRY AND TUR	
C (Code: TO DIS WHICH CONSE	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY  S.  (Expenses \$ including grants of \$ ) (Revenue \$ SCUSS, DEVELOP, AND EDUCATE ABOUT PROGRAMS AND ACTIVITIES WILL ADVANCE THE PRACTICE OF SUSTAINABLE FORESTRY AND THE RVATION AND PROTECTION OF FOREST LAND AND ASSOCIATED	
TO PR TERRI GROUP C (Code: TO DIS	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY  S.  (Expenses \$ including grants of \$ ) (Revenue \$ SCUSS, DEVELOP, AND EDUCATE ABOUT PROGRAMS AND ACTIVITIES WILL ADVANCE THE PRACTICE OF SUSTAINABLE FORESTRY AND THE RVATION AND PROTECTION OF FOREST LAND AND ASSOCIATED	
C (Code: TO DIS WHICH CONSE	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY  S.  (Expenses \$ including grants of \$ ) (Revenue \$ SCUSS, DEVELOP, AND EDUCATE ABOUT PROGRAMS AND ACTIVITIES WILL ADVANCE THE PRACTICE OF SUSTAINABLE FORESTRY AND THE RVATION AND PROTECTION OF FOREST LAND AND ASSOCIATED	
C (Code: TO DIS WHICH CONSE	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY  S.  (Expenses \$ including grants of \$ ) (Revenue \$ SCUSS, DEVELOP, AND EDUCATE ABOUT PROGRAMS AND ACTIVITIES WILL ADVANCE THE PRACTICE OF SUSTAINABLE FORESTRY AND THE RVATION AND PROTECTION OF FOREST LAND AND ASSOCIATED	
C (Code: TO DIS WHICH CONSE	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY  S.  (Expenses \$ including grants of \$ ) (Revenue \$ SCUSS, DEVELOP, AND EDUCATE ABOUT PROGRAMS AND ACTIVITIES WILL ADVANCE THE PRACTICE OF SUSTAINABLE FORESTRY AND THE RVATION AND PROTECTION OF FOREST LAND AND ASSOCIATED	
C (Code: TO DIS WHICH CONSE	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY  S.  (Expenses \$ including grants of \$ ) (Revenue \$ SCUSS, DEVELOP, AND EDUCATE ABOUT PROGRAMS AND ACTIVITIES WILL ADVANCE THE PRACTICE OF SUSTAINABLE FORESTRY AND THE RVATION AND PROTECTION OF FOREST LAND AND ASSOCIATED	
C (Code: TO DIS WHICH CONSE	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY  S.  (Expenses \$ including grants of \$ ) (Revenue \$ SCUSS, DEVELOP, AND EDUCATE ABOUT PROGRAMS AND ACTIVITIES WILL ADVANCE THE PRACTICE OF SUSTAINABLE FORESTRY AND THE RVATION AND PROTECTION OF FOREST LAND AND ASSOCIATED	
C (Code: TO DIS WHICH CONSE	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY  S.  (Expenses \$ including grants of \$ ) (Revenue \$ SCUSS, DEVELOP, AND EDUCATE ABOUT PROGRAMS AND ACTIVITIES WILL ADVANCE THE PRACTICE OF SUSTAINABLE FORESTRY AND THE RVATION AND PROTECTION OF FOREST LAND AND ASSOCIATED	
C (Code: TO DIS WHICH CONSE	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY  S.  (Expenses \$ including grants of \$ ) (Revenue \$ SCUSS, DEVELOP, AND EDUCATE ABOUT PROGRAMS AND ACTIVITIES WILL ADVANCE THE PRACTICE OF SUSTAINABLE FORESTRY AND THE RVATION AND PROTECTION OF FOREST LAND AND ASSOCIATED	
C (Code: TO DIS WHICH CONSEI	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY S.    (Expenses \$ including grants of \$ )(Revenue \$ SCUSS, DEVELOP, AND EDUCATE ABOUT PROGRAMS AND ACTIVITIES WILL ADVANCE THE PRACTICE OF SUSTAINABLE FORESTRY AND THE RVATION AND PROTECTION OF FOREST LAND AND ASSOCIATED RCES.	
C (Code: TO DIS WHICH CONSEI RESOU	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY  S.  (Expenses \$ including grants of \$ )(Revenue \$ SECUSS, DEVELOP, AND EDUCATE ABOUT PROGRAMS AND ACTIVITIES WILL ADVANCE THE PRACTICE OF SUSTAINABLE FORESTRY AND THE ROLL ON AND PROTECTION OF FOREST LAND AND ASSOCIATED ROLL.  ROLL OF THE PRACTICE OF SUSTAINABLE FORESTRY AND THE ROLL OF THE PROGRAMS AND ACTIVITIES WILL ADVANCE THE PRACTICE OF SUSTAINABLE FORESTRY AND THE ROLL OF THE PROCESTRY AND STATE OF THE PROGRAMS AND ACTIVITIES WILL ADVANCE THE PRACTICE OF SUSTAINABLE FORESTRY AND THE ROLL OF THE PROGRAMS AND ACTIVITIES WILL ADVANCE THE PROGRAMS AND ACTIVITIES WILL ADVANCE THE PRACTICE OF SUSTAINABLE FORESTRY AND THE ROLL OF THE PROCESTRY AND THE ROLL OF THE PROGRAMS AND ACTIVITIES WILL ADVANCE THE PRACTICE OF SUSTAINABLE FORESTRY AND THE ROLL OF THE PROGRAMS AND ACTIVITIES WILL ADVANCE THE PROGRAMS AND	
C (Code: TO DIS WHICH CONSEI RESOU	OMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY  S.  (Expenses including grants of \$ )(Revenue \$ SECUS, DEVELOP, AND EDUCATE ABOUT PROGRAMS AND ACTIVITIES WILL ADVANCE THE PRACTICE OF SUSTAINABLE FORESTRY AND THE RVATION AND PROTECTION OF FOREST LAND AND ASSOCIATED RESS.	

Form	990 (2009) 51-0141374		3	Page 3
Par	t IV Checklist of Required Schedules			1195.4
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		1,00	113/0
	complete Schedule A	4		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	1000
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	41	
	candidates for public office? If "Yes," complete Schedule C, Part I			Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3		100
177	Schedule C, Part II			
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		
	social solutions and constitution and solution and solution of the section 6033(e)			
6	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
0	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X as applicable	4.4	Х	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11	Α.	-
	Schedule D, Part VI.			
	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more		153	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		1000	
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	533		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	201	1833	
			223	
- 5	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	550 3		
_			- 33	
ँ	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	1		
~	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	2		
42	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		100	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			VERS.
	complete Schedule D, Parts XI, XII, and XIII	12		X
IZA	Was the organization included in consolidated, independent audited financial statement for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	14.5		
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		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			-
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part 1	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			0.00
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	1	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . . . . . . .

Form 990 (2009)

17

18

19

20

18

19

20

X

X

X

X

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	5500	332	
10125	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			7.5
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			-340
Esware.	employees? If "Yes," complete Schedule J	23		X
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	20000		506
90	24b through 24d and complete Schedule K. If "No," go to question 25	24a		X
b		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	3000		
72	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		
b	the organization and it engages in on encode benefit transaction with a disqualitied person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
arran	990-EZ? If "Yes," complete Schedule L. Part I	25b		-
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	550000		- 66
eres.	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 a grant selection committee member, or to a person related to such an individual?	56555		00000
5021	If "Yes," complete Schedule L. Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.			HEE!
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		-	10000
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
220	Schedule L, Part IV	28b	_	:X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L	2000		0.490
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Α.
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1222		X
	conservation contributions? If "Yes," complete Schedule M	30		0.00
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.			Х
32	Part I	31		I A
3.2				X
33	Schedule N, Part II	32		· ex
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		
34		2.4		X
35	III, IV, and V, line 1	34		- 44
00	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35		**
30	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	.30		
H.6.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R			
	Part VI	27		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37		- 66
-	192 Note. All Form 990 filers are required to complete Schedule O	38	X	
	The second secon	20		1

Form	990 (2009) 51-0141374		_
Pa	91 9112911		Page 5
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		
	U.S. Information Returns. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		100
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	183	1837
	gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 9		357
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	5 5 6 3	1216
	instructions)	18	130
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	100	N. T.
	this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		
	account)?		X
b	If "Yes," enter the name of the foreign country: ▶		1000
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	in	100
	and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding		
	Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		
	organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		

g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . . . 7 g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h 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 Sponsoring organizations maintaining donor advised funds.

a Did the organization make any taxable distributions under section 49667..... 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was

e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations, Enter:

Organizations that may receive deductible contributions under section 170(c).

b Gross income from other sources (Do not net amounts due or paid to other sources against

12a Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . | 12b

Form 990 (2009)

12a

6 b

7a

7 b

7 c

7e

7f

gifts were not tax deductible?

benefit contract? . . . .

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

	tion A. Governing Body and Management		Yes	
1a	Enter the number of voting members of the governing body	-		
b	Enter the number of voting members that are independent		18	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		DE:	4
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct	-		t
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6	Х	ł
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			ł
3	of the governing body?	4	X	l
b	of the governing body?	7a	-A	+
В	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during			
÷	the year by the following:		- 12	4
a	The governing body?	8a	X	4
b	Each committee with authority to act on behalf of the governing body?	8 b	X	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			1
- 4	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		
ect	ion B. Policies (This Section B requests information about policies not required by the Internal enue Code.)			
			Yes	1
a	Does the organization have local chapters, branches, or affiliates?	10a		İ
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters.	7.0.4		İ
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		l
Ē	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100		t
	form?	2424	X	l
Α	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11	- CO	
a			X	+
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12a	· CV .	ł
ee.	rise to conflicte?	0.72.70	340	ı
C	rise to conflicts?	12b	X	ł
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	P\$745877	201	ı
	describe in Schedule O how this is done	12c	X	ŀ
	Does the organization have a written whistleblower policy?	13	X	ŀ
	Does the organization have a written document retention and destruction policy?	14	X	ļ
ě	Did the process for determining compensation of the following persons include a review and approval by			ı
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	100		ı
a	The organization's CEO, Executive Director, or top management official	15a	X	l
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			ı
a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ı
	with a taxable entity during the year?	16a		1
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			Ī
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
-61	the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			_
	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1024 to 1			2
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply  Own website  Another's website  X Upon request	only)		
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inten-	est		
	policy, and financial statements available to the public.			
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.   LOUANN GILMER 444 NORTH CAPITOL STREET #540 WASHINGTON, DC 20001	9		
	202 624-5415			4
			990	-

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

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ection A.

- a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the rganization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount f compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. 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) ho received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the rganization 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 ne organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

ist persons in the following order, individual trustees or directors; institutional trustees; officers; key employees; highest ompensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average	Posit	ion /	(C		that app	oly)	(D) Reportable	(E) Reportable	(F) Estimated
Walking 2000 2000 2000 2000 2000 2000 2000 20	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JEFF JAHNKE PRESIDENT	8.00	X		х				0.	0.	0.
JOHN SHANNON VICE PRESIDENT	4.00	X		X				0.	0.	0.
RANDY DYE FREASURER	4.00	Х		х				0.	0.	0.
STEVE KOEHN IMMEDIATE PAST PRESIENDT	4.00	Х		Х				0.	0.	0
CHARLIE MORGAN DIRECTOR	2.00	Х	1					0.	0.	0.
LISA ALLEN DIRECTOR	2.00	Х						0.	0	0
CHRIS MAISCH DIRECTOR	2.00	X						0.	0.	0.
JAMES J. FARRELL EXECUTIVE DIRECTOR	40.00			Х				113,294.	0.	14,400.
***************************************	-									
	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s									

, 10 =

Name and title  Average hours per Week    Position (check all for proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the proper of the prope		hest Compensat	(E)	(F)	
1b Total  2 Total number of individuals (including but not limited to those listed above reportable compensation from the organization ▶ 1  3 Did the organization list any former officer, director or trustee, k employee on line 1a? If "Yes," complete Schedule J for such individual , the organization and related organizations greater than \$150,000? individual.  4 For any individual listed on line 1a, is the sum of reportable comp the organization and related organizations greater than \$150,000? individual.  5 Did any person listed on line 1a receive or accrue compensation services rendered to the organization? If "Yes," complete Schedule J for such Section B. Independent Contractors  1 Complete this table for your five highest compensated independent compensation from the organization.  (A)  Name and business address		Reportable	Reportable compensation	Estimated amount of	
Total number of individuals (including but not limited to those listed above reportable compensation from the organization ▶ 1  Did the organization list any former officer, director or trustee, k employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable comp the organization and related organizations greater than \$150,000? individual	Former Highest compensated employee	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
Total number of individuals (including but not limited to those listed above reportable compensation from the organization   Did the organization list any former officer, director or trustee, k employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compthe organization and related organizations greater than \$150,000? individual					
Total number of individuals (including but not limited to those listed above reportable compensation from the organization ▶ 1  Did the organization list any former officer, director or trustee, k employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compthe organization and related organizations greater than \$150,000? individual					
Total number of individuals (including but not limited to those listed above reportable compensation from the organization ▶ 1  Did the organization list any former officer, director or trustee, k employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compthe organization and related organizations greater than \$150,000? individual					
Total number of individuals (including but not limited to those listed above reportable compensation from the organization ▶ 1  Did the organization list any former officer, director or trustee, k employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compthe organization and related organizations greater than \$150,000? individual					
Total number of individuals (including but not limited to those listed above reportable compensation from the organization ▶ 1  Did the organization list any former officer, director or trustee, k employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compthe organization and related organizations greater than \$150,000? individual					
Total number of individuals (including but not limited to those listed above reportable compensation from the organization ▶ 1  Did the organization list any former officer, director or trustee, k employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compthe organization and related organizations greater than \$150,000? individual					
Total number of individuals (including but not limited to those listed above reportable compensation from the organization ▶ 1  Did the organization list any former officer, director or trustee, k employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compthe organization and related organizations greater than \$150,000? individual					
Total number of individuals (including but not limited to those listed above reportable compensation from the organization ▶ 1  Did the organization list any former officer, director or trustee, k employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compthe organization and related organizations greater than \$150,000? individual					
Total number of individuals (including but not limited to those listed above reportable compensation from the organization ▶ 1  Did the organization list any former officer, director or trustee, k employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compthe organization and related organizations greater than \$150,000? individual					
Total number of individuals (including but not limited to those listed above reportable compensation from the organization ▶ 1  Did the organization list any former officer, director or trustee, k employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compthe organization and related organizations greater than \$150,000? individual					
Total number of individuals (including but not limited to those listed above reportable compensation from the organization ▶ 1  Did the organization list any former officer, director or trustee, k employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compthe organization and related organizations greater than \$150,000? individual					
Total number of individuals (including but not limited to those listed above reportable compensation from the organization ▶ 1  Did the organization list any former officer, director or trustee, k employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compthe organization and related organizations greater than \$150,000? individual					
Total number of individuals (including but not limited to those listed above reportable compensation from the organization ▶ 1  Did the organization list any former officer, director or trustee, k employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compthe organization and related organizations greater than \$150,000? individual					
Total number of individuals (including but not limited to those listed above reportable compensation from the organization ▶ 1  Did the organization list any former officer, director or trustee, k employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compthe organization and related organizations greater than \$150,000? individual	>	113,294	. 0	14,40	
Did the organization list any former officer, director or trustee, k employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable comp the organization and related organizations greater than \$150,000? individual	) who re				
services rendered to the organization? If "Yes," complete Schedule J for sucception B. Independent Contractors  Complete this table for your five highest compensated independent compensation from the organization.  (A)  Name and business address	pensation  If "Yes,"	n and other com " complete Scheo	pensation from fule J for such	Yes N	
compensation from the organization.  (A)  Name and business address	h persor	n		5	
(A) Name and business address	contrac	ctors that receive	d more than \$1(	00,000 of	
		(B) Description of se	rvices	(C) Compensation	
		0.00000	0000777	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
Total number of independent contractors (including but not limited to more than \$100,000 in compensation from the organization ▶	those I	listed above) who	received		

Part VIII		Statement of Revenue	51-0141374					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
ts ts	1a	Federated campaigns 1a		Market III	The state of			
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b	364,302.		N 2253			
am,	c	Fundraising events 1c						
lar.	d	Related organizations 1d						
sim	e	Government grants (contributions) 1e	2,383,075.	China Malana				
nor nor	f	All other contributions, gifts, grants,						
it to		and similar amounts not included above . 1f						
Cor	g	Noncash contributions included in lines 1a-1f: \$ _			MANUEL SERVICE			
	h	Total. Add lines 1a-1f		2,747,377.	EVERY SERVICE			
Program Service Revenue			Business Code		ET LONGE STEEL			
Roy	2a	-						
00	b		4					
ev	c							
E	ď		7					
gra	6	All other programs and to the control of	-					
Pro	g	All other program service revenue Total. Add lines 2a-2f		ō.	No. of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of	E		
-	3	Investment income (including dividends, inte		V-				
		other similar amounts)	0.0	79,			1000	
	4	Income from investment of tax-exempt bond		g.			79.	
	5	Royalties		0.				
		(i) Real	(ii) Personal					
	6a	Gross Rents						
	b	Less: rental expenses	10					
	c	Rental income or (loss)			Mark Inches		100000000000000000000000000000000000000	
	d	Net rental income or (loss)		0.				
	7 a	Gross amount from sales of (i) Securities	(ii) Other	AL AL				
		assets other than inventory						
	b	Less; cost or other basis						
		and sales expenses						
	c	Gain or (loss) , , .			MAN SERVEN			
38	ď	Net gain or (loss)		0				
Other Revenue	8 a	Gross income from fundraising		I Was a second				
/er		events (not including \$						
Se		of contributions reported on line 1c).						
	42	See Part IV, line 18						
Ę.	b	Less: direct expenses		0.				
U	9 a	Gross income from gaming activities:		Wasting and the same				
	3.4	See Part IV. line 19						
	b							
	c	Net income or (loss) from gaming activities .		0.				
	10a	Gross sales of inventory, less		THE RESERVE TO STATE OF		Col Y Establish	P DOM: NOT THE PARTY	
		returns and allowances	227,980.					
	b	Less: cost of goods sold			THE RESIDENCE			
	С	Net income or (loss) from sales of inventory.	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	88,332.			88,332.	
		Miscellaneous Revenue	Business Code		E EXEXACTE			
	11a	ANNUAL MEETING AND CONFERENCES	900099	145,281.	145,283.			
	b	OTHER INCOME	900059	1,565.	1,565.			
	c	With opening makes						
	d	All other revenue		170-9/20-50-5				
	12	Total Revenue See instructions		146,848.				
	2.00	Total Revenue, See instructions		2,962,636.	146,848.		88,413.	

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	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 U.S. See Part IV, line 21	744,247.	1,11,11,11,11,11		
ž	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
00	U.S. See Part IV, lines 15 and 16	0.			anii jili
•	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	126,899.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	3			
	persons described in section 4958(c)(3)(B)	0.			
	Other salaries and wages , , ,	488,059.			
k.	Pension plan contributions (include section 401(k)	10 000			
É	and section 403(b) employer contributions)	12,083.			
)	Other employee benefits	35,570.			
	Fees for services (non-employees):	24/21/4			
	Management	0.			
	Legal	1,800.			
	Accounting	32,806.			
	Lobbying	0.			
8	Professional fundraising services. See Part IV, line 17	0.0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
f	Investment management fees	0.			
g	Other	464,320.			
2	Advertising and promotion	0.			
	Office expenses	56,983.			
	Information technology	0.			
	Royalties	104,318.			
	Occupancy	520,046.			
	Travel	2207040.			
	for any federal, state, or local public officials	0.			
	Conferences, conventions, and meetings , , , ,	135,984.			
	Interest	0.			
	Payments to affiliates ,	0.			
	Depreciation, depletion, and amortization	3,026.			
	Insurance	4,795.			
	Other expenses Itemize expenses not	No Asset I			
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
20	SUBSCRIPTIONS AND PUBLICATIO	15,125.		EXTRACTION OF	
	ADMINISTRATION	10,378.			
7500	BAD DEBT	9,911.			
7	BANK FEES	13,385.			
e					
f	All other expenses				
	Total functional expenses. Add lines 1 through 241	2,813,503.			
	Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
A. 1.0		0 PM V 09-9.3	311	Te L	Form <b>990</b> (

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	309,653.	1	183,285.
	2	Savings and temporary cash investments		2	
	3	Pleages and grants receivable, net	391,193.	3	618,135
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key		L.	
		employees, and highest compensated employees. Complete Part II of			
	seas	Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
S	1022	Part II of Schedule L		6	
Assets	7	Trotes and loans receivable, riet		7	
As		inventories for sale or use	118,894.	8	122,470.
	9	Prepaid expenses and deterred charges	12,191.	9	28,454.
	10a	Land, buildings, and equipment: cost or 10a 22,214.			
	190	other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation	529.	10c	10,148.
	11	Investments - publicly traded securities		11	
	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	6,184.		6,184.
_	16	Total assets, Add lines 1 through 15 (must equal line 34)	838,644.		968,676.
	17	Accounts payable and accrued expenses	277,028.	17	221,913.
	18	Grants payable		18	
	19	Deferred revenue		19	14,817.
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ħ	22	Payables to current and former officers, directors, trustees, key	AND DESCRIPTION OF THE PERSON NAMED IN		
Liabilities		employees, highest compensated employees, and disqualified		000	
_	0.0	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. Complete Part X of Schedule D	4,871.		6,068.
-	26	Total liabilities. Add lines 17 through 25	281,899.	26	242,798.
S		Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
nce	27		200	NAME OF TAXABLE PARTY.	
ala	28	Unrestricted net assets	556,745.		725,878.
d B	29	Temporarily restricted net assets		28	
Ë		Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
88	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Y V	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	556,745.		725,878.
	34	Total liabilities and net assets/fund balances	838,644.		968,676.

Form 990 (2009)

ISA.

P	art XI Financial Statements and Reporting			
120			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	58		
	Schedule O.	-		
2a	The second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the se	2a		X
b	More the experimentally financial statements and to the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the s	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the quifit review or compilation of its formulal statements and all all a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a little in a litt	2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			127
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
3a				
	the Single Audit Act and OMP Circular A 1999	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	34		
	required qualities audite eventain why is Cohedula O and donote a second of the second	3 b	Х	
			-	(2009

### SCHEDULE D (Form 990)

# Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Nam	e of the organization			Employer identification number
NA'	FIONAL ASSOCIATION OF STATE FORESTER:	S		51-0141374
Pa	Organizations Maintaining Donor Advise the organization answered "Yes" to Form			Accounts. Complete if
		(a) Donor advis		(b) Funds and other accounts
1	Total number at end of year	401.13.00.13.00.13.00.13.00.13.00.13.00.13.00.13.00.13.00.13.00.13.00.13.00.13.00.13.00.13.00.13.00.13.00.13.00		
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 advi	eare in writing that th	o assate hald in dan	or advised
	funds are the organization's property, subject to the o	organization's exclusi	ve legal control?	Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben	efit of the donor or d	onor advisor, or for a	any other
Do	purpose conferring impermissible private benefit?			Yes No
	Conservation Easements. Complete if the Purpose(s) of conservation easements held by the or			m 990, Part IV, line 7.
1		5 () F		
	Preservation of land for public use (e.g., recreati Protection of natural habitat Preservation of open space	on or pleasure)		an historically important land area a certified historic structure
2	Complete lines 2a through 2d if the organization held	a qualified conserva	tion contribution in t	he form of a conservation
70.	easement on the last day of the tax year.	u 40011100 001100170		10 10111 07 0 0010017010)1
				Held at the End of the Year
a	Total number of conservation easements	1900 I 191000 191000	DOMEST DOMEST FOR A	2a
b	Total acreage restricted by conservation easements .			
c	Number of conservation easements on a certified his			
d	Number of conservation easements included in (c) a		9 1379 201	
3	Number of conservation easements modified, transfe			
3	the tax year ▶		gololiou, or tollillion	oo of the organization during
4	Number of states where property subject to conserva	ation easement is loca	ted >	
5	Does the organization have a written policy regarding			dling of
×.	violations, and enforcement of the conservation ease		교리 마구의 보고 그 전략한 시아름이 다양하다 나는 사람들이 보다 보다.	37/19/2000 All III AL AL AL
6	Staff and volunteer hours devoted to monitoring, insp			
77	<b>&gt;</b>	22013, 2112 2112 211		Trains saining the Jean
7	Amount of expenses incurred in monitoring, inspecting	g and enforcing con	servation easement	s during the year
.50	▶s	3.0-11-1-11-1-11-13		
8	Does each conservation easement reported on line 2	(d) above satisfy the	requirements of sect	tion
_	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization reports co			
	balance sheet, and include, if applicable, the text of t			7.7
	the organization's accounting for conservation easem		garnzadon o iniariolo	statements that accompcs
Pa	Organizations Maintaining Collections of Complete if the organization answered "Y	f Art, Historical Tre	easures, or Other Part IV, line 8.	Similar Assets.
1 a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its final	for public exhibition,	education, or rese	arch in furtherance of public service,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, e	its revenue statem education, or resea	ent and balance sheet works of art, rch in furtherance of public service,
	(i) Revenues included in Form 990; Part VIII, line 1 .			▶\$
	(ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works of art,	historical treasures,	or other similar as	ssets for financial gain, provide the
	following amounts required to be reported under SFA	S 116 relating to the	se items:	sea om
a	Revenues included in Form 990, Part VIII, line 1			> S
b	Assets included in Form 990, Part X			
En-	Privacy Act and Paperwork Reduction Act Notice, see the I	netructions for Form 00	0	Schedule D (Form 990) 2009

Pa	rt III Organizations Maintair	ning Collections	of Art, Histor	ical Treasures, o	or Other Similar As	ssets (continued)
3						
3	Using the organization's acquisition to collection items (check all that ap	on, accession, and	other records,	cneck any of the	following that are a s	ignificant use of its
3		P) 11-	d 🗍	Loop or avalu		
b			e	Other	ange programs	
c	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	enerations		Other		
4	Provide a description of the organ	nization's collection	s and evoluin h	now they further th	o propojantion's ever	
	Part XIV.		o dila explain il	iow tricy further th	e organization's exer	npt purpose in
5	During the year, did the organizat	tion solicit or receiv	e donations of	art historical trea	sures or other similar	,
	assets to be sold to raise funds ra	ther than to be ma	intained as par	rt of the organization	on's collection?	
Pa	rt IV Escrow and Custodial / IV, line 9, or reported a	Arrangements, C	complete if the	e organization a	nswered "Yes" to F	orm 990, Part
1a	Is the organization an agent, trust	ee custodian or of	har intermedia	so face and a state of	P24500 •15750000 000 040 00000	
	included on Form 990, Part X?	ee, custoulan or of	nei intermediai	ry for contributions	or other assets not	
b	If "Yes," explain the arrangement	in Part XIV and con	nalata the falls	wing tables	a takaa takaa ta	Yes No
	3,11011	arr array arra cor	spiete the folio	wing table.	1	
C	Beginning balance			4.	An	ount
d	Additions during the year		statut tatatat ta	100		
е	Distributions during the year		test to test it to	16		
f	chuling balance	recent where the services and	san arran carranna i sen	CONTROL DESCRIPTION AND ADDRESS.		
2a	Did the organization include an an	mount on Form 990	) Part X line 2	12		West IN
b	If "Yes," explain the arrangement i	in Part XIV	re room expenses a			Yes No
	tV Endowment Funds. Co.		ation answer	ed "Yes" to Form	990 Part IV line	10
		(a) Current Year	(b) Prior year	(c) Two years		
1a	Beginning of year balance			micules	(a) moo your	(e) Four years back
b	Contributions					
c	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		lance held as			
a	Board designated or quasi-endowr	ment >	%			
b	Permanent endowment ▶	%				
C	Term endowment ▶	%				
3 a	Are there endowment funds not in	the possession of	the organization	on that are held ar	nd administered for th	٥
	organization by:	8 III	Market Street Control Street	BH DETECTA E METERO	ia dominiotorea for th	Yes No
	(i) unrelated organizations		T ROMONECIM MODERNING	F ROMORDE PORTOGRA NO		3a(i)
	(ii) related organizations					
b	If "Yes" to 3a(ii), are the related or	ganizations listed a	s required on S	chedule R2	toble kotobne kremenk k Nava sombani sombov s	3b
4	Describe in Part XIV the intended i	uses of the organiz	ation's endown	nent funds.		
ar	Investments - Land, Bui	ldings, and Equi	pment. See F	orm 990, Part X	line 10.	
	Description of investment	(a) Cost	or other basis estment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
la	Land			-	1700-1	
b	Buildings					
	Leasehold improvements					
c						
c d	Equipment			22.214	12 066	7.0 7.40
	Equipment			22,214.	12,066.	10,148.

Schedule D (Form 990) 2009

Part VII	Investments - Other Securities. See	Form 990, Part X, line 1	2.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation; Cost or end-of-year market value
Financial d	erivatives		
Closely-ne	id equity interests		
Other		-	
		-	
Total, (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>	
Part VIII			3.
	(a) Description of investment type	(b) Book value	(c) Method of valuation:
	Seri George di George Des Miller (1900) Aven	1805 0400 445 0500	Cost or end-of-year market value
Total: /Column	n (b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>	
Part IX	Other Assets. See Form 990, Part >		
Deline Advantage (	2007,000,000,000,000,000,000,000,000,000	(a) Description	(b) Book value
		107	(b) book vaide
		V.	
Total /Calum	A CALL CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE		
Part X	o (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part	t Y line 25	
1.	(a) Description of liability	(b) Amount	
Federal inc		(b) Amount	
DEFERRE		6,068.	
	South of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	20 / / / / / / / / / / / / / / / / / / /	
iotal, (Column	(b) must equal Form 990, Part X, col. (8) line 25.)	▶ 6,068.	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

R.H.LLA	Reconcination of change in Net Assets from Form 990 to Audited Financial Statement	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,982,636
2	total expenses (Form 990, Part IX, column (A), line 25)	2	2,813,503
3	Excess of (deficit) for the year. Subtract line 2 from line 1	3	169,133
4	Net unrealized gains (losses) on investments	4	
5	bonated services and use of facilities	5	
6	investment expenses	6	
7	From period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	rotal adjustments (net). Add lines 4 through 8	9	
10	excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	169,133
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	rn	
1	Total revenue, gains, and other support per audited financial statements	1	3,122,284
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1000	
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2h		
c	Recoveries of prior year grants	180	
d	Other (Describe in Part XIV.) 2d 139, 648		
0	Add lines 2a through 2d	2 e	139,648
3	Subtract line 2e from line 1	3 3	2,982,636
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1;	3	2/202/030
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV.)	-	
c	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c	0.000 506
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	5	2,982,636
1	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990. Part IX, line 25.	urn	0.050 7.57
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1	2,953,151
a	Donated services and use of facilities	3 =	
b	Donated services and use of facilities  Prior year adjustments		
c	Prior year adjustments Other losses		
ď	10 A		
3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2e	139,648
4		3	2,813,503
T	Amounts included on Form 990, Part IX, line 25, but not on line 1:	=	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	100	
b	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	4 c	
5	Total expenses. Add lines 3 and 4c. (This must equal from 990, Part I line 18.)	5	2,813,503
Part	XIV Supplemental Information		and topical medical feet and the
and Zr	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 3, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also rt to provide any additional information.	IV. lines complet	1b e
COST	OF GOODS SOLD		
COST	OF GOODS SOLD PART VIII LINE 10B \$139,648		
KREEN			

Part XIV Supplemental Information (continued)

# SCHEDULE I (Form 990)

(

OMB No. 1545-0047 2003

Open to Public Inspection No

(Form 990)	Governments, and Individuals in the United States	200
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.	Open to Pu
Name of the organization	u3	Employer identification number
NATIONAL ASSOCIA	NATIONAL ASSOCIATION OF STATE FORESTERS	51-0141374
Part   General Info	Part I General Information on Grants and Assistance	
1 Does the organizati	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ssistance and
the selection criteria	the selection criteria used to award the grants or assistance?	×
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	

38	A				nt organizations	nd governme	Enter total number of section 501(c)(3) and government organizations.
STATE ASSESSMENT				31,242.	N/A	61-5600439 N/A	02% COMANCHE FRAIL FRANKFORT, NY 40601
							REHTUCKY DIVISION OF FORESTRY
STATE ASSESSMENT				15,273,	11/5	48-0771751	RANGAS FOREST REAVICE
STATE ASSESSMENT				15,449.	8/8	42-6004572	FOR EAST THE STREET DES MOTHES, IN S0319
STATE ASSESSMENT				22,841.	NYA	12-6000952	TOWNS DEPARTMENT OF LANCE TO BOX HERE BOISE, ID 83728-0050
STATE ASSESSMENT				20,283.	K/A	58-6002019	SEGRETA FURESTRY COMPLESSION FO DOX 819 MACCE, GA 31202-0819
STATE AGRESSMENT				28,475%	NA	59-2883965	FLORIDA DIVISION OF FORESTRY 3123 CONNER BOULEVARD
STATE ASSESSMENT				14,928.	S01 (C) (3)	86-1154163	UNIVERSITY OF CONSECTIOUS 39 ELM STREET MARTFORD, CT 06106
STATE ASSESSMENT				8,644.	503 (C) (3)	84-6000545	COLORADO STANT UNIVERSITY FOUTHILLS CAMPUT - 1050
STATE ASSESSMENT				24,475.	878	71-847643	ARKANBAN PORESTRY COMMISSION 3821 WEST ROOSEVELT ROAD
TATE ASSESSENT				22,821.	N/A	94.6004791	ANIXONA STATE FORESTRY DIVISION 1110 N.WASHINGTON ST SUITE 100
STATE ASSESSMENT				8,634.	501(0)(3)	66-0516639	AMERICAN SANOA COMMUNITY COLLEGE. FO BOX 5319 ASSCHOR FACO PAGO, AS 96799
STATE ASSESSED				28,821s	NAN	P2-6001185	ALAEKA DIVISION OF FURKATHY THOS ATHROST WAY PAIRSANKS, AK 99709
(h) Purpose of grant or assistance	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(d) Amount of cash grant (e) Amount of non-cash assistance	(d) Amount of cash gran	(c) IRC section if applicable	(b) EIN	1 (a) Name and address of organization or government

4:40:50 PM 9E12882.000 74I082 3347 3/29/2011

V 09-9.3

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009
Part III Grants an

		A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O				ľ
(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	1
						1
						10
						1
						1
Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	lete this part to	provide the inf	ormation required	d in Part I, line 2, and any c	ther additional information.	7 1
ROCEDURES FOR MONITORING GRANT FUNDS	FUNDS	1 1 1 1 1 1 1 1 1				1
ART I LINE 2			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1
HROUGH GRANT ASSISTANCE FROM THE USDA	2	REST SERVICE S	STATE AND PRIVATE	IVATE		-
ORESTRY, NASF WAS ABLE TO SUPPORT THE	1	DEVELOPMENT OF	STATEWIDE FOR	FOREST		1
ESOURCE ASSESSMENTS AND STRATEGIES.	TESS.					1
TATES AND TERRITORIES WERE REQUIRED	TO A	PPLY FOR THE	FUNDS. STATED IN	NI ds		1
HE APPLICATION IS HOW THE FUNDS ARE	TO BE	USED, STATES	SS AND TERRITORIES	CORIES		4
RE TO SUBMIT INVOICES AND OTHER DOCUMENTATION TO NASF	DOCUMENTAL	ION TO NASE	FOR COSTS RELATED	SLATED		- 1
O THEIR STATE ASSESSMENTS. PROC	PROGRESS AND F	INANCIAL REI	FINANCIAL REPORTS ARE ALSO	20		- 1
ROVIDED TO NASF FROM THE STATES.						10
						ĺ

Schedule I (Form 990) 2009

Department of the Treasury

Internal Revenue Service Name of the organization

# Continuation Sheet for Schedule I (Form 990)

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

51-0141374

NATIONAL ASSOCIATION OF STATE FORESTERS

(h) Purpose of grant STATE ASSESSMENT STATE ASSESSMENT THATE ASSESSMENT TATE ASSESSMENT STATE ASSESSMENT STATE ASSESSMENT TATE ASSESSMENT TATE ASSESSMENT STATE ASSESSMENT STATE ASSESSMENT STATE ASSESSMENT TATE ASSESSMENT STATE ASSESSMENT STATE ASSESSMENT TATE ASSESSMENT or assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (g) Description of non-cash assistance (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance other) 8,430. 11,721 26, 936. 7,846. 17,399. 7,483. 28,475. 10,961 28,475, 22,821 13,019. 18,397. 12,104 22,821. (c) IRC section if applicable 501 (01 (3) N/A 0156000001 93-6002375 52-6002033 38-6000134 47-8049123 41-6007162 1110003-13 81+0302402 B8-6000022 21-6000328 44-600098T 02-6000619 56-6000372 45-6002439 BOX 528804 DMLAMONA CITY, DK 73152-8804 73-6017983 (P) EIN SC LAFAPETTER ROAD ST PAUL, MR 55155-4044 616 MAIL SERVICE CENTER RALEIGH, NO 23699 80 TAYLOR AVENUE, E-1 ANNAPOLIS, ND 21401 NORTH CAROLINA DIVISION OF FOREST RESOURCES NV 89701 STATE HOUSE STATION AUGUSTA, ME 04133 NEW HAMPSHIRE DIVISION OF PORESTS & LANDS MICHIGAN DEPARTMENT OF NATURAL RESOURCES PEMSHFOKE MOAD CONFORD, NH D3302-1856-MARYLAND DIVISION OF MATURAL RESOURCES OKCAHOMA DEPT OF ACR, FOOD A FORESTRY 105 SPURGIN ROAD MISSDULA, MY 59604 BOX 30452 LAMSING, MT 48901-7853 ISSOURT DEPARTMENT OF CONSCREATION NO 65102 (a) Name and address of organization or government WINNESOTA DEPARTMENT OF FORESTRY STATE STREET SALEM, OR OBBID 478 FALRVIEW DRIVE CHASON CITY. MISSISSIPPL PONESTRY COMMISSION NORTH DARKER STATE UNIVERSITY DREDGE DEPARTMENT OF FORESTRY MEVADA DIVISION OF FORESTRY 30X 404 MAIL CODE 301-04 SOX 180 JEFFERSON CITY, NEW JERSEY FUREST SERVICE UNIVERSITY OF NEBRASKA 107 PIRST STREET, EAST SIR S RATH, ALEX WEST WAINE FOREST SERVICE SATANA DINRE Part

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

Schedule I-1 (Form 990) 2009

Department of the Treasury

Internal Revenue Service Name of the organization

# Continuation Sheet for Schedule I (Form 990)

➤ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number

(h) Purpose of grant or assistance STATE ASSESSMENT STATE ASSESSMENT STATE ASSESSMENT STATE ASSESSMENT STATE ASSESSMENT STATE ASSESSMENT STATE ASSESSMENT STATE ASSESSMENT STATE ASSESSMENT TATE ASSESSMENT Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 51-0141374 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other (d) Amount of cash grant (e) Amount of non-cash assistance 28,250. 14.15 13,244 72,821 107700 28,344 15,449, 8,644 30,486 22,821 22,821 (c) IRC section if applicable STATE FORESTERS 92-6001185 RE-0431178 87+6000545 54-6001800 (b) EIN \$1-6000274 83-0208667 91-6012771 MARK HURRIN RICH HERT OF NAT & ENVIEW AESDURCES UICDE ISLAND DIVISION OF FOREST ENVIRONMENT OB S MAIN STREET WATERBURY, VT 05671-0401 CASHINGTON STATE DEFT OF NATURAL RESOURCES TATE OF ALASEA DEPT OF MATURAL RESOLUCES STREET CHEYENNE, WY 82502 037 HARTFORD PINE NORTH SCITUATE, 31 1 % CAPITOL AVENUE PLERKIL, SP 57591 VIRGIN INIANDS DEPT OF AGRICULTURE ALRPORT MAY SAIRBANKS, AR 99709 AND MATTERAL RESOURCES IMPYE, STE 800 NATIONAL ASSOCIATION OF "D SOX 47001 OLYMPIA, WA 36504-7001 WITH CRROLLINA FORESTRY COMMISSION SR 1, BOX 10345 KINGHILL VE 00850 (a) Name and address of organization or government PO BOX 356147 SAN JUAN, PR 00936 NOTH DENOTA DEP UF AURICULTURE TREETH DEPARTMENT OF FORESTRY 594 W HOSTH TEMPLE, SULTE 3520 WEINING STATE FORESTRY DIVISION PERMONT DEPARTMENT OF PORESTS TEAM DIVISION OF FORESTRY BROKD HIVER ROAD THE WEST Part

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

Schedule 1-1 (Form 990) 2009

Schedule 1-1 (Foom 950) 2009  Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	ssistance to Ind	ividuals in the Un	51-0141374 United States (Schedule	e I (Form 990), Part III.)	page 2
	(b) Number of recipients	(e) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Schedule 1-1 (Form 990) 2009

384 361318:000 741082 3947 3/29/2011 4:40:50 PM V 09-9.3

### SCHEDULE O (Form 990)

# Supplemental Information to Form 990

Form 990 or to provide any additional information.

► Attach to Form 990.

Complete to provide information for responses to specific questions on Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL ASSOCIATION OF STATE FORESTERS

Employer identification number

OMB No. 1545-0047

Inspection

51-0141374

ATTACHMENT

REVIEW OF FORM 990

PART VI LINE 11A

ALL VOTING BOARD MEMBERS RECEIVE A COPY OF THE FORM 990 TO REVIEW AND A CONFERENCE CALL IS SCHEDULED TO DISCUSS THE RETURN BEFORE FILING. UNANSWERED QUESTIONS OR CONCERNS ARE REFERRED TO THE PREPARER FOR CLARIFICATION.

MEMBERSHIP

PART VI LINE 7A AND 7B

NASF MEMBERSHIP IS OPEN TO THE STATE FORESTER OR EQUIVALENT OF ALL STATES AND TERRITORIES OF THE UNITED STATES. THE MEMBERSHIP ELECTS THE PRESIDENT, VICE PRESIDENT AND TREASURER AT THE ANNUAL MEETING.

CONFLICT OF INTEREST POLICY

PART VI LINE 12C

NASE HAS A WRITTEN CONFLICT OF INTEREST POLICY. THE BOARD MEMBERS ARE REQUIRED TO PROVIDE ANNUAL DISCLOSURE OF ANY CONFLICTS.

POLICY FOR COMPENSATION

PART VI LINE 15B

THE NASF EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE NASF EXECUTIVE COMMITTEE. TO ASSIST WITH THIS DETERMINATION THE EXECUTIVE COMMITTEE COMPARES THE DUTIES AND RESPONSIBILITIES OF THE EXECUTIVE DIRECTOR'S POSITION WITH ORGANIZATIONS OF SIMILAR SIZE AND INDUSTRY.

Schedule O (Form 990) 2009

Page 2

Name of the organization

NATIONAL ASSOCIATION OF STATE FORESTERS

Employer identification number 51-0141374

ATTACHMENT 1 (CONT'D)

CERTAIN DOCUMENTS AVAILABLE TO PUBLIC

PART VI LINE 19

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO PROMOTE COOPERATION BETWEEN THE STATES AND TERRITORIES AS WELL AS BETWEEN FEDERAL GOVERNMENT AND FORESTRY GROUPS ON FORESTRY MATTERS AND TO DEVELOP AND PROMOTE PROGRAMS AND ACTIVITIES WHICH WILL ADVANCE FOREST STEWARDSHIP AND USE OF FOREST RESOURCES.

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

DANIEL E SMITH 6200 QUARTER ROAD SWANQUARTER, NC 27885

CONSULTING

115,500.

TOTAL COMPENSATION

115,500.

		Page Z
Name of the organization NATIONAL ASSOCIATION OF STATE FORESTERS	Employer identifi 51-014	
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOL	TACHMENT D	4
GROSS SALES LESS RETURNS AND ALLOWANCES		227,980.
INVENTORY AT BEGINNING OF YEAR		118,894.
PURCHASES		143,224.
SALARIES AND WAGES		
OTHER COSTS		
SUBTOTAL		262,118.
MINUS ENDING INVENTORY		122,470.
COST OF GOODS SOLD		139,648.

# Form 990

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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)

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

Open to Public

Translation   Section	41374 number 24-54 ipts \$ roup return dilates inclustance a list ( emption num A State of	2,756,601.  for Yes X No ded? Yes No (see instructions) inber ►
Number and aftered (or P.O. box if mall is not delivered to street address)   Room/suite   E Telephone	number 2 4 - 5 4 ipts \$ roup return distates includated a list. ( emption num 1 State of  AS AND ets. 3 4 5	2,756,601. for Yes X No ded? Yes No (see instructions) in the F
Terminated   A44 NORTH CAPITOL STREET   540   (202)   6	24-54 ipts \$ roup return iliates include tach a list. ( imption num 1 State of  AS AND  ats. 3 4 5 5	2,756,601  for Yes X No ded? Yes No no no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No No no No No No No No No No No No No No No No
Terminused Annexeded Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Application Applicati	ipts S roup return iliates inclus tach a list. ( emption num 1 State of	2,756,601.  for Yes X No ded? Yes No no no no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No No No No No No No No No No No No No
Second   Program   Progr	ipts S roup return iliates inclus tach a list. ( emption num 1 State of	2,756,601.  for Yes X No ded? Yes No no no no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No no No No No No No No No No No No No No No
F Name and address of principal officer: JAMES J. FARRELL 444 NORTH CAPITOL STREET #540 WASHINGTON, DC 20001  Tracemempt status:   501(c)(3)   X   501(c) (5)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   X   501(c) (5)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   X   501(c) (5)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   X   501(c) (5)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   X   501(c) (5)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   X   501(c) (5)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   X   501(c) (5)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   X   501(c) (5)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   X   501(c) (5)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   X   501(c) (5)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   X   501(c) (5)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   X   501(c) (6)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   4 (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527	AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS	for Yes X No ded? Yes No (see instructions) inber
F Name and address of principal officer: JAMES J. FARRELL 444 NORTH CAPITOL STREET #540 WASHINGTON, DC 20001  Tracemempt status:   501(c)(3)   X   501(c) (5)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   X   501(c) (5)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   X   501(c) (5)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   X   501(c) (5)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   X   501(c) (5)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   X   501(c) (5)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   X   501(c) (5)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   X   501(c) (5)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   X   501(c) (5)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   X   501(c) (5)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   X   501(c) (5)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   X   501(c) (6)   4 (insert e.o.)   4947(a)(1) or   527   (h)) Are all at 17 Tax-exempt status:   501(c)(3)   4 (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527   (insert e.o.)   527	AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS AND AS	for Yes X No ded? Yes No (see instructions) inber
Tax-exempt status:   501(c)(3)   X   501(c)(5 )	AS AND ets.	ded? Yes No (see instructions)  Ther  f legal domicile: DC
Tax-exempt status:   501(e)(3)   X   501(e)(5)     (insert no.)   4947(a)(1) or   527     H7No. a	AS AND ets.	(see instructions) inber  f legal domicile: DC
Website:	AS AND ets.	riber ► If legal domicile: DC
Source   Part   Summary   Sire   Sire   Summary   Sire	AS AND ets.	f legal domicile: DC
The summary    Briefly describe the organization's mission or most significant activities:   TO PROMOTE COOPERATION BETWEEN THE STATES AND TERRITORIES AS WELL BETWEEN FEDERAL GOVERNMENT AND FORESTRY GROUPS ON FORESTRY MATTER TO DEVELOP PROGRAMS AND ACTIVITIES TO ADVANCE FOREST STEWARDSHIP.   Check this box	AS AND ets.	
TO PROMOTE COOPERATION BETWEEN THE STATES AND TERRITORIES AS WELL BETWEEN FEDERAL GOVERNMENT AND FORESTRY GROUPS ON FORESTRY MATTER TO DEVELOP PROGRAMS AND ACTIVITIES TO ADVANCE FOREST STEWARDSHIP.  Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net ass Number of volting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2010 (Part VI, line 2a) Total qross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34  Prior Year  8 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d), 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d), 11 Other revenue Part VIII, column (A), lines 3, 4, and 7d), 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12), 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3), 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10), 16a Professional fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), line 12), 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 20 Total assets (Part X, line 16), 21 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26)	3 AND 3 4 5	
TO PROMOTE COOPERATION BETWEEN THE STATES AND TERRITORIES AS WELL BETWEEN FEDERAL GOVERNMENT AND FORESTRY GROUPS ON FORESTRY MATTER TO DEVELOP PROGRAMS AND ACTIVITIES TO ADVANCE FOREST STEWARDSHIP.  Check this box	3 AND 3 4 5	
Ta Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34  Prior Year Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Cother revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Copy FOR PUBLIC INSPECTION Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public	. 4	
7 a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34  Prior Year  Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Cither revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Copy FOR PUBLIC INSPECTION  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Public Inspection  Copy For Pu		7.
Ta Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34  Prior Year Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Cother revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Copy FOR PUBLIC INSPECTION Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public		7.
Ta Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34  Prior Year Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Cother revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Copy FOR PUBLIC INSPECTION Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public Inspection Copy For Public		8.
Ta Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34  Prior Year  COPY FOR PUBLIC INSPECTION  Investment income (Part VIII, column (A), lines 3, 4, and 7d)  Cother revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), lines 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Total fundraising expenses (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  Total expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  Revenue less expenses. Subtract line 18 from line 12.  Total liabilities (Part X, line 16)  Prior Year  2, 747,  COPY FOR PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION  PUBLIC INSPECTION	6	
B Net unrelated business taxable income from Form 990-T, line 34  Prior Year  COPY FOR PUBLIC INSPECTION  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 15 Total fundraising expenses (Part IX, column (A), line 11e) 16 Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, line 16) 20 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 242,	7a	0.
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 15 Total fundraising expenses (Part IX, column (A), line 11e) 16 Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26)	. 7b	
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26)	. 17 0	Current Year
Program service revenue (Part VIII, line 2g)  Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  235,  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  2 y 982,  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)	177	2,392,469.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  235,  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  2 , 982,  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)   17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)	0.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  235,  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  2 , 982,  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)   17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)	79.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), line 4).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16a Professional fundraising fees (Part IX, column (A), line 11e).  b Total fundraising expenses (Part IX, column (D), line 25).  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  20 Total assets (Part X, line 16).  20 Total liabilities (Part X, line 26).  21 Total liabilities (Part X, line 26).	1115	140.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 242,		226,826.
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 29 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 242,	and the second second	2,619,435.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,813,: 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 242,		96,113.
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2, 813, 19 Revenue less expenses. Subtract line 18 from line 12.  169, Beginning of Curren 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 242, 16 25 16 27 27 28 28 29 29 29 29 29 29 29 29 29 29 29 29 29	0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)   1, 372, 8     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   2, 813, 1     19 Revenue less expenses. Subtract line 18 from line 12   169, 1     20 Total assets (Part X, line 16)   968, 6     21 Total liabilities (Part X, line 26)   242, 1     22 Total liabilities (Part X, line 26)   242, 1     23 Total liabilities (Part X, line 26)   1     24 Total liabilities (Part X, line 26)   1     25 Total liabilities (Part X, line 26)   242, 1     26 Total liabilities (Part X, line 26)   1     27 Total liabilities (Part X, line 26)   242, 1	79.	752,814.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		DOMESTIC DESIGNATION OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE LOCAL PROPERTY O
18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   2,813,5     19   Revenue less expenses. Subtract line 18 from line 12   169, 5     20   Total assets (Part X, line 16)   968, 6     21   Total liabilities (Part X, line 26)   242, 5     22   Total liabilities (Part X, line 26)   242, 5     23   Total liabilities (Part X, line 26)   242, 5     24   Total liabilities (Part X, line 26)   242, 5     24   Total liabilities (Part X, line 26)   242, 5     25   Total liabilities (Part X, line 26)   242, 5     26   Total liabilities (Part X, line 26)   242, 5     27   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5     28   Total liabilities (Part X, line 26)   242, 5	77.	1,713,193.
19   Revenue less expenses. Subtract line 18 from line 12   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169   169	03.	2,562,120.
Beginning of Current	33.	57,315.
20 Total assets (Part X, line 16) 968, (21 Total liabilities (Part X, line 26) 242,		End of Year
21 Total liabilities (Part X, line 26)		1,071,244.
불통[NSC TO TO TO TO TO TO TO TO THE TOTAL PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROP		288,051.
22 Net assets or fund balances. Subtract line 21 from line 20		783,193.
Part II Signature Block		103,193.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	knowledg	ge and belief, it is true.
Sign		-
Union Signature of effects		
Date Date		
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
Type or print name and title		1-00
Print/Type preparer's name  Preparer's signature  Date  Check if self-		PTIN
Preparer Wang R. Stevens CPA a 178 3/13/12 employed	1	P00177781
Jse Only Firm's name ▶ ARONSON LLC	▶	611326
Firm's address ▶ 805 KING FARM BLVD., 3RD FLOOR ROCKVILLE, MD 20850 Phone no. ▶	37-1	231-6200
May the IRS discuss this return with the preparer shown above? (see instructions)		
or Paperwork Reduction Act Notice, see the separate instructions.		X Yes No

orm 990		Page 2
Part II	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
Brie TO	describe the organization's mission: ROMOTE COOPERATION BETWEEN THE STATES AND TERRITORIES AS WELL AS	
BET	EEN FEDERAL GOVERNMENT AND FORESTRY GROUPS ON FORESTRY MATTERS	
	TO DEVELOP AND PROMOTE PROGRAMS AND ACTIVITIES WHICH WILL ADVANCE	
FOF	ST STEWARDSHIP AND USE OF FOREST RESOURCES.	
Did	organization undertake any significant program services during the year which were not listed on	
the If "Y	or Form 990 or 990-EZ?	X No
serv	ジンングングングング、アングングング、アングングング TRIC ACT ACT ACT ACT ACT ACT ACT ACT ACT AC	X No
Des Sec	" describe these changes on Schedule O.  be the exempt purpose achievements for each of the organization's three largest program services by expenses.  n 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are included in the second service reported.	nd
	RING TOGETHER THE FORESTRY OFFICIALS OF THE FIFTY STATES AND	)
	RELATED TERRITORIES FOR THE DISCUSSION OF PROBLEMS AND	
OPF	RTUNITIES OF MUTUAL INTEREST.	
_		
=		
_		
_		
	COMOTE COOPERATION IN FORESTRY MATTERS BETWEEN STATES AND TORIES AS WELL AS BETWEEN THE GOVERNMENT AND PRIVATE FORESTRY	_)
WHI CON	) (Expenses \$ including grants of \$ ) (Revenue \$ SCUSS, DEVELOP, AND EDUCATE ABOUT PROGRAMS AND ACTIVITIES WILL ADVANCE THE PRACTICE OF SUSTAINABLE FORESTRY AND THE RVATION AND PROTECTION OF FOREST LAND AND ASSOCIATED	)
RES	RCES.	
-2		
	rogram services. (Describe in Schedule O.) ses \$ including grants of \$ ) (Revenue \$ )	
e Tota	rogram service expenses >	
	- William Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of	990 (2010)

Part IV C	necklist 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,"	000		93500
2	complete Schedule A	1		Х
3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1000		37
4	candidates for public office? If "Yes," complete Schedule C, Part I	3	-	X
1150	election in effect during the tax year? If "Yes," complete Schedule C, Part II	20407		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		_
	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 where 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			37
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	9	-	Х
2.30	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,	10		20
	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		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_	X
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
6	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	X	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Α.	_
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			_
	the organization answered "No" to line 12a, then completing Schedule D. Parts XI, XII, and XIII 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		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	CV:00000		
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV .	14b	_	_X_
	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	4.5		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		Δ.
935	to individuals 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			- 75
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
0.0	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
D	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form	12.20		
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form	990 (2010) 51-0141374			Page 4
Pai	t IV Checklist of Required Schedules (continued)			ogo
21	Dia de la companya de		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A) Visc 42 K M/s **			
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	-
22.20	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		Α.
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	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			500000
ĥ	through 24d and complete Schedule K, If "No," go to line 25	24a		X
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
33	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		-
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
	with a disqualified person during the year? If "Yes," complete Schedule L Part I	25a		
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?			
26	If "Yes," complete Schedule L, Part I	25b		
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	00		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		Λ
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	was the organization a party to a business transaction with one of the following parties (see Schedule L.			55 E
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	EBS/		
a h	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	0.01	i	- 220
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		X
	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			
31	conservation contributions? If "Yes," complete Schedule M	30		X
2.1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	8207		300
32	Part I	31		Х
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	U.E		
	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. Parts II III			10000
35	IV. and V. line 1	34		X
а	Is any related organization a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a	35		X
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R			
36	Part V, line 2			
200	related organization? If "Yes," complete Schedule R, Part V, line 2	26		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	-	
	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	000	2010)

inter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.  1a 13  1b 0  1b 0  1d the organization comply with backup withholding rules for reportable payments to vendors and eportable gaming (gambling) winnings to prize winners?  1nter 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.  1a 13  1b 0  1b 0  1b 0  1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1	1c	X	
inter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.  1b 0 0 1d the organization comply with backup withholding rules for reportable payments to vendors and eportable gaming (gambling) winnings to prize winners?  Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax statements, filed for the calendar year ending with or within the year covered by this return.  2a 8 1 1 2 2 8 1 1 2 1 2 1 2 1 2 1 2 1 2 1	1c 2b 3a 3b		
bid the organization comply with backup withholding rules for reportable payments to vendors and eportable gaming (gambling) winnings to prize winners?  Inter 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.  If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) and the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  It any time during the calendar year, did the organization have an interest in, or a signature or other authority ver, a financial account in a foreign country (such as a bank account, securities account, or other financial occount)?  If "Yes," enter the name of the foreign country: Improved the instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1c 2b 3a 3b		
eportable gaming (gambling) winnings to prize winners?  Inter 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.  In at least one is reported on line 2a, did the organization file all required federal employment tax returns?  In a least one is reported on line 2a, did the organization file all required to e-file. (see instructions)  In the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  In the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  If 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 occount)?  If "Yes," enter the name of the foreign country:   If "Yes," enter the name of the foreign country:   If "Yes," enter the name of the foreign country:   If "Yes," enter the name of the foreign country:   If "Yes," enter the name of the foreign country:   If "Yes," enter the name of the foreign country:   If "Yes," enter the name of the foreign country:   If "Yes," enter the name of the foreign country:   If "Yes," enter the name of the foreign country:   If "Yes," enter the name of the foreign country:   If "Yes," enter the name of the foreign country:   If "Yes," enter the name of the foreign country:   If yes, "enter the name of the foreign country:   If yes, "enter the name of the foreign country:   If yes, "enter the name of the foreign country:   If yes, "enter the name of the foreign country:   If yes, "enter the name of the foreign country:   If yes, "enter the name of the foreign country:   If yes, "enter the name of the foreign country:   If yes, "enter the name of the foreign country:   If yes, "enter the name of the foreign country:   I	2b 3a 3b		
inter the number of employees reported on Form W-3, Transmittal of Wage and Tax statements, filed for the calendar year ending with or within the year covered by this return.  2a 8 f at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) old the organization have unrelated business gross income of \$1,000 or more during the year?  5 "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	2b 3a 3b		X
Statements, filed for the calendar year ending with or within the year covered by this return.  2a 8 5 at least one is reported on line 2a, did the organization file all required federal employment tax returns?  30 lote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  30 or more during the year?  31 "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  32 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 occount)?  33 at least one is reported on line 2a, did the organization file all required federal employment tax returns?  44 at least one is reported on line 2a, did the organization file all required federal employment tax returns?  45 at least one is reported on line 2a, did the organization file all required federal employment tax returns?  46 at least one is reported on line 2a, did the organization file all required federal employment tax returns?  47 at least one is required federal employment tax returns?  48 at least one is required federal employment tax returns?  48 at least one is required federal employment tax returns?  48 at least one is required federal employment tax returns?  49 at least one is required federal employment tax returns?  49 at least one is required federal employment tax returns?  49 at least one is required federal employment tax returns?  40 at least one is required federal employment tax returns?  40 at least one is required federal employment tax returns?  40 at least one is required to e-file (see instructions)  40 at least one is required to e-file (see instructions)  41 at least one is required to e-file (see instructions)  42 at least one is required to e-file (see instructions)  42 at least one is required to e-file (see instructions)  42 at least one is required to e-file (see instructions)  42 at lea	2b 3a 3b	X	
at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  If the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  It any time during the calendar year, did the organization have an interest in, or a signature or other authority ver, 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:	3a 3b	X	
lote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  bid the organization have unrelated business gross income of \$1,000 or more during the year?  "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  It any time during the calendar year, did the organization have an interest in, or a signature or other authority ver, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  "Yes," enter the name of the foreign country:   "Yes," enter the name of the foreign country:   iee instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	3a 3b		
Did the organization have unrelated business gross income of \$1,000 or more during the year?  "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  It any time during the calendar year, did the organization have an interest in, or a signature or other authority ver, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  "Yes," enter the name of the foreign country:   lee instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	3 b		
"Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O It any time during the calendar year, did the organization have an interest in, or a signature or other authority ver, a financial account in a foreign country (such as a bank account, securities account, or other financial ccount)?  "Yes," enter the name of the foreign country:  iee instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	200		SM 4
ver, a financial account in a foreign country (such as a bank account, securities account, or other financial ccount)?  "Yes," enter the name of the foreign country: ▶  iee instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4a		1944
ccount)?	4a		1964
ee instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4a		100
ee instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	6		X
see instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  Vas the organization a party to a prohibited tax shelter transaction at any time during the tax year?			100
Vas the organization a party to a prohibited tax shelter transaction at any time during the tax year?	200		
나는 사람들이 되었다면 하는데 하는데 하는데 하는데 하는데 사람들은 아이들이 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데	5a		Х
bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
"Yes," to line 5a or 5b, did the organization file Form 8886-T?	5 c		
loes the organization have annual gross receipts that are normally greater than \$100,000, and did the			535
rganization solicit any contributions that were not tax deductible?	6a		X
res, old the organization include with every solicitation an express statement that such contributions or			
Irganizations that may receive deductible contributions and a set of 170()	6 b	2100 23	Hills
nd services provided to the payor?	7-		281
"Yes " did the organization notify the donor of the value of the goods or convices provided?	-		
id the organization sell, exchange or otherwise dispose of tangible personal property for which it was	7.0		
equired to file Form 8282?	7.0		
"Yes," indicate the number of Forms 8282 filed during the year 7 d	Ulize I	JS	
id the organization receive any funds, directly or indirectly, to pay premiums on a personal henefit contract?	7 e	essuoco.	
id the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-		
the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
ponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	ROF	K	
rganizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	Page 1		
ganization, have excess business holdings at any time during the year?	8		
ponsoring organizations maintaining donor advised funds.		THE ST	
id the organization make any taxable distributions under section 4966?	9 a		
id the organization make a distribution to a donor, donor advisor, or related person?	9 b		
THE U. MAINTA TO THE SECOND SECOND			
Itiation fees and capital contributions included on Part VIII, line 12			
ross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1533	
		1000	
ross income from other courses (De set and amounts de services de			
rainst amounts due or received from them.)			
ection 4947(a)(1) non-exempt charitable trusts is the organization filing Form 000 in Four 10440	420	15/313	- 1
"Yes," enter the amount of tax-exempt interest received or accrued during the year.	124	District	
	8		
	130		
ote. See the instructions for additional information the organization must report on Schedule O	100	BUIL	NT I
nter the amount of reserves the organization is required to maintain by the states in which			
e organization is licensed to issue qualified health plans	16.2		
nter the amount of reserves on hand	10	-33	
d the organization receive any payments for indoor tanning services during the tax year?	14a		Х
"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	id the organization make any taxable distributions under section 4966? id the organization make a distribution to a donor, donor advisor, or related person? idiation 501(c)(7) organizations. Enter: itiation fees and capital contributions included on Part VIII, line 12 ross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities included on Form 990, Part VIII, line 12, for public use of club facilities included on Form 990, Part VIII, line 12, for public use of club facilities included on Form 990, Part VIII, line 12, for public use of club facilities included on Form 990, Part VIII, line 12, for public use of club facilities included on Form 990, Part VIII, line 12, for public use of club facilities included on Form 990, Part VIII, line 12, for public use of club facilities included on Form 990, Part VIII, line 12, for public use of club facilities included on Form 990, Part VIII, line 12, for public use of club facilities included on Form 990, Part VIII, line 12, for public use of club facilities included on Form 990, Part VIII, line 12, for public use of club facilities included on Form 990, Part VIII, line 12, for public use of club facilities included on Form 990, Part VIII, line 12, for public use of club facilities included on Form 990, Part VIII, line 12, for public use of club facilities included on Form 990, Part VIII, line 12, for public use of club facilities included on Form 990, Part VIII, line 12, for public use of club facilities included on Form 990, Part VIII, line 12, for public use of club facilities included on Form 990, Part VIII, line 12, for public use of club facilities included on Form 990, Part VIII, line 12, for public use of club facilities included on Form 990, Part VIII, line 12, for public use of club facilities included on Form 990, Part VIII, line 12, for public use of club facilities included on Form 990, Part VIII, line 12, for public use of club facilities included on Form 990, part VIII, line 12, for public use of club facilities included on Fo	ces the organization have annual gross receipts that are normally greater than \$100,000, and did the granization solicit any contributions that were not tax deductible?  "Yes," did the organization include with every solicitation an express statement that such contributions or fits were not tax deductible?  "Yes," did the organization include with every solicitation an express statement that such contributions or fits were not tax deductible?  "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  "Yes," did the organization notify the donor of the value of the goods or services provided?  "Yes," indicate the number of Forms 8282 filed during the year.  "Yes," indicate the number of Forms 8282 filed during the year.  Id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e if the organization received a contribution of qualified intellectual property, did the organization free form 8899 as required?  7g the organization received a contribution of qualified intellectual property, did the organization free form 1089.C?  Ponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting granizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring granization, have excess business holdings at any time during the year?  9 and the organization make any taxable distributions under section 4966?  4 did the organization make a distribution to a donor, donor advised funds.  4 the organization make a distribution to a donor, donor advised funds and section 501(c)(7) organizations. Enter:  ### Transcript of the first of	ces the organization have annual gross receipts that are normally greater than \$100,000, and did the granization solicit any contributions that were not tax deductible?  "Yes," did the organization include with every solicitation an express statement that such contributions or fits were not tax deductible?  "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  "Yes," did the organization notify the donor of the value of the goods or services provided?  "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  "Yes," indicate the number of Forms 8282 filed during the year.  Id id the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file after a contribution of cars, boats, airplanes, or other vehicles, did the organization file after a contribution of cars, boats, airplanes, or other vehicles, did the organization file after a contribution of cars, boats, airplanes, or other vehicles, did the organization file after a contribution of cars, boats, airplanes, or other vehicles, did the organization file after a contribution of cars, boats, airplanes, or other vehicles, did the organization file after a contribution of cars, boats, airplanes, or other vehicles, did the organization file after a contribution of cars, boats, airplanes, or other vehicles, did the organization file after a contribution of cars, boats, airplanes, or other vehicles, did the organization make and patter than a contribution of

	990 (2010) 51-0141374			Page 6
Par	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7 for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, of Schedule O. See instructions.	or cha	ow, ange	and
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	Lan.		
92	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
4	supervision of officers, directors or trustees, or key employees to a management company or other person?			X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X	Α.
7a	Does the organization have members or stockholders?	6	Λ	
, a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	4	х	
b	of the governing body?	7a		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7 b		A
200	the year by the following:			
a	The governing body?	8a	х	4/5-51
b	Each committee with authority to act on behalf of the governing body?	8 b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.0		-
-0100	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters.	10000		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1933		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	55555	**	
1000	rise to conflicts?	12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	5755	v	
13	describe in Schedule O how this is done	12c	X	_
14	Does the organization have a written whistleblower policy?	13	X	-
15	Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	14	A	
3.00	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	45-	Х	
b	Other officers or key employees of the organization	15a 15b	**	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	130		
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		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	704		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
_	the organization's exempt status with respect to such arrangements?	16b		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only)		
	available for public inspection. Indicate how you make these available. Check all that apply.  Own website X Upon request	-co-co-co-side		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► LOUANN GILMER 444 NORTH CAPITOL STREET #540 WASHINGTON, DC 2000	ne		
	organization > LOUANN GILMER 444 NORTH CAPITOL STREET #540 WASHINGTON, DC 20001			

# 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.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related trganizations in Schedule O)	ndividual frustee	Institutional trustee	Chec	a Key employee	Highest compensated	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1)JEFF JAHNKE PRESIDENT	8.00	Х		х				0.	0.	0.
(2) JOHN SHANNON VICE PRESIDENT	4.00	Х		Х				0.	0.	0.
(3)RANDY_DYE TREASURER	4.00	х		х				0.	0.	0.
(4)STEVE KOEHN IMMEDIATE PAST PRESIENDT	4.00	Х		Х				0.	0.	0.
(5)CHARLIE MORGAN DIRECTOR	2.00	х						0.	0.	0.
(6)LISA ALLEN DIRECTOR	2.00	Х						0.	0.	0.
(7)CHRIS MAISCH DIRECTOR	2.00	х						0.	0.	0.
(8)JAMES J FARRELL EXECUTIVE DIRECTOR	40.00			х				125,000.	0.	23,023.
(9)										
(10)	V									
(11)										
(12)										
(13)										
(14)										-
(15)										
(16)										

SA

Part VII Section A. Officers, Directors, Tru (A)		y L11	ipic			anu r	ngi	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Rev	(contil	503017	
Name and title	(B) Average hours per				k all t	hat app	ar inches	(D) Reportable compensation	(E) Reportable compensation		(F) Estimate amount	
	week (describe hours for related organizations in Schedule ())	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISO	2)	other ompensa from th organizat and relat organizat	ation te tion ted
(17)						a						
(18)										+		
(19)				-						-		
(20)				-								
(21)										-		
(22)												
(23)										4		
(24)										_		
(25)												
(26)												
(27)												
(28)												
1b Sub-total	ection A		2000				<b>A</b>	125,000.		0.	23,	023.
Total (add lines 1b and 1c)      Total number of individuals (including but not I reportable compensation from the organization	imited to th	ose I	isted	d ab	ove	) who	> rec	125,000. ceived more than		0	23,	023.
											Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedul	ile J for suc	h indi	ividu	ai.						3		Х
4 For any individual listed on line 1a, is the the organization and related organizations	greater tha	an S	150	000	07	If "YE	25."	and other compound complete Schedu	ensation from			
5 Did any person listed on line 1a receive or	accrue con		 satio	en fr	rom.	anv	unr	elated organization	n or individual	4		X
for services rendered to the organization? If "Ye Section B. Independent Contractors	s," complet	e Sch	redu	le J	for	such	pers	son		5		Х
<ol> <li>Complete this table for your five highest of compensation from the organization.</li> </ol>	compensate	ed in	dep	end	enţ	conti	ract	ors that received	more than \$	100,00	0 of	
(A) Name and business addr	PEC							(B) Description of sen	7222	VALUE 000000	C)	
ATTACHMENT 1	900							Description of ser	nces	Compe	nsation	
2 Total number of independent contractors (in more than \$100,000 in compensation from the	cluding bu	t not	lim	ited	to	those	e lis	sted above) who	received	N. FO	14.00	Barre

k	irt VI	Statement of Revenue					
To the second				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ti s	1 1a	Federated campaigns	1a				TOTAL STATES
Contributions, gifts, grants and other similar amounts	ь		1b 364,302.				
	c	Fundraising events	1 c				
in a	d	Related organizations	1d				
is a	0		1e 2,028,167.				
utio	f	All other contributions, gifts, grants,					THE REAL PROPERTY.
rib		27 W U	1 f				
ont	g	Noncash contributions included in lines 1a-1f.	s				
	n n			2,392,469.			NA STATE OF
Program Service Revenue			Business Code	STATE STATE	S 188 1 1080		
946	2a			2/24/3-25			The second second second
S.	b						
Ϋ́	c						
Ser	d						
am	e						
ogr	f	All other program service revenue					
ď	g	Total, Add lines 2a-2f		0.	Service Control		TENO III
	3	Investment income (including dividends,					
		other similar amounts)		140.			140.
	4	Income from investment of tax-exempt b		0.			
	5	Royalties · · · · · · · · · · · · · · · · · · ·		0%			
		(i) Real					3 10 1 20 10
	6a	Gross Rents					
	ь	Less: rental expenses					VALUE AND DESCRIPTION OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PA
	c	Rental income or (loss)					Dealer State
	d	Net rental income or (loss)		0.			
	7.8	(i) Securit	ies (ii) Other				
	1.00	assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses			2010		
	c	Gain or (loss)					
	d	Net gain or (loss)	<u> </u>	0.			
ne	8a	Gross income from fundraising			TERRET STATE		
en		events (not including \$					
ev		of contributions reported on line 1c).					
-		See Part IV, line 18	. a				
Other Revenu	b	Less direct expenses		IDITED STORY			SOME NEEDS
Ö	c	Net income or (loss) from fundraising ever	nts	0.			
	9 a	Gross income from gaming activities.		4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			
		See Part IV, line 19	. а				
		Less: direct expenses					
	C	Net income or (loss) from gaming activitie	s	0.			
	10a	Gross sales of inventory, less		TO BEEN MINE			
	200	returns and allowances	** 3 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
		Less: cost of goods sold , ,	b 137,166.	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	Market Control		Comment of the
	С	Net income or (loss) from sales of invento Miscellaneous Revenue		67,026.			67,026.
	180	THE ADMINISTRAL PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF TH	Business Code			WILLIAM STATE	Milenen E
	11a	ANNUAL MEETING AND CONFERENCES	900099	159,386.	159,386;		
	b	OTHER INCOME	900099	414.	414.		
	С						
	d	All other revenue					
	12	Total. Add lines 11a-11d		159,800.			
	12	Total revenue. See instructions		2,619,435.	159,800.	0.	67,166.

Form 990 (2010)

ISA

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column	(A) I	ut are not required to	o complete	columns (B),	(C), and (D).
----------------------------------------------	-------	------------------------	------------	--------------	---------------

	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	06 113			
	organizations in the U.S. See Part IV, line 21	96,113.			
2	Grants and other assistance to individuals in	0			
	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.		Access NUA HER	
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	134,909.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	521,722.			
В	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	17,052.			
9	Other employee benefits	40,304.			
0	Payroll taxes	38,827.			
1	Fees for services (non-employees):				
a	Management	0.			
	Legal	1,980.			
	Accounting	29,797.			
	Lobbying	0.			
	Professional fundraising services, See Part IV, line 17	0.	Charles Train Cons.	Exercise the second	
	Investment management fees	0.			
		778,670.			
2	Other	0.			
3	Advertising and promotion	58,442.			
1	Office expenses	0.			
5	Information technology	0.			
5	Royalties	100,953.			
7	Occupancy	492,332.			
	Travel	426,334.			
	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	164,565.			
	Interest	0.			
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	4,996.			
3	Insurance	4,762.			
1	Other expenses. Itemize expenses not covered	- Y			
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule ()				DATE OF THE REAL PROPERTY.
	SUBSCRIPTIONS AND PUBLICATIO	8,067.			
1200	ADMINISTRATION	54,718.			
c !	BANK FEES	13,911.			
d					
0					
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	2,562,120.			
	Joint Costs. Check here ▶ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Δ,	00				Form 990 (

art X		51-0141374		Page 11
No. and Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of th		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	183,285.	1	547,687
2	payings and temporary cash investments		2	
3	riedges and grants receivable, net	618,135.	100	410,442
4	Accounts receivable, net		4	2727 238
5	Receivables from current and former officers, directors, trustees, key		deca	
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons	Hard Section 2018	NEED'S	
	described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of			
	section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
7 8	Notes and loans receivable, net		7	
8	Inventories for sale or use	122.470	8	74,833
9	Prepaid expenses and deterred charges	28,454.	9	22,887
10a	Land, buildings, and equipment: cost or	APPARENT FOR STATE		
	other basis. Complete Part VI of Schedule D   10a   23,262.			
b	Less: accumulated depreciation	10,148.	10c	6,200
11	Investments - publicly traded securities		11	
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	6,184.		9,195
16	Total assets. Add lines 1 through 15 (must equal line 34)	968,676.		1,071,244
17	Accounts payable and accrued expenses	221,913.		271,292.
18	Grants payable		18	
19	Deferred revenue	14,817.	19	10,888
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key	Search Charles and March		ALC: LINE TALLS
21	employees, highest compensated employees, and disqualified persons.			
8057	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	
2.5	Other liabilities. Complete Part X of Schedule D	6,068.		5,871.
26	Total liabilities. Add lines 17 through 25	242,798.	26	288,051.
	Organizations that follow SFAS 117, check here A and complete		give I	NEW AND DESIGNATION OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PART
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	725,878.	27	783,193.
28	remporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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		32	
33	Total net assets or fund balances	725,878.		783,193.
34	Total liabilities and net assets/fund balances	968,676.		1,071,244.

Р	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				age 12
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,6	519,	435.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,5	62,	120.
3	Revenue less expenses. Subtract line 2 from line 1	3		57,	315.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	125,	878.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		183,	193.
P	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				1
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		(2000)	Yes	No
	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	TODAY.	Х
b	Were the organization's financial statements audited by an independent accountant?	- P-2-14	2 b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	nt of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	0.31.	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain	in	1 E		Ett.
	Schedule O.	75.511			100
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	е			86
	issued on a separate basis, consolidated basis, or both:				0.00
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				mee
	the Single Audit Act and OMR Circular A 1922		3 a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• • • •	Ø. 1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	x	

### 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, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Employer identification number

NATIONAL ASSOCIATION OF STATE FORESTERS 51-0141374 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)(5 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X 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 331/3 % 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, aggregate 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, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate 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 religious, charitable, etc., contributions of \$5,000 or more 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 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).

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) (2010)

of

of Part I

Name of organization NATIONAL ASSOCIATION OF STATE FORESTERS

Employer identification number 51-0141374

Parti	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_		\$2,028,167.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate 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) Aggregate 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) Aggregate 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) Aggregate 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) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

### SCHEDULE D (Form 990)

## Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

NA'	FIONAL ASSOCIATION OF STATE FORESTER	RS		51-0141374
Pa	Organizations Maintaining Donor Advis organization answered "Yes" to Form 99	sed Funds or Other 0, Part IV, line 6.	Similar Funds or	Accounts. Complete if the
		(a) Donor advi	sed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			- 19 11-11-11-1
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor adv	visors in writing that t	the accete hald in day	nor advised
6	funds are the organization's property, subject to the Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be-	organization's exclused donor advisors in we enefit of the donor or	sive legal control? vriting that grant funds donor advisor, or for a	Yes No Scan be any other
-	purpose conferring impermissible private benefit? .	Carrie Francisco Concern		· · · · · · · · · · · Yes No
_	Conservation Easements. Complete if the	he organization and	swered "Yes" to For	rm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the o	organization (check all	that apply).	
	Preservation of land for public use (e.g., recreation of natural habitat Preservation of open space		Preservation of	an historically important land area a certified historic structure
2	Complete lines 2a through 2d if the organization held easement on the last day of the tax year.	d a qualified conserv	ation contribution in t	A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O
			1	Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified his			2c
d	Number of conservation easements included in (c) a			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transf tax year ▶	ferred, released, exti	nguished, or termina	ted by the organization during the
4	Number of states where property subject to conserv	vation easement is loc	ated >	
5	Does the organization have a written policy regarding	a the periodic monito	oring inspection ham	dling of
	violations, and enforcement of the conservation ease			
5	Staff and volunteer hours devoted to monitoring, ins	pecting, and enforcing	ng conservation ease	ments during the year
7	Amount of expenses incurred in monitoring, inspectings	ng, and enforcing co	nservation easement	s during the year
3	Does each conservation easement reported on line	2(d) above satisfy th	e requirements of sec	tion 170/hV/AVR)
5131	(i) and 170/bV/AV/BVii/2			
9	In Part XIV, describe how the organization reports or balance sheet, and include, if applicable, the text of organization's accounting for conservation easement	the footnote to the o	nts in its revenue and	expense statement, and statements that describes the
Pa	Organizations Maintaining Collections of Complete if the organization answered "	of Art, Historical Tr Yes" to Form 990,	easures, or Other Part IV, line 8.	Similar Assets.
1 a	If the organization elected, as permitted under SFA works of art, historical treasures, or other similar public service, provide, in Part XIV, the text of the foo	AS 116 (ASC 958), r assets held for put otnote to its financial	not to report in its re plic exhibition, educ- statements that desc	evenue statement and balance sheet ation, or research in furtherance of tribes these items.
b		FAS 116 (ASC 958) assets held for put	, to report in its re-	venue statement and balance sheet
	(i) Revenues included in Form 990, Part VIII, line 1			▶\$
	(ii) Assets included in Form 990, Part X			▶\$
2	If the organization received or held works of art,			
	following amounts required to be reported under SF/	AS 116 (ASC 958) re	lating to these items:	eran - ne-dittation profit die distalliste de A.
a	Revenues included in Form 990, Part VIII, line 1			> s
b	Assets included in Form 990, Part X			> S
ork	aperwork Reduction Act Notice, see the Instructions for F	orm 990.		Schedule D (Form 990) 2010

N. Ph.	art III Organizations Maintair	ing Collec	tions of A	Art, Historic	al Treasure	es, or	Other Similar A	ssets (	continu	red)	Page
3	Using the organization's acquisiti	ion, access									- F 11
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	ply):				200		e a sigi	meant	use	01
ě	Public exhibition			d	Loan or e	xchan	ge programs				
1	Scholarly research			e	Other		5 Mi (551)				
(	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	enerations									
4	Provide a description of the orga	nization's c	ollections	and explain	how they fo	urthor	the eroseinestant	70-20-92-120-05	. 15000000000000000000000000000000000000		
	XIV.		CONTRACTOR CIRC	und explain	non they it	mulei	the organizations	exemp	t purpo	se ir	1 Pa
5	During the year, did the organization	on solicit or	receive do	anations of a	rt hietoriaal t		and the second				
	assets to be sold to raise funds rat	her than to	be mainte	ined as part of	of the organic	reasur	es, or other simila		W (6/10)		400
Pa	Escrow and Custodial A line 9, or reported an ar	Arrangeme	ents Com	inlete if the	organizatio	n ans	wered "Yes" to F	orm 99	0, Par	t IV,	N
1a	Is the organization an agent, truste										
	included on Form 990, Part X?	ro, castogia	ror other	intermediary	for contribut	tions o	r other assets not	-	-		_
b	If "Yes," explain the arrangement in	Part YIV a	nd comple					1774	Yes	L	N
	- , - promitive untangement in	ir all Alv a	na comple	te the follow	ing table:						
c	Beginning balance						Arr	ount			
d	Beginning balance					1 c					
e	Additions during the year	*****				1d					
f	year			*** ****		1 e					
		• • • • • • •				1f					
h	Did the organization include an am If "Yes," explain the arrangement in	ount on Fo	rm 990, Pa	art X, line 21?		****			Yes		N
-		I COLL MIV.							101		-
	rt V Endowment Funds. Con	nplete if o	rganizatio	n answered	"Yes" to Fe	orm 9	90, Part IV, line	10.			
1 a	ELECTRIC STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF	(a) Current	year	(b) Prior year	(c) Two ye	ears bac	k (d) Three years		(e) Fou	r years	bac
b	Contributions						nest vestion	91111	10000		070
3.5	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2								THE TAX		700
·	Net investment earnings, gains, and losses										
d	Grants or scholarships										
0	Other expenditures for facilities ,						200				IS.
	and programs							DES.			
f	Administrative expenses				-						
g	End of year balance				-			- 100	1	11-75	
2	Provide the estimated percentage of	of the year e	and halanc	e hold se-		_					
a	Board designated or quasi-endown	nent <b>&gt;</b>		6 Held 05.							
b	Permanent endowment ▶			0							
	- 및 : : : : : : : : : : : : : : : : : :	%									
	Are there endowment funds not in to		ion of the	www.manala.a	Mary Production	40000	0.0000000000000000000000000000000000000				
	organization by:	ine possess	non or the	organization	that are nei	d and	administered for th	e	-		
			Annoeroeses							Yes	No
	(i) unrelated organizations	*090404 NO							3a(i)		
40	(ii) related organizations	oninetiese C			* * * * * * *	1.1.4		1.4.4	3a(ii)		
D	If "Yes" to 3a(ii), are the related organical in Part VIV the intended	anizations ii	ated as rec	quired on Sch	edule R7 , .	+ + +			3 b		
1		ses of the o	ganization	i's endowme	nt funds.						
_	Describe in Fait XIV the intended us		PE FORM	990 Part X	line 10						
_	Land, Buildings, and Equ	ipment. Se	oc romi	000, 1 01, 74,	111100 11001						
ar	Land, Buildings, and Equ  Description of investment	ipment. Se	a) Cost or oth (investme	ner basis (b)	Cost or other ba (other)	SiS	(c) Accumulated depreciation	(d)	Book val	ue	
ar	Land, Buildings, and Equ  Description of investment	ipment. Se	a) Cost or oth	ner basis (b)	Cost or other ba	Sis		(d)	Book val	ue	
ar a	Land, Buildings, and Equ Description of investment	ipment. S	a) Cost or oth	ner basis (b)	Cost or other ba	SIS		(d)	Book val	ue	
ar a b	Description of investment  Land	ipment. Se	a) Cost or oth	ner basis (b)	Cost or other ba	5/5		(d)	Book val	ue	
ar a b	Description of investment  Land	ipment. Se	a) Cost or oth	ner basis (b)	Cost or other ba (other)		depreciation	(d)			12570
a a b c	Description of investment  Land	ipment. So	a) Cost or oth	ner basis (b)	Cost or other ba			(d)		6,2	00.

Schedule D (Form 990) 2010

Part VII	Investments - Other Securities. Se	e Form 990, Part X, line	12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financi	al derivatives	2731-	
(2) Closely	-held equity interests		
(3) Other_			
(A)			
(B)			
(C)			
(D)		201	
(E)			
(F)			
(G)		181	
(H)			
(1)			
Total, (Colum	n (b) must equal Form 990, Part X, col. (8) line 12.)	<b>&gt;</b>	
Part VIII	Investments - Program Related. Se	e Form 990, Part X, line	13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation; Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	in (b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>	Entransia de la companya de la comp
Part IX	Other Assets, See Form 990, Part	CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTRO	1152 AS WYSAST N. S.Y. 944
(1)		(a) Description	(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		=======================================	
(9)			
(10)			
	n (b) must equal Form 990, Part X, col (B) line 15.) .	Small Membersetting	
Part X	Other Liabilities. See Form 990, Pa	art X line 25	
1.	(a) Description of liability	(b) Amount	
	ral income taxes		
	RRED RENT	5,8	71.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
	nn (b) must equal Form 990, Part X, col. (B) line	25) ▶ 5,8	71.
2 EIN 49 /	ACC 740) Enstants to Ded MIV associate	NOT THE REPORT OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON O	and the countries are a second or a sequence of the property of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countr

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

<b>CONTRACTOR</b>	Ile D (Form 990) 2010 51-0141374		Page 4
Pari		nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	211 /2	2,619,435
2	Total expenses (Form 990, Part IX, Column (A), line 25)		2,562,120
3	Excess or (deficit) for the year. Subtract line 2 from line 1	_	57,315
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	investment expenses		
7	r not period adjustments		
8	Other (Describe in Part XIV.)		
9	rotal adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	0	57,315
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur	n	
1	Total revenue, gains, and other support per audited financial statements	1	2,756,601
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2h		
c	necoveries of prior year grants 2c		
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	2e	
3	Subtract file 28 from file 1	3	2,756,601
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1;		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	4 c	-137,166
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,619,435
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn	
1	Total expenses and losses per audited financial statements	1	2,699,286
2	Afflounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities 2a	III iii	
b	Prior year adjustments Other losses		
С	Other losses 2c	13	
d	Other (Describe in Part XIV.) 2d 137,166.		
0	Add lines 2a through 2d	2e	137,166
3	Subtract line 20 from line 1	3	2,562,120
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	18	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	4c	
5	Total expenses, Add lines 3 and 4c. [This must equal Form 990, Part I, line 18.].	5	2,562,120
Part	XIV Supplemental Information		
an v	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete ditional information.	V, lines this pa	1b and 2b; art to provide
SEE	PAGE 5		
een:			
		School	ule D (Form 990) 2010
		00,116.0	20 P to com 330) 2010

COST OF GOODS SOLD

PART XII LINE 4B AND PART XIII LINE 2D

COST OF GOODS SOLD PART VIII LINE 10B \$137,166

FINANCIAL FOOTNOTE IN REGARD TO FIN 48 (ASC 740)

PART X LINE 2

THE ORGANIZATION EVALUATES UNCERTAINTY IN INCOME TAX POSITIONS BASED ON A MORE-LIKELY-THAN-NOT RECOGNITION STANDARD. IF THAT THRESHOLD IS MET, THE TAX POSITION IS THEN MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. AS OF SEPTEMBER 30, 2011 AND 2010, THERE ARE NO ACCRUALS FOR UNCERTAIN TAX POSITIONS. IF APPLICABLE, THE ORGANIZATION RECORDS INTEREST AND PENALTIES AS A COMPONENT OF INCOME TAX EXPENSE. TAX YEARS FROM 2008 THROUGH THE CURRENT YEAR REMAIN OPEN FOR EXAMINATION BY TAX AUTHORITIES.

## SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

201

OMB No. 1545-0047

Open to Public Inspection

► Attach to Form 990.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Part | General Information on Grants and Assistance NATIONAL ASSOCIATION OF STATE FORESTERS

Employer identification number 51-0141374

X Yes

Part Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	sovernments recipient th ce is needed	at received m	ations in the Unit ore than \$5,000.	ed States. Comp Check this box if	and Organizations in the United States. Complete if the organization answered "Yes" to received more than \$5,000. Check this box if no one recipient received more than \$5,000. Pa	ation answered "Y eceived more than	es" to
1 (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	(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
(1) GEORGIA FORESTRY COMMISSION PO BOX 819 MACON, GA 31202-0819	58-6002019	N/A	8,191.				STATE ASSESSMENT
(2) WISCONSIN DWR PO BOX 7921 MADISON, WI 53707-7921	39-6006436	8/A	15,000.				STATE ASSESSMENT
(3) WEST VIRGINIA DOF 1900 KANAWHA BLVD EAST CHARLESTON, WV 25305	55-0690975	8/8	15,449.				STATE ASSESSMENT
(4) NYS DEPT OF ENVIRONMENTAL CONS 625 BROADWAY ALBANY, NY 12233	14-6013200	N/A	5,338.				STATE ASSESSMENT
(5) INDIANA DEPT OF NATURAL RESOURCES 402 W WASHINGTON ST INDIANAPOLIS, IN 46204	35-6000158	N/8	,665,5				STATE ASSESSMENT
(6) NORTHEASTERN AREA ASSOC OF STATE FORESTERS 944 N CAPITOL STREET NN #540	52-2069225	N/R	27,885.				STATE ASSESSMENT
(T)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government or 3 Enter total number of other organizations	lovernment o	ganizations					9
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	structions fo	r Form 990.				Sched	Schedule I (Form 990) (2010)

JSA

V 10-8.3

10:14:46 A

PAGE 20

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

BOURSELESS TO THOUGH TO THAT I FAN	recipients	(c) Amount of cash grant	(d) Amount of hor-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
9					

PROCEDURES FOR MONITORING GRANT FUNDS

PART I LINE 2

THROUGH GRANT ASSISTANCE FROM THE USDA FOREST SERVICE STATE AND PRIVATE STATEWIDE FOREST OF DEVELOPMENT THE RESOURCE ASSESSMENTS AND STRATEGIES SUPPORT FORESTYY, NASF WAS ABLE TO

STATES AND TERRITORIES FOR COSTS RELATED STATED IN PROGRESS AND FINANCIAL REPORTS ARE ALSO STATES AND TERRITORIES WERE REQUIRED TO APPLY FOR THE FUNDS. INVOICES AND OTHER DOCUMENTATION TO NASF BE USED. 10 FUNDS ARE TO NASF FROM THE STATES TO THEIR STATE ASSESSMENTS. THE IS HOW THE APPLICATION SUBMIT PROVIDED ARE TO

Schedule I (Form 990) (2010)

V 10-8.3

#### SCHEDULE O (Form 990 or 990-EZ)

# 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.

2010 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL ASSOCIATION OF STATE FORESTERS

Inspection Employer identification number 51-0141374

REVIEW OF FORM 990

PART VI LINE 11B

ALL VOTING BOARD MEMBERS RECEIVE A COPY OF THE FORM 990 TO REVIEW AND A CONFERENCE CALL IS SCHEDULED TO DISCUSS THE RETURN BEFORE FILING. ANY UNANSWERED QUESTIONS OR CONCERNS ARE REFERRED TO THE PREPARER FOR CLARIFICATION.

MEMBERSHIP

PART VI LINE 6 AND 7A

NASF MEMBERSHIP IS OPEN TO THE STATE FORESTER OR EQUIVALENT OF ALL STATES
AND TERRITORIES OF THE UNITED STATES. THE MEMBERSHIP ELECTS THE
PRESIDENT, VICE PRESIDENT AND TREASURER AT THE ANNUAL MEETING.

CONFLICT OF INTEREST POLICY

PART VI LINE 12C

THE ORGANIZATION'S POLICIES, BY-LAWS AND GUIDELINES ARE REVIEWED EACH YEAR BY THE EXECUTIVE COMMITTEE OF THE BOARD AT THE OCTOBER MEETING.

RELATIONSHIPS AMOUNG COMMITTEE MEMBERS, NASF MEMBERSHIP, RELATED ORGANIZATIONS AND OTHERS ARE REVIEWED TO ENSURE THAT THE POLICY IS BEING ADHERED TO.

POLICY FOR COMPENSATION

PART VI LINE 15B

THE NASF EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE NASF

Name of the organization

Q

Q

0

Q

NATIONAL ASSOCIATION OF STATE FORESTERS

Employer identification number 51-0141374

EXECUTIVE COMMITTEE. TO ASSIST WITH THIS DETERMINATION THE EXECUTIVE COMMITTEE COMPARES THE DUTIES AND RESPONSIBILITIES OF THE EXECUTIVE DIRECTOR'S POSITION WITH ORGANIZATIONS OF SIMILAR SIZE AND INDUSTRY.

CERTAIN DOCUMENTS AVAILABLE TO PUBLIC

PART VI LINE 19

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

DANIEL E SMITH 6200 QUARTER ROAD SWANQUARTER, NC 27885

CONSULTING

117,808.

TOTAL COMPENSATION

117,808.

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 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.

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

OMB No. 1545-1150

2009

Open to Public Inspection

			_	or tax year beginning	January 1	, 2009, a	and ending	De	cember 3	1	, 20 09
and the		50 [A17389755 Ha]	Please use IRS	C Name of organization				D Emp	loyer iden	tification r	number
_	Address o	anango.	labet or	Council of Western State F					41-	0452143	
_	Name chu Initial retu	130000000000000000000000000000000000000	print or type.	Number and street (or P.O. box	, if mail is not delivered to stre	et address)	Room/suite	E Tele	phone num	ber	
	Terminate	ed -	See	444 North Capitol Street, N			540		202.	624.5258	
Ō	Amended		Specific Instruc-	City or town, state or country, a	nd ZIP + 4			F Gro	up Exem	otion	
	Applicatio		tions.	Washington, DC 20001				259-00	mber ►		
	• Sec	tion 501(c)(3)		zations and 4947(a)(1) nonex npleted Schedule A (Form 9		nust attach	33,000,000	unting M		Cash	Accrual
							H Check	k ▶ 🗌	if the org	anization	is not
	Vebsit			rs.org/our-partner/regions					The Willeston will		orm 990.
JI	ax-exe	empt status (c	heck o	nly one) — 🗹 501(c) ( 3 ) 🔹	√ (insert no.)   √ 4947(a)(	1) or 52	7 990-E	Z, or 99	90-PF).		
	Check I Form 91	► ☐ if the 90-EZ or Form	organi 990 re	zation is not a section 509(a)(3 turn is not required, but if the	l) supporting organization a organization chooses to	ind its grass ile a return.	receipts are i	normally a comp	not more	than \$25	,000. A
				9 to determine gross receipts;					2 -	0.25	88,085
	art I			enses, and Changes in					ctions f	or Part	
	1			ts, grants, and similar amo			04 05 es es	00 00	1		39,437
	2			evenue including governm			NA CL DE RO	02 02	2		48,648
	3			and assessments			74 GV 02 32	10 10 1 10 10 1	3		SCHOOL STATE
	4	Investment				E 02 02 03 V 02 12 02		72 72	4		
	5a			m sale of assets other than	n inventory	5a	18 18 18 18	æ æ ;			
	b			er basis and sales expense							
	c			n sale of assets other than			no Sal		5c		
ne	6			livities (complete applicable parts				<b>▶</b> □	50		
Revenue	a			ot including \$	그 이 조금이 아니다 보지 않는데 이 경찰에 있는 생각이 없는데 뭐 하셨다면 되었다.	Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro	ing, encor no c		233		
ev		reported on				Total Control of			1833		
Œ	62					1000000000			919		
	b			nses other than fundraising		6b	1000 200V		ATTENDED TO		
	c			ss) from special events and			пе ба) , ,	9.3	6c		
	7a			entory, less returns and al	lowances	1000			112		
	b	Less; cost o				Total State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State					
	c			ss) from sales of inventory	(Subtract line 7b from I	ine 7a) .	30 33 30 39	3 3	7c		
	8	Other reven						)	8		
	9			dd lines 1, 2, 3, 4, 5c, 6c, 7		1 1 1		. >	9		88,085
	10			r amounts paid (attach sch		0.00	# # * *	(R 18	10		
	11			r for members		S 35 35 35	3 3 3 3	9.8	11		
Expenses	12	Salaries, oth	ner co	mpensation, and employee	e benefits	E 16 16 18	* * * *	·	12		
Sus	13	Professiona	I fees	and other payments to ind	lependent contractors	C (C (R (R	* * * *	a a	13		
cpe	14	Occupancy	rent.	utilities, and maintenance	** • 4• • • • • •		0 0 0 0	96 96	14		
ω̈.	15	Printing, pu	blication	ons, postage, and shipping	3	N 20 30 50	N (R 9) 9:	9 9	15		
	16	Other exper		맛있다면 하는데 맛있다면 하는데 맛이 되는데 그 사람이 되었다.	even on an an even of the			· V	16		
	17		-1-1-20	Add lines 10 through 16 .	* * * * * * * * * * * * * * * * * * *		Sc 4 9-7	. >	17		
us.	18	Excess or (c	deficit)	for the year (Subtract line	17 from line 9)	r 20 20 20	or or or	or or	18		1,676
set	19			d balances at beginning of					10000		
4SS				reported on prior year's re					19		46.983
Net Assets	20	(6)	100	net assets or fund balance	STRUCTURE OF THE 12 MG 12 12 12	5 80 80 10	80 80 80 Bit	W W 1	20		
Ź	21			balances at end of year.					21		48,659
P	art II	Balance	Shee	ts. If Total assets on line 2	25. column (B) are \$1.25	50 000 or n	nore file For	m 990		of Form	
				(See the instructions for				inning of		(B) End	
22	Da	sh, savings,	and in				And Dec		8,709 22		68,066
23		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				1 3 3 3		10		_	- Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction
						E E E			-0- 23		-0-
24				Pre-paid and receivab			27		3,250 24	_	7,325
25		tal assets .				8 30 30 30	*		1,959 25		75,391
26		tal liabilities	THE PROPERTY OF	(10E18)	IPACO SI NICAZIONO INDOMININA DI COM-		3		4,976 26		26,732
27	Ne	t assets or f	und b	alances (line 27 of column	(B) must agree with lin	ie 21) .	20	- 4	6,983 27		48,659

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

Cat. No. 106421

Form 990-EZ (2009)



Wha Desc man each	Statement of Program Service Accommod to its the organization's primary exempt purpose? The what was achieved in carrying out the organization of the program title.	ganization's exempt purpo	ses. In a clear ar	nd concise	501(c organ	Expenses ired for section ((3) and 501(c)(4) izations and section a)(1) trusts; optional ners.)
28	Program allows state foresters and staff to meet wit issues to discuss concerns and future of western s (Grants \$ ) If this amoun	******************	***************************************		28a	61,974
29		t includes foreign grants, ch			29a	
30		t includes foreign grants, ch			30a	
	Other program services (attach schedule) (Grants \$ ) If this amount	t includes foreign grants, ch	eck here		31a	
	Total program service expenses (add lines 28a				32	61,974
Par	(a) Name and address	(b) Title and average hours per week devoted to position	ven if not compensa (c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit deferred compa	ris to plans &	(e) Expense account and other allowances
PO I	ur Blazer, NM Forester Division 3ox 1948, Santa Fe, NM 87504-1948	Chair - 2 hours	-0-		-0-	+0-
3700	n C. Masich, AK Division Forestry ) Airport Way, Fairbanks, AK 99709 or Anderson, NV Division of Forestry	Vice Chairman - 1 hour	-0-		-0-	-0-
2525	5 S. Carson St., Carson City, NV 89701	Past-Chair - 1 hour	-0-		-0-	-0-
Rm.	103 Entomology Bldg., Lincoln, NE 68583-0815 lyn Pollihan, Executive Director	Secretary/Treasurer - 1 hr	-0-		-0-	-0-
between	Youngfield Street, Lakewood, CO 80215	Executive Director - 3 hrs	-0-		-0-	-0-
		-				
10011						
					_	

10.00	other Information (Note the statement requirements in the instructions for Part V.)			Page (
33	Bid the organization engage in any activity not province		Ye	s No
				,
34		33	3	Y
35	If the organization had income from husiness activities, guide so there	34		-
	a Did the organization have unrelated business grass income of \$1,000.			
		358	a	1
36	Did the organization undergo a liquidation dissolution	35Ł		<b>V</b>
37	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	36	8	1
	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a		I ESTA	100
38	b Did the organization file Form 1120-POL for this year?  a Did the organization borrow from or make any loans to any offere of the organization borrow. ■	37b	)	1
	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?	119	100	Pen
	b If "Yes," complete Schedule I. Port II and extracts the end of the period covered by this return?	38a	ř	1
39	b If "Yes," complete Schedule L, Part II and enter the total amount involved	TOX/	150	FIED.
-	Initiation fees and capital contributions included a land and a second	de	T.E.	
ł	Initiation fees and capital contributions included on line 9	Tana		The state of
402	Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) proganizations. Fator area of club facilities  39a  39a	1880	100	PER CE
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:    39b			
t	- SECTION 4917 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 -		11/2	
ैं				50
	person in a prior year, and that the transaction has each har a 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 Section 501(a) (2) Section 501(a) (2) (3) (4) (4) (5) (5) (6) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7			1
c	Section 501(c)(3) and 501(c)(4) properties February	40b		16.
	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.			
d	는 [24] 그리고 그는 그리고 있는 그리고 있는 그리고 있는 그리고 있는 사람들이 되었다. 그리고 있는 사람들이 되었다. 그리고 있는 사람들이 되었다. 그리고 있는 사람들이 모든 그리고 있는 사람들이 되었다.			
е	Of Organizations. At any time diling the toy year weether			
41	transaction? If "Yes," complete Form 8886-T.  List the states with which a copy of this return is filed.	40e		1
42a	The prognization's books are in any of a			
	The organization's books are in care of ►  Located at ►  Telephone no. ►			
b				******
	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	account)?		Yes	No
	- 1912(1) (1919 1919 1919 1919 1919 1919 1919	42b		1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C				
	1 103, effet the halfle of the foreign country.	42c		1
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			T.
	and enter the amount of tax-exempt interest received or accrued during the tax year	10. 10		
4	Did the organization maintain any donor advised trade 2 to 12	[	Yes I	No
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		B. T.	
5	Is any related organization a controlled paths of the	44		1
	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.		01	101
	as as injected instead or norm ago-EZ.	45		1

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 4 and complete the tables for lines 50 a	section 4947(a)(1) nor 947(a)(1) nonexempt cha and 51.	nexempt charitab aritable trusts mus	ole trusts only. A at answer question	ll sec ns 46	tion 5-49b
46	Did the organization engage in direct or indire	ct nolitical campaign activ	ities on behalf of or	in apparition to		Yes No
	candidates for public office? If "Yes," complete	e Schedule C, Part I	0.0000000000000000000000000000000000000	4 4 4 4	46	V
47	Did the organization engage in lobbying activiti	ies? If "Yes," complete Sch	nedule C. Part II .		47	1
48	Is the organization a school as described in sect	tion 170(b)(1)(A)(ii)? If "Yes,"	complete Schedule	Ε , ,	48	✓
49a	Did the organization make any transfers to an e	exempt non-charitable rela	ted organization? .	01 01 01 01 11 10	49a	1
50	If "Yes," was the related organization a section Complete this table for the organization's five	highest compensated emp	lovees (other than a	officers directors t	49b ruste	es and key
	employees) who each received more than \$100	(b) Title and average	(c) Compensation	If there is none, ent		
NONE	(a) Name and address of each employee paid more than \$100,000	hours per week devated to position	(o) compensation	employee benefit plans & deferred compensation	acc	Expense count and allowances
NONE						
1001335						
f	Total number of other employees paid over \$10					
NONE	(a) Name and address of each independent contractor	THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P	(b) Typ	pe of service	(c) Con	npensation
200000000		- 00010000 000000000000 / / / / / / / / /				
1210122011						
					_	
			*************			
d	Total number of other independent contractors	each receiving over \$100,0	. ▶			
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete: Declaratio	ned this return, including accompa n of preparer (other than officer) is	anying schedules and star based on all information	ternents, and to the best of which preparer has a	of my	knawledge wledge
Sign Here	Signature of officer Blazer			8 - // - Zo	5/0	ř.
	Arthur Blazer, Chair-CW\$F  Type or print name and title					
aid Preparer	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying num	oer (See	instructions)
Ise Only	Circus name (or		EIN	one no. ►		
/lay the	IRS discuss this return with the preparer show	n above? See instructions	Tenc		Yes	□No
						-EZ (2009)

#### SCHEDULE A

(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.

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Council of Western State Foresters

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

Pa	74	Reason	for Public C	harity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instruc	ctions.		
The	orga	anization is n	ot a private fou	ndation because it is:	(For lines	1 through	ih 11, ch	eck only	one box	.)			
1				urches, or association						4			
2				ion 170(b)(1)(A)(ii). (At					S. S. S. P. L. P. V.	34672			
3				hospital service organ			in sectio	n 170(b)	(1)(A)(iii).				
4		A medical re		ation operated in con							)(A)(iii)	. Ente	r the
5				or the benefit of a colle complete Part II.)	ege or uni	versity ov	wned or	operated	by a gov	ernmenta	l unit d	escrit	ed in
6		A federal, st	ate, or local go	vernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v	).			
7	V	An organizat	ion that normal	ly receives a substanti )(1)(A)(vi). (Complete F	al part of						the ger	neral p	oilduc
8				ed in section 170(b)(1)		Complete	Part II.)						
9		An organizat receipts from support from	ion that normal n activities rela n gross investr	ly receives: (1) more the ted to its exempt func- ment income and unre- on after June 30, 1975.	an 33% % tions—su elated bu	6 of its su abject to a siness ta:	pport fro certain ex xable inc	ceptions ome (les	s, and (2) s section	no more	than 3	3/3 %	of its
10 11		An organiza purposes of 509(a)(3). Cl a Type By checking persons other	tion organized one or more prineck the box the box the box the box, I ce	rtify that the organiza on managers and othe	vely for to nizations of suppo Typ tion is no	he benefit described orting organic de III-Fun ot control	t of, to a d in section anization ctionally led direc	perform to ion 509(a and con integrate tly or ind	the functi )(1) or sec aplete line d directly b	ons of, o ction 509( es 11e thr d y one or	a)(2). S ough 1 Type more (	ee se 1h. III-Ot disqui	ction ther alified
f g		If the organ organization	ization received , check this bo st 17, 2006, has	d a written determinat	a 49 B	F 2 F	1 5 1		10 10 10	î v î s	III sup	porti	ng
				or indirectly controls,				th persor	ns descrit	bed in (ii)		Yes	No
		and (iii) b	pelaw, the gove	erning body of the sup	ported or	rganizatio	n? .			n es es	11g(i)		1
				erson described in (i)		00 #E 96 :	e e e		ent es es	90 90 W	11g(ii)	7	1
				of a person describe					en en en	#1 #2 #2	11g(iii)		1
h	3	Provide the	following inforn	nation about the supp	orted org	anization	(s).						
(i)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) li	organization sted in your document?	the organical (ii)	rou notify nization in of your port?	organizat (i) organi	is the tion in col. zed in the S.?		Amaun upport	
_				*	Yes	No	Yes	No	Yes	No			_=:
-		-											
Tota	al												

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II Page 2 (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") -0-65.500 75,000 42,327 222,264 39,437 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf * * * * * * * * * * * The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3 -0-65,500 75,000 42,327 39,437 222,264 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 -0-65,500 75,000 95,073 39,437 222,264 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . Net income from unrelated business activities, whether or not the business is regularly carried on , , . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) . . . . . Total support, Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 222,264 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 160,045 13 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 100 Public support percentage from 2008 Schedule A, Part II, line 14 15 % and the second and all 15 100 33% % support test-2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box 16a 33% % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization , . . . . .

b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

	alendar year (or fiscal year beginning in) >	(a) 2005	(b) 2006	(0) 2007	f.B. 000		
1	Y2807 A 600 S		(6) 2000	(c) 2007	(d) 2008	(e) 2009	(f) Total
20	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	GFOSS receipts from admissions, marchandles						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		8				
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf			1			
5							
೮	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		1-11				
7a	Amounts included on lines 1 2 and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
3	Public support (Subtract line 7c from		A ISCARIA	1 - 335 - 611R			
eci	line 6.)						
Cal	endar year (or fiscal year beginning in)						
	Amounts from line 6	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
a	Gross income from interest dividende						
	payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less						
- 3	section 511 taxes) from businesses	10				1	
- 1	acquired after June 30, 1975		1				
23 S	Add lines 10a and 10b						
	activities not included in line 10h						
-	whether or not the business is regularly carried on	*1		- 1		1	
	30 50 Jan						
	Other income, Do not include gain or oss from the sale of capital assets					310	
0	Explain in Part IV.)						
T	otal support. (Add lines 9, 10c, 11.						
F	irst five years. If the Form on is 6-4-		1				
0	irst five years. If the Form 990 is for the irganization, check this box and stop her	organization's	s first, second	, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
ctio	on C. Computation of Public Supp	ort Percents	age			as a section	▶ [
1	ublic support percentage for 2000 (line of	Cook umm (6. )	Commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of th	12 column /6			
	ublic support percentage from 2008 Sch	edule A, Part	III, line 15	ro, column (i)	1	15	%
otic	of investment I	ncome Perc	entage			16	%
etic		no 10	in (f) divided t	v line 13 colu	imn (fi)	17	0/
tic	ivestment income percentage for 2009 (li	rie ruc, colum	(1) CONTROLL F				%
lr Ir	ivestment income percentage for 2009 (li					18	0/_
Ir Ir 3:	31/3 % support tests = 2009 If the organia	Scredule A, F	art III, line 17	400			% and line
Ir Ir 3: 1: 3:	ivestment income percentage for 2009 (livestment income percentage from 2008 33/4 % support tests - 2009. If the organiz is not more than 33/4 %, check this box a 3/4 % support tests - 2008. If the organization 18 is not more than 33/5 %, check this borivate foundation. If the organization did	ation did not on stop here.	Part III, line 17 check the box The organizat	on line 14, and ion qualifies a	d line 15 is mo s a publicly su	ore than 33% %,	ation > _

### Form 990-EZ

## Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Infernal 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.

			January 1	, 2011,	and ending	De	ecember	, 20 11
B	heck if a	pplicable:	C Name of organization			D Empl	oyer identil	fication number
-	Address o	10.00	Council of Western State Foresters		100		41-04	152143
Second .	Name cha	11.7	Number and street (or P.O. box, if mail is not delivered to street add	(ress)	Room/suite	E Telep	hone numb	er
-	nitial retu Ferminate		444 North Capitol Street, NW		540		202-6	24-5258
-	Amended		City or fown, state or country, and ZIP + 4			F Grou	p Exempt	ion
_		on pending	Washington, DC 2001			Nun	nber 🕨	
		ting Method:	☐ Cash		Н			e organization is n
	Vebsit							Schedule B
J T	ax-exer	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	eck only one) —  √ 501(c)(3) 501(c) ( )  √ (insert no.) [		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	Z, or 990-PF).
r		e than \$50,00	e organization is not a section 509(a)(3) supporting organization.  O. A Form 990-EZ or Form 990 return is not required though oses to file a return, be sure to file a complete return.	n or a section Form 990-N (	527 organizati e-postcard) ma	on <b>and</b> it ay be req	s gross red juired (see	ceipts are normally instructions). But
			7b, to line 9 to determine gross receipts. If gross receipts are \$20	0,000 or more.	or if total asset	s (Part II.		
			ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ				► s	152,27
-	art I		ie, Expenses, and Changes in Net Assets or F					2,011,20,00
-			f the organization used Schedule O to respond to a					
-	1		ons, gifts, grants, and similar amounts received				1	105,81
	2		service revenue including government fees and contract			122.52	2	D. 10001110
	3		그들도 내는 그들은 사람이 되면 시간에 되는 것이 되어 되는 것이 없다면 하지만 하는 것이 보다 하는 것이 되었다.			2.5% Reb	77	46,46
	100		nip dues and assessments			30.22	3	
	4	Investmen	[19] [19] [19] [19] [19] [19] [19] [19]			SEE NO	4	
	5a		ount from sale of assets other than inventory				9035	
	ь		or other basis and sales expenses				454	
	С		ss) from sale of assets other than inventory (Subtract	ine 5b from	line 5a)	s by Roy	5c	
	6		nd fundraising events			1		
ine	а		come from gaming (attach Schedule G if greater	than 6a	İ			
Revenue	ь	from funds	ome from fundraising events (not including \$\frac{\\$}{\text{chedule G}}  raising events reported on line 1) (attach Schedule G ch gross income and contributions exceeds \$15,000)	if the	of contribution	ns		
	С		ct expenses from gaming and fundraising events .	- 0.5			1638	
		Net incom	ne or (loss) from gaming and fundraising events (add	lines 6a an		btract	6d	
	7a	Gross sale	as of inventory, less returns and allowances	7a	1	ji	F-1000	
	b		of goods sold	. 7b				
	С	Gross prof	fit or (loss) from sales of inventory (Subtract line 7b fro	m line 7a)			7c	
	8		enue (describe in Schedule O)			를 잃 확인	8	
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		no sous conce	•	9	152,27
	10		d similar amounts paid (list in Schedule O)				10	1,04,4.7
	11		aid to or for members		0.000000000	C. W \$183	11	
so:	12		other compensation, and employee benefits		3656365000	20. 200	12	
186	13		nal fees and other payments to independent contracto				13	
Expenses	14		cy, rent, utilities, and maintenance				14	
Ě	15		publications, postage, and shipping				15	
	16		enses (describe in Schedule O)				16	151,41
	17		enses, Add lines 10 through 16				17	151,41
-	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		er er er er er er		18	151,41
Net Assets	19	Net assets	s or fund balances at beginning of year (from line 27	, column (A	) (must agree	e with	10	86
As	20000		ar figure reported on prior year's return)				19	48,51
let	20		nges in net assets or fund balances (explain in Schedu		8 8 8 6 6		20	
2	21	Net assets	s or fund balances at end of year. Combine lines 18 th	ough 20	ស្ត្រស្ន	. >	21	49,38
For	Paper	work Reduc	tion Act Notice, see the separate instructions.	Ca	. No. 106421		Fe	xm 990-EZ (201

FILE COPY

0.00

Pa	Balance Sheets. (see the inst Check if the organization used S			w augetion in this	Part II		П
	Officer if the organization used t	Scriedule	O to respond to ai	ly question in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				36,446		11,161
23	Land and buildings				77.24.1.1.7	23	476.75-74
24	Other assets (describe in Schedule O)				25,919	24	44,746
25	Total assets	0 30 30 30 0 •0 •0 •0	* * * * * * * * *	2 A2 A2 A2 A3 A3 A3 A	61,165	_	55,907
26	Total liabilities (describe in Schedule )				13,850	26	6,524
27	Net assets or fund balances (line 27	of column	(B) must agree with	line 21)	48,515	27	49,383
Par	Statement of Program Service	e Accom	plishments (see th	e instructions for	Part III.)		Expenses
	Check if the organization used	Schedule	O to respond to an	y question in this	Part III	iRea	uired for section
Wha	t is the organization's primary exempt pur	rpose?	Western Region Stat	e and Private Fores	t Management		c)(3) and 501(c)(4)
as n pers	cribe the organization's program service neasured by expenses. In a clear and c ons benefited, and other relevant informa	concise m tion for ea	anner, describe the ach program title.	services provide	d, the number of	4947	nizations and section (a)(1) trusts; optional thers.)
28	Program allows state foresters and staff to issues to discuss concerns and future of v		**********		ntions of like		
	(Grants \$ ) If thi	s amount	includes foreign gra	nts, check here	• 🗆	28a	151,411
29	1.000000000000000000000000000000000000				101 101 10 10		37.01.1.
07877							
				******************			
	(Grants \$ ) If thi	s amount	includes foreign gra	nts, check here .	• 🗆	29a	
30	A contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of						
	(Grants \$ ) If thi	s amount	includes foreign gra	nts, check here .	🕨 🗆	30a	
31	Other program services (describe in Sch	edule O)					
			includes foreign gra			31a	
	Total program service expenses (add					32	151,411
Par	List of Officers, Directors, Trustee					instru	ctions for Part IV.)
	Check if the organization used	Schedule	O to respond to ar				📙
	(a) Name and address		(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS) (if not paid, enter -0-			Estimated amount of other compensation
Sco	tt Josiah, NE Forest Service		Chair - 2 hours				
102	Forestry Hall, Room 103, Lincoln, NE 68583	3-0815	- Personal - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Association - Ass		0	0	0
Joh	n C. Maisch, AK Division of Forestry		Past- Chair - 1 Hour				
370	0 Airport Way, Fairbanks, AK 99709				0	0	.0
	tt Hunt		Secretary/Treasure				
_	0 W Washington St, Suite 100, Phoenix AZ 8	5007	er - 1 hour		0	0	0
	lyn Pollihan		Executive Director -				
205	9 Youngfield Street, Lakewood, CO 80215		10 Hours		0	0	0
			-				
-						-	
						_	
	***************************************						
-							
0.75							
						1	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			П
	indications for that try officers in the argumental assets out of a position to any general in the	7 (0.1	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		1
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		1
35 _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		1
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	000	-	
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved	Joa		N.
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 , , , , , , , , , , , , , , , , 39a			
40a	Gross receipts, included on line 9, for public use of club facilities			
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 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		1
С		400		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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,	40e	IF8	1
41	List the states with which a copy of this return is filed. ▶			10
42a	The organization's books are in care of ▶ LouAnn Gilmer Telephone no. ▶	202-62	*****	++++++
	Located at ▶ 444 North Capitol Street, NW, Suite 540, Washington, DC ZIP + 4 ▶	20001	1-1512	-
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)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		200	
¢	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	52 S2	10 8	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ , , , , , , , , , , , , , , , , , , ,	44a	Yes	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		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		1
45a	- [10:30] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10:10] [10	440 45a	_	V
45a 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	0 E7	1

C-801000-80	90-EZ (2011)					Page
	Did the executantian array discation in	attended to the original		L. Christian Programme Control		Yes No
46	Did the organization engage, directly or in to candidates for public office? If "Yes," or	complete Schedule (	campaign activities on C. Part I	benait of or in opposit	ion 46	
Part		and section 494 on 4947(a)(1) none for lines 50 and 5	7(a)(1) nonexempt o xempt charitable tru 1.	charitable trusts on asts must answer que	ly. All sec	7-49b
125	2-210.000 to 40 PD Astron	LONG TO THE RESIDENCE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PA		M120001900000000000000000000000000000000		Yes No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Part	III baaaa			tax - 47	/
48	Is the organization a school as described in				, 48	✓
49a	Did the organization make any transfers to If "Yes," was the related organization a se	o an exempt non-cha			. 49a	1
50	Complete this table for the organization's employees) who each received more than	five highest comper	nsated employees (oth	er than officers, direct	ors, truste	es and ke
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate	ed amount of
f 51	Total number of other employees paid over Complete this table for the organization's \$100,000 of compensation from the organization	s five highest comp	ensated independent	contractors who each	received	more tha
(a)	Name and address of each independent contractor pa	AND SERVICE SACRESSES	(b) Type of serv	rice (c)	Compensat	on
-						
		*****************				
			+			
d	Total number of other independent contra	etore oach raccivina	over \$100,000			

Under penalties	of perjury, I declare that I have examin	ed this return, including accompanying sche-	dules and statements, ar	nd to the best of my	knowledge and belief, it				
true, correct, an	d complete. Déclaration of preparer (of	her than officer) is based on all information o	f which preparer has any	knowledge.					
		ntollhan		4-	11-12				
Sign Here	Signature of officer Date  Caittyn Pollihan  Type or print name and title								
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check [self-emp					
Use Only	Firm's name ➤	Firm's EIN ▶							
200 miles	Firm's address ▶	Phone no.							

#### SCHEDULE A (Form 990 or 990-EZ)

0.00

#### **Public Charity Status and Public Support**

201

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Council of Western State Foresters

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number 46-0452143

P	art I Reason	for Public Ch	arity Status (All orga	anization	s must c	omplete	this pa	rt.) See	instruction	is.		
Th			dation because it is: (Fo									
			ches, or association of						i).			
			n 170(b)(1)(A)(ii). (Atta					Control State	8.00			
0.5			ospital service organiza			section	170(b)(1)	(A)(iii).				
9	4 A medical res	search organizat	tion operated in conjun						0(b)(1)(A)(ii	ii). Enter	the	
- 5		hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
- 3	5 An organizati section 170(	on operated to b)(1)(A)(iv). (Cor	r the benefit of a colle mplete Part II.)	ige or un	iversity or	wned or	operated	by a go	vernmenta	l unit de	scribed in	
(	6 A federal, sta	ral, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general p described in section 170(b)(1)(A)(vi). (Complete Part II.)								eral public				
8	B A community	☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9			y receives; (1) more th				om contr	ibutions	membersh	in fees	and arnes	
	receipts from support from	activities relati gross investm	ed to its exempt function in the second unrease and unrease after June 30, 1975. S.	tions—su lated bu	bject to d siness ta	certain e xable in	xceptions come (les	s, and (2 ss sectio	) no more	than 331	/3% of its	
10	O An organizati	on organized an	d operated exclusively	to test fo	or public s	safety. S	ee sectio	n 509(a)	(4).			
1												
	a 🗌 Type I											
	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon											
	other than fo or section 50	undation manag	y that the organization gers and other than on	e or more	e publicly	support	r indirecti ed organ	izations	or more a described i	n section	o persons n 509(a)(1)	
	f If the organization,	zation received check this box	a written determination	on from	the IRS t	hat it is	a Type	I, Type	II, or Type	III supp	oorting	
	g Since August following per	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?										
	(i) A person (iii) below	who directly or the governing t	indirectly controls, eit oody of the supported	her alone organizat	or toget	her with	persons	describe	d in (ii) and	Contract of	Yes No ✓	
			son described in (i) abo							11g(ii)	1	
	(iii) A 35% cc	ntrolled entity o	f a person described in	o (i) or (ii)	ahova?	) 왕 왕 :	8 8 9 5	8 8 8 8	0 0 10 10	a bita of the name of the	1	
			tion about the support				8 8 5 5	S S S 1	W W W W	11g(iii)	- Y	
	(i) Name of supported	(ii) EIN		-			Tar Street Barrier	2/36	- Carrier 1	A 100 A 11	SCOOLS STATE	
	organization	(ii) cov	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support		
_			(See mod decloring)	Yes	No	Yes	No	Yes	No			
(A)			11.									
(B)	ĺ											
(C)												
(D)												
(E)												
				= 6.70=	No.	- 10		Terror	flacting.			
	V. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C.	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	A COUNTY OF THE PARTY OF THE PA		A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH	0.000			The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon			

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.)

Secti	on A. Public Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	75,000	42,327	39,437	39,262	105,811	301,837
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	75,000	42,327	39,437	39,262	105,811	301,837
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.		a second			TO LET Y	
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	75,000	42,327	39,437	39,262	105,811	301,837
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	ALC: ESTA	-10		E BYS BYN	V C LO LO	301,837
12	Gross receipts from related activities, etc.	(see instructio	ns)	3 3 3 3 3	4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	12	231,952
13	First five years. If the Form 990 is for the organization, check this box and stop her	е	99999	d, third, fourth,			1 501(c)(3) ▶ □
Secti	on C. Computation of Public Suppor						2023
14	Public support percentage for 2011 (line 6					14	100 %
15	Public support percentage from 2010 Sch					15	100 %
16a		ration did not c	heck the box of	on line 13, and	line 14 is 331/5	% or more, ch	
123	box and stop here. The organization qual						
b	331/3% support test—2010. If the organ check this box and stop here. The organic	zation qualifies	as a publicly s	supported orga	anization .	4/4/4/4/4	. ▶ 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization meets Part IV how the organization meets the "fa organization"	ets the "facts-a acts-and-circur	nd-circumstan nstances" test	ices" test, che t. The organiza	ck this box and tion qualifies a	d <b>stop here.</b> E is a publicly su	xplain in pported
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organization me Explain in Part IV how the organization me	10. If the organion meets the eets the "facts"	nization did no "facts-and-cir -and-circumsta	t check a box cumstances" t ances" test. Th	on line 13, 16a est, check thi ne organization	a, 16b, or 17a, s box and <b>sto</b> qualifies as a	and line p here. publicly
18	supported organization	d not check a b	ox on line 13,	16a, 16b, 17a,	or 17b, check	this box and s	ee
	instructions	医建设设备	22 22 23 23 23	133333	9 39 39 39 19 1		80 50 12

(B. 137)

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

(Complete only if y	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 qualify under	the tests listed below	please complete Part II.)	

Secti	on A. Public Support					OLF HILL	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
1807	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	- West 0-2000	3.4		3.7	- No. (Sec.) (20) (10)	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		=				
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years, If the Form 990 is for the organization, check this box and stop her				n, or fifth tax y		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line 8	3, column (f) d	livided by line	13, column (f))	* * * * *	15	%
16	Public support percentage from 2010 Sch				***	16	%
Secti	on D. Computation of Investment In-						
17	Investment income percentage for 2011 (					17	%
18	Investment income percentage from 2010					18	%
19a	331/2% support tests - 2011. If the organ						
b	17 is not more than 331/a%, check this box 331/a% support tests—2010. If the organization 18 is not more than 321/a%, shock this line 18 is not more than 321/a%, shock this line 18 is not more than 321/a%.	ation did not d	check a box on	line 14 or line	19a, and line 1	is more than	331/s%, and
00	line 18 is not more than 331a%, check this i						
20	Private foundation. If the organization di	a not check a	box on line 14	, 19a, or 19b,	cneck this box	and see instru	ictions 🕨 📋