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

This is for the Subcommittee on National Parks, Forests & Public Lands oversight field hearing entitled "Failed Federal Forest Policies: Endangering Jobs, Forests and Species." This hearing will be held on Monday, May 21, 2012 at 9a.m. PDT at the Cowlitz County Expo and Conference Center, 1900 7th Avenue, in Longview, WA.

For Individuals:
1. Name: Tom Fox
2. Address: P.O. Box 311 Ethel, WA. 98542
3. Email Address: [Information redacted for privacy]
4. Phone Number: [Information redacted for privacy]
* * * *
For Witnesses Representing Organizations:
1. Name: Family Forest Foundation
2. Name of Organization(s) You are Representing at the Hearing: Family Forest Foundation
3. Business Address: P.O. Box 1364 Chehalis, WA. 98532
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

Name/Organization: Tom Fox- President- Family Forest Foundation

Title/Date of Hearing: "Failed Federal Policies: Endangering Jobs, Forests and Species" 5/21/2012

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

Associate of Science in Forest Management from Lane Community College in Eugene Oregon, Graduate of Class 19 from the Washington Agriculture Forestry Program

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.

Graduate of the Washington Contract Master Loggers Training Program, a Registered Washington State Reforestation Contractor, Life member of Washington Farm Forestry Association, Member of Society of American Foresters

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

I am President of Tree Management Plus Inc. which is a Forestry Consulting and Contracting company that has been in business in Washington State for 35 years working mostly with Family Forest Landowners assisting them in managing their forest land.

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.

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

None

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

Name/Organization: Tom Fox – President – Family Forest Foundation

Title/Date of Hearing: "Failed Federal Policies: Endangering Jobs, Forests and Species" 5/21/2012

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.

I am the president of the Family Forest Foundation; also I am the Chairman of the Washington Hardwoods Commission

h. 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 were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

The Family Forest Foundation received USFW Section 6 grant funds in the amount of \$157,727.00 in 2008, \$167,811.00 in 2009, and \$31,020.00 in 2010 to develop a Scientifically Credible long-term management plan for Endangered Species that meet Federal and State requirements for Habitat protection while allowing for Sustainable management of natural resources developing of the Family Forest Habitat Conservation Plan.

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

None

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

None

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 organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

I have this information(30 pages) but will need to fax, mail or bring this with me to the hearing.

Form **990-EZ**

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Α			dar year, or tax year beginning , and ending	_	
В		If applicable:	C Name of organization	D Employer i	dentification number
Н		ss change	FAMILY FOREST FOUNDATION	٥	1-2164957
		change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telephone	
Щ	initial re			_ `	
	Termin		P.O. BOX 1364	(36	0) 736-5918
\sqsubseteq	Amend	led return	City or town state or country ZIP + 4	F Group Exe	emption
and the same	Applica	ation pending	CHEHALIS WA 98532	Number 🖡	•
G	Accoun	nting Method:	X Cash Accrual Other (specify) ► H	Check ►X	if the organization is
					o attach Schedule B
J	Tax-exe	mpt status (ch	ock only one) — X 501(c)(3) 501(c) () ◀ (Insert no.) 4947(a)(1) or 527		90-EZ, or 990-PF).

ĸ	A Form	000 EZ or E	organization is not a section 509(a)(3) supporting organization and its gross receipts are non	mally not mor	e than \$50,000.
	to file a	i <i>eaveca</i> , oi re i return, be su	orm 990 return is not required though Form 990-N (e-postcard) may be required (see instructi re to file a complete return.	ions). But if the	organization chooses
_	************	An of part of spin clean Marin before	7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	ente	
			(B) below) are \$500,000 or more, file Form 990 Instead of Form 990-EZ		77,272
	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the in	structions fo	or Perf I \
		Check if	the organization used Schedule O to respond to any question in this Part I		· · · · · · · X
	1		ns, gifts, grants, and similar amounts received		
	2		arvice revenue including government fees and contracts		65,119
	3		p dues and assessments		12,150
i	4		income		3
	5a		unt from sale of assets other than inventory		<u> </u>
	b		or other basis and sales expenses		
	Č		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	0
흵	6		d fundraising events		
ē	a		me from gaming (attach Schedule G if greater than	#34557.27 84.25	
Revenue					
_	b		me from fundraising events (not including \$ of contributions		
- 1		from fundra	ising events reported on line 1) (attach Schedule G if the		
		sum of suc	h gross income and contributions exceeds \$15,000) 6b		
	Ç l		expenses from gaming and fundraising events 6c	is Car	
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
	_			<u>6d</u>	0
	7a		s of inventory, less returns and allowances		
	b		of goods sold		
	Ç		t or (loss) from sales of inventory (Subtract line 7b from line 7a)		0
	8		nue (describe in Schedule O)		· · · · · · · · · · · · · · · · · · ·
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		77,272
ļ	10	Grants and	similar amounts paid (list in Schedule O) ,	10	
اير	11	Solorios et	id to or for members	. 11	
Expenses	12 13	Osianes, or	her compensation, and employee benefits	12	07.404
5	14	Occupancy	al fees and other payments to independent contractors	13	37,184
X	15	Drinting of	blications, postage, and shipping	14	4,800
"	16	Other eyne	nses (describe in Schedule O)	15 16	286
	17	Total expe	nses. Add lines 10 through 16.	► 16 17	21,524 63,794
	18	Excess or /	deficit) for the year (Subtract line 17 from line 9)	. 18	13,478
픻	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with	. 10	10,470
ŝ		end-of-vea	figure reported on prior year's return)	. 19	40,116
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)	. 20	70,110
ž	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶ 21	53,594

Part II Balance Sheets. (see the instructions for				91-216	4957	Page 2
Check if the organization used Schedule O t		estion in f	his Part II			<u>X</u>
3.00	a respend to any que			inning of year		(B) End of year
22 Cash, savings, and investments				39,792	22	53,270
23 Land and buildings					23	
24 Other assets (describe in Schedule O)				324		324
25 Total assets				40,116	25 26	53,594
27 Net assets or fund balances (line 27 of colum				40,116		53,594
Part III Statement of Program Service Acc					71	Expenses
Check if the organization used Sched						uired for section
What is the organization's primary exempt purpose?	SCIENTIFIC AND	EDUCAT	IONAL			i)(3) and 501(c)(4) hizations and section
Describe what was achieved in carrying out the organization				describe	4947	(a)(1) trusts; optional
the services provided, the number of persons benefited, and	other relevant informa	tion for ea	ch program title.		ror ot	hers.)
28 DEVELOP A SCIENTIFICALLY CREDIBLE LON THAT MEET FEDERAL AND STATE REQUIRE				PECIES	ļ	ł
ALLOWING FOR SUSTAINABLE MGMT OF NA			ECTION MUITE			
	unt includes foreign g		eck here . ,	▶ 1	28a	31,020
29 EDUCATING THE PUBLIC ON THE VALUE OF	GOOD LAND STEW	ARDSHI	P PRACTICES A	VD		V1,020
MAINTAINING THE VIABILITY OF SMALL FOR	EST LANDOWNERS	BY SPO	NSORING SEVE	RAL		
FIELD DAYS WITH OVER 800 PEOPLE ATTEN						
	unt includes foreign g	rants, ch	eck here	<u> </u>	29a	16,340
30	· • • • • • • • • • • • • • • • • • • •	-				
********************************			~~~~			1
(Grants\$) If this amou	unt includes foreign g	rants ch	eck bere		20-	
31 Other program services (describe in Schedule O					30a	
	unt includes foreign g	rants, ch	eck here	▶ □	31a	
32 Total program service expenses. (add lines 28					32	47,360
Part IV List of Officers, Directors, Trustees, an	d Key Employees. L	ist each o	ne even if not comp	ensated. (see	the ins	structions for Part IV.
Check if the organization used Schedule (O to respond to any c	uestion i	n this Part IV			
(a) Name and address	(b) Title and ave hours per wee		(c) Compensation	(d) Contribut		(e) Expense
(#) Typing and address	devoted to posit		(If not paid, enter -0)	employee bene deferred comp		account and other allowances
THOMAS FOX	Title PRESIDENT	-				
PO BOX 311 ETHEL WA 98542	Hr/WK	2.00		0		
STEVE WERSTER	Title VICE-PRESI					
658 HWY 603 CHEHALIS WA 98532	Hr/WK	1.00		0		Marie Commission
BILL SCHEER, JR PO BOX 1265 CHEHALIS WA 98532	Title TREASURE					
KEN MILLER	Title SECRETAR	2.00		0		
1801 TILLEY RD S OLYMPIA WA 98512	Hr/WK	1.00	,	o		ĺ
DOUG STINSON	Title DIRECTOR	1.00		<u> </u>		TO BE THE PARTY OF
PO BOX 126 TOLEDO WA 98591	Hr/WK	1.00		ol		
DAN ZANDELL	Title DIRECTOR		,			
216 SHANKLIN RD ONALASKA WA 98570	Hr/WK	1.00		0		
BILL SCHEER,SR	Title DIRECTOR					
PO BOX 248 PUYALLUP WA 98371	Hr/WK	1.00		이		
	Title			_		
	Hr/WK	.00		0		
	Title	00				
	Hr/WK Title	.00		0		
	Hr/WK	.00		o		
	Title	.00				
	Hr/WK	.00		o		

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Hr/WK Title

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Par	Other Information (Note the statement requirements in the instructions for Part V.) Check If the organization used Schedule O to respond to any question in this Part V,			
	The state of gamman access confedence of to reciporate duty question in this hait v ,		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed		1.20	713
	description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		_v
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	34	Streng.	X
	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),	200-201-2100	Con House Table	18 Sec. 1910 N. 5.
	601(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		į	١.,
37 a	during the year? If "Yes," complete applicable parts of Schedule N	36		X
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	0/0		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	Break Coulded	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	_		
b 40 a	Gross receipts, included on line 9, for public use of club facilities	-		
70 W	section 4911 ► ; section 4912 ► ; section 4955 ►		8-301 A	
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	S. STANDOUS	2001,000,000	Sought Cross on
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			7-191 of 74
	organization managers or disqualified persons during the year under sections 4912,			
d	4955, and 4958			120,030
•	reimbursed by the organization			
0.	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	Contract the contract	X
41	List the states with which a copy of this return is filed. ► WA			
42 a	The organization's books are in care of ► BILL SCHEER, JR Telephone no. ►	360-20	39-385	Q
	Located at PO BOX 1265 City CHEHALIS ST WA ZIP + 4 ▶ 98	532		
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	I	Yes	7
	account)?	42b		Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			new Sec.
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	onerrosse e	X
	If "Yes," enter the name of the foreign country: ▶			
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			
44 -	Did the encountration maintain and demand the death of th		Yes	No
44 a	The state of the s			
h	completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	_44a		Х
•	completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O			
		Form 9	90-EZ	(2010)

Form 9	90-EZ (2010)	FAMI	LY F	OREST FOU	INDATIO	ON							91-	21649	5 7)	Page 4
											• • •			1	Yes	No
45	is any relat	ted organizatio	on a c	controlled en	tity of th	e organizatio	n within t	he mea	aning of	section 51	2(b)(1	3)?		45		Х
а	Did the org	anization rece	eive a	iny payment	from or	engage in any	y transac	ction wi	th a cont	rolled enti	ty with	in the				
	meaning of	f section 512(I	o)(13))? If "Yes," F	orm 990	and Schedul	e R may	need t	to be cor	npleted in:	stead	of				
	Form 990-l													45a	2000-00 AVA	X
46	Did the org	janization eng	age,	directly or in-	directly.	in political car	mpaign a	activitie	s on beh	alf of or in	oppo	sition	Í			
	to candida	ites for public	office	? If "Yes." c	omplete	Schedule C.	Part I		0 011 001	O. O. III	oppo	010011		46		X
Part	VI Sec	tion 501(c)(3) or	ganization	s and s	section 4947	7(a)(1) ı	onex	emnt cl	naritable.	truet	s only	ا الک		- 1 - 1 - 131	
		(c)(3) organi:	zatio	ns and sect	ion 494	17(a)(1) none	exempt	charita	shle trus	te muet s	newe	r ause	Hone A	5011011 17_16	h	
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47	Did the ere	anization and	a !	a labbudaa a	-11141 C	14 95Z H	-1-4- 0-		.				г	to the distance of the	Yes	No
	Did the org	anization eng	age II	n loodying ac	ctivities ?	'IT "Yes," com	ipiete Sc	neaule	C, Part	II	<u>.</u>		٠٠	47	1,000,000	Х
48	orga	nization a sch	ooi a	s described i	n sectio	n 170(b)(1)(A)(11)'? 11 '''	Yes," co	omplete	Schedule	E		. 1	48	: ,1-): 1:1-5.	<u> X</u>
49 a	Did the org	anization mak	e an	y transiers to	an exe	mpt non-char	itable rel	ated or	ganizatio	on? ,				49a	,,,	X
- b	Ormanista 4	as the related	orgar	nzation a se	ction 52	organization	١٧.			· · · ·	٠٠		· [49b		
50	complete t	his table for th	ie org	janization's i	ive nign	est compensa	ited emp	ployees	(other th	nan officer	s, dire	ctors, ti	rustees	and k	еу	
	employees) who each re	ceive	a more man	\$100,00	or compens	sation fro	om the		ition, if the		cone, er Contribution			*******	
	(a) Name a	nd address of eacl		oyee paid more		hours	per week		(6) (6)	ibenoanon	employ	ree benefit j	olans &		Expensional expension	
	None	than \$100,					to position				deferi	ed compen	sation	other	allowar)Ces
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Under _I	penalties of p	perjury, I declare	that	l have examin	ed this re	eturn, including	accompa	nying s	chedules	and statem	ents, a	nd to the	best c	f my kn	owled	ge
and be	iet, it is true,	correct, and co	mplet	e. Declaration	of prepa	rer (other than	officer) is	based o	on all info	rmation of v	vhich p	reparer	has an	y knowl	edge.	
													11/14/	2011		
Sign	F Sig	gnature of officer									Date					
Here	№ <u>B</u>	LL SCHEER,	JR.								TREA	SURE	₹			
		pe or print name a)												
Paid	Print/1	l'ype preparer's na	me		Prepare	r's signature		Date		Check If self-		PTIN				
raiu Prepar	er's GRE	GORY J SCH	MITT					11/14	4/2011	employed	X	P0132	6336			
Use Oi	alv Filmis					T, ACCOUNT		1					91-113	8925		
	"" Firm's	address	57	W MAIN S	I, STE 1	100, CHEHAL	IS, WA	8532			Phone	no, (360) 7	48-999	91	
May th	e IRS discu	uss this return	with :	the preparer	shown	above? See ir	nstructio	ns .					▶ 「	X Yes	\Box	No

Form **990-EZ** (2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047
2010

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

►See separate instructions.

Open to Public Inspection

	Name of the organization Employer Identification number FAMILY FOREST FOUNDATION 91-2164957											
Pa				narity Status (All org	ganizatio	ns must	complete	this nar	t) See in	91-2	164957	······
	_	nization is no	t a private found	ation because it is: (Fo	or lines 1	through 1	1. check	only one b	ox.)	<u>iatructioi</u>	19,	-
1		A church, co	onvention of chu	rches, or association of	of churche	es describ	ed in sec	tion 170	(b)(1)(A)(I).		
2		A school de	scribed in section	on 170(b)(1)(A)(ii). (A	ttach Sch	edule E.)				•		
3				nospital service organi			section	170(b)(1)	(A)(III).			
4		A medical re		ation operated in conju						(b)(1)(A)	(iii). Enter th	е
5		An organiza	tion operated fo 70(b)(1)(A)(iv).	r the benefit of a colle (Complete Part II.)	ge or univ	ersity owi	ned or ope	erated by	a governn	nental un	it described	*****
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X											
8		A communit	y trust described	in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)					
9				y receives: (1) more tl				om contrib	outions. m	embershi	ip fees, and	aross
		receipts from support from	n activities relate n gross investme	ed to its exempt function ent income and unrelated after June 30, 1975.	ons—sub ted busin	ject to cer ess taxabl	tain exce _l le income	otions, an (less sec	d (2) no m tion 511 ta	ore than	33 1/3% of I	is
10		An organiza	tion organized a	nd operated exclusive	ly to test	for public	safety. Se	e sectio	n 509(a)(4).		
11		An organiza	tion organized a	nd operated exclusive	ly for the	benefit of	, to perfor	m the fun	ctions of	or to carr	v out the	
	VIII-1	purposes of	one or more pu	blicly supported organ	izations d	lescribed	in section	509(a)(1)	or section	n 509(a)(2). See sec	tion
				at describes the type of					te lines 11	e through	n 11h.	
		а Туре	W	Type II c		e III-Fund	-	_		Annual Print	Type III-Oth	ər
ę		By checking	this box, I certif	y that the organization	is not co	ntrolled d	irectly or i	ndirectly l	oy one or	more disc	qualified	
		persons other	er than foundation	on managers and othe	r than on	e or more	publicly s	upported	organizat	ions desc	cribed in sec	ion
			section 509(a)(
Ŧ				a written determinatior	n from the	RS that	it is a Typ	e I, Type	II, or Type	e III supp	orting	lan-ral
~			, check this box	the organization acce	ntod anv	aift or con	 tribution f		af dha			· 11
g		following per		the organization acce	pieu arry	giit or con	u ipuuon 1	rom any c	n tile			
				or indirectly controls,	either alo	ne or toge	ther with	persons o	lescribed	in (ii)	Yes	No
		and (li	i) below, the gov	verning body of the su	pported o	rganizatio	n?				119(i)	
		(ii) A fami	ily member of a	person described in (i)) above?					, ,	11g(il)	
				y of a person describe							11g(III)	
<u>h</u>				ation about the suppor			T					
(1)		of supported anization	(II) EIN	(iii) Type of organization (described on lines 1–9		organization isted in your		/ou notify nization in		s the ion in col.	(vii) Amou suppor	
				above or IRC section		document?	col. (i)	of your	(i) organi	zed in the	*******	•
				(see instructions))	Yes	No	Yes	port?	Ves V.s	5.7 No	1	
(A)	11014-40-W	· · · · · · · · · · · · · · · · · · ·			100		103	1.00	165	110	 	
								İ				0
(B)												
<u> </u>								ļ		<u> </u>		0
(C)												^
(D)												0
(E)										<u></u>		0 0
					U. 140 (DELOCO)	1221	9-10386-7,850 2-10386-7,850		Rando de ATT (TEAT)			0
Tota												0

I CII		ions Describ	eu in Sectioi	12 11 n(m)(1)(1	4)(IV) and 17	(IV)(A)(T)(Q)V	
	(Complete only if you checked the	box on line 5	, 7, or 8 of Pa	rt f or if the or	ganization fa	iled to qualify	under
	Part III. If the organization fails to	qualify under	the tests listed	<u>l below, pleas</u>	<u>se complete F</u>	art III.)	
	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						**************************************
	membership fees received. (Do not				:		
	include any "unusual grants.")	3,224	11,375	8,495	9,141	10,173	42,408
2	Tax revenues levied for the organization's					19,719	72,700
	benefit and either paid to or expended on						
	its behalf,	ol					0
3	The value of services or facilities					· · · · · · · · · · · · · · · · · · ·	
	furnished by a governmental unit to the					1	
	organization without charge	o					۸
4	Total. Add lines 1 through 3	3,224	11,375	8,495	9,141	10,173	42,408
5	The portion of total contributions by each				A Market II III AL BARRIER CANAN	10,710	76,700
	person (other than a governmental unit						
	or publicly supported organization)				200 mm 2, 200 mm		
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)		**************************************				40.000
6	Public support. Subtract line 5 from line 4.	3) 122 122 127 127 127 127 127					18,662
-	ion B. Total Support	Control of the Contro	Control of the Contro				23,746
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	/s\ 2000	(a) 2000	4-1 2040	
				(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	3,224	11,375	8,495	9,141	10,173	42,408
8	Gross income from interest, dividends,					1	
	payments received on securities loans,	Ī					
	rents, royalties and income from similar					1	
	sources	1,536	1,884	324	19	3	3,766
9	Net income from unrelated business						
	activities, whether or not the business is	l					
	regularly carried on		nmra.				0
10	Other income. Do not include gain or						
	loss from the sale of capital assets			ļ			
	(Explain in Part IV.)	0					0
11	Total support. Add lines 7 through 10						46,174
12	Gross receipts from related activities, etc. (se	ee instructions)			[12	
13	First five years. If the Form 990 is for the or	ganization's firs	st, second, third	l, fourth, or fifth	ı tax year as a	section 501(c)(3)
	organization, check this box and stop here			<i></i>			▶ 🗍
Sect	ion C. Computation of Public Support	Percentage					
14	Public support percentage for 2010 (line 6, c	olumn (f) divide	ed by line 11. co	olumn (f))		14	51.43%
15	Public support percentage from 2009 Sched	ule A. Part II lir	ne 14		.	15	59.11%
16a	33 1/3% support test-2010. If the organizat	ion did not che	ck the box on li	ne 13 and line	 .1/1 ie 33 1/3%		this box
	and stop here. The organization qualifies as	a nublicky sum	norted organiza	no 10, and inc	1413 00 11070	or more, oneor	VIIIS DOX
b	33 1/3% support test-2009. If the organizat	ion did not che	ck a hov on line	113 or 16a an	d lina 15 ie 33	1/3% or more	· · · ▶ [∧]
-	box and stop here . The organization qualifie	es as a nublicly	supported orga	e 15 01 10a, ali	u iiile 15 is 55	1/376 OF ITIOLE,	Check this
17a							• • ▶ □
Ira	10%-facts-and-circumstances test-2010.	if the organizat	ion ala not che	ck a box on line	9 13, 16a, or 16	6b, and line 14	
	is 10% or more, and if the organization meet	s the "tacts-and	r-circumstance	s" test, check ti	his box and si	op here. Expla	in in
	Part IV how the organization meets the "facts	s-and-circumsta	ances" test. The	e organization o	qualifies as a p	publicly supporte	ed
1-	organization.						▶∐
b	10%-facts-and-circumstances test-2009.	ıı tne organizati	ion aid not che	ck a box on line	13, 16a, 16b,	or 17a, and lin	9
	15 is 10% or more, and if the organization me	eets the "facts-	and-circumstar	ices" test, chec	k this box and	stop here. E	xplain in
	Part IV how the organization meets the "facts	s-and-circumsta	ances" test. The	e organization o	qualifies as a p	ublicly	
	supported organization						▶ 🔲
18	Private foundation. If the organization did n	ot check a box	on line 13, 16a	ı, 16b, 17a ,or [.]	17b, check this	box and see	,
	instructions						

	ule A (Form 990 or 990-EZ) 2010 FAMILY FORES					91-216495	7 Page 3
Par	Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.						
	If the organization fails to qualify u					uality under P	art II.
Sec	tion A. Public Support	inder the tests	noted below,	picase comp	ete Fait II./		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Ciffa grants contributions and membership food			1		And the second	The state of the s
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	o		Ì			0
2	Gross receipts from admissions, merchandise						<u></u>
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organization's tax-exempt purpose	0					0
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's	 -					<u> </u>
	benefit and either paid to or expended on						
	its behalf	0				**	0
5	The value of services or facilities		i				
	furnished by a governmental unit to the organization without charge	0					
6	Total. Add lines 1 through 5	0	0	0	Ö	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
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						0
C	Add ilnes 7a and 7b	0	Ö	0	Ó	0	<u> </u>
8	Public support (Subtract line 7c from			Participation of the	lining the state of		**************************************
	line 6.)	Silv. Programme					0
Sec	tion B. Total Support						
		(a) 0000	(1-) 0007	/-\ 0000	(-1), 0000	(-) 0040	245 m 1 1
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Cale 9	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010 0	(f) Total 0
Cale	ndar year (or fiscal year beginning in) Amounts from ilne 6	i i					
Cale 9	ndar year (or fiscal year beginning in) Amounts from ilne 6	i i					0
Cale 9	Amounts from ilne 6	i i					
Cale 9 10a	Amounts from ilne 6	i i					0
Cale 9 10a b	Amounts from line 6	0	0	0	0	0	0
Cale 9 10a b	Amounts from line 6	i i				0	0
Cale 9 10a b	Amounts from line 6	0	0	0	0	0	0
Cale 9 10a b	Amounts from line 6	0	0	0	0	0	0 0 0
Cale 9 10a b	Amounts from line 6	0	0	0	0	0	0
Cale 9 10a b	Amounts from line 6	0	0	0	0	0	0 0 0
Cale 9 10a b	Amounts from line 6	0	0	0	0	0	0 0 0
Cale 9 10a b	Amounts from line 6	0	0	0	0	0	0 0 0 0
Cale 9 10a b c 11	Amounts from line 6	0	0	0	0	0	0 0 0 0
Cale 9 10a b	Amounts from line 6	O O atton's first, secon	0 0 d, third, fourth, c	0 0 or fifth tax year a	0 0 s a section 501(0	0 0 0 0
9 10a b c 11 12 13 14	Amounts from ilne 6	O otton's first, secon	0 0 d, third, fourth, c	0 0 or fifth tax year a	0 0 s a section 501(0	0 0 0 0
9 10a b c 11 12 13 14	Amounts from line 6	0 0 atton's first, secon	0 0 d, third, fourth, c	0 0 or fifth tax year a:	0 0 s a section 501(0	0 0 0 0
9 10a b c 11 12 13 14 Sec: 15 16	Amounts from line 6	0 0 atton's first, secon Percentage (f) divided by line Part III, line 15.	0 d, third, fourth, c	0 0 or fifth tax year a:	0 0 s a section 501(0 0 c)(3)	0 0 0 0 0
9 10a b c 11 12 13 14 Sec 16 Sec	Amounts from line 6	0 0 ation's first, secon Percentage (f) divided by line Part III, line 15.	O O d, third, fourth, o	0 0 or fifth tax year a:	0 0 s a section 501(0 0 0 c)(3) 	0 0 0 0 0 0 ▶ □
0 Cale 9 10a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6	0 0 atton's first, secon Percentage (f) divided by line Part III, line 15. ome Percenta	0 d, third, fourth, c	O or fifth tax year a:	0 0 s a section 501(0 0 c)(3) 	0 0 0 0 0 0 ▶ □ 0.00% 0,00%
9 10a b c 11 12 13 14 Sec 17 18	Amounts from line 6	0 0 ation's first, secon Percentage (f) divided by line Part III, line 15. ome Percenta column (f) divided e A, Part III, line	0 d, third, fourth, o	O or fifth tax year a:	0 0 s a section 501(0 0 0 0 0 0 0 0 15 16	0 0 0 0 0 0 ▶ □
0 Cale 9 10a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6	0 0 atton's first, secon Percentage (f) divided by line Part III, line 15 ome Percenta column (f) divided e A, Part III, line id not check the I	0 d, third, fourth, o	O or fifth tax year as	0 s a section 501(0 0 c)(3) 15 16 17 18 and line 17 is	0 0 0 0 0 0 0 0.00% 0.00%
9 10a b c 11 12 13 14 Sec 17 18	Amounts from line 6	0 0 atton's first, secon Percentage (f) divided by line Part III, line 15 ome Percenta column (f) divided e A, Part III, line id not check the I ere. The organiza	0 d, third, fourth, o a 13, column (f)) ge i by line 13, column 17	O or fifth tax year a:	0 os a section 501(0 c)(3) 15 16 17 18 and line 17 is	0 0 0 0 0 0 0 0.00% 0.00%

20

	n 990 or 990-EZ) 2010 FAMILY FOREST FOUNDATION	91-2164957	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional instructions).	by Part II, line 10;	;
	The decimal.		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Chen to Pu

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection

Employer identification number **FAMILY FOREST FOUNDATION** 91-2164957 Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 1,892 Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 4,589 Form 990-EZ, Part I, Line 16, Other Expenses: Equipment rental and maintenance: 4,376 Form 990-EZ, Part I, Line 16, Other Expenses: Interest: 112 Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 3,653 Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 666 Form 990-EZ, Part I, Line 16, Other Expenses: Bank Charges: 31 Form 990-EZ, Part I, Line 16, Other Expenses: Contributions: 300 Form 990-EZ, Part I, Line 16, Other Expenses: Memberships Dues & Subscriptions: 250 Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 1,492 Form 990-EZ, Part I, Line 16, Other Expenses: Equipment repairs: 120 Form 990-EZ, Part I, Line 16, Other Expenses: Internet Fees: 343 Form 990-EZ, Part I, Line 16, Other Expenses: Miscellaneous Expenses: 3,700 Form 990-EZ, Part II, Line 24, Other Assets: Prepaid Expenses: Beginning of year: 324, End of

Name of the organization	Page 2
	Employer Identification number
FAMILY FOREST FOUNDATION	91-2164957
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Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB	No.	1545-1	878
~		1 7 7 7 7	010

Department of the Treasury Internal Revenue Service

For calendar year 2010, or fiscal year beginning ______, 2010, and ending ______, 20

Do not send to the IRS. Keep for your records.

See instructions on back.

	xempt organization	Employer identification number				
	AMILY FOREST FOUNDATION 91-2164957					
	title of officer					
	HEER, JR.	TREASURER				
Part I						
if you ch form wa	ne box for the return for which you are using this Form 8879-EO and enter the application that line for the respectively. In the same time 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the respectively. The same time 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not be sature, then enter 0, on the applicable line below.	eturn being filed with this nter -0-). But, if you entered				
	e return, then enter -0- on the applicable line below. Do not complete more than 1 line					
	m 990 check here ► b Total revenue, if any (Form 990, Part VIII, column (A					
	m 990-EZ check here ► X b Total revenue, if any (Form 990-EZ, line 9)					
	m 1120-POL check here ▶ □ b Total tax (Form 1120-POL, line 22)					
	m 990-PF check here ▶ b Tax based on investment income (Form 990-PF					
	m 8868 check here ► b Balance Due (Form 8868, Part I, line 3c or Part II, line	e 8c) , . 5b				
Part II	Declaration and Signature Authorization of Officer nalties of perjury, I declare that I am an officer of the above organization and that I have examin					
transmiss the U.S. T institution and the fi Agent at ' involved i resolve is electronic	ion's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason ion, (b) the reason for any delay in processing the return or refund, and (c) the date of any refulf reasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debaccount indicated in the tax preparation software for payment of the organization's federal taxe account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also author the processing of the electronic payment of taxes to receive confidential information necessares sues related to the payment. I have selected a personal identification number (PIN) as my signal return and, if applicable, the organization's consent to electronic funds withdrawal.	nd. If applicable, I authorize it) entry to the financial s owed on this return, c. Treasury Financial norize the financial institutions y to answer ingulries and				
	BPIN: check one box only	· · · · · · · · · · · · · · · · · · ·				
X	I authorize GREGORY J SCHMITT, ACCOUNTANT/EA to enter my P ERO firm name	IN 64957 as my signature Enter five numbers, but do not enter all zeros				
	on the organization's tax year 2010 electronically filed return. If I have indicated with is being filed with a state agency(ies) regulating charities as part of the IRS Fed/Stat aforementioned ERO to enter my PIN on the return's disclosure consent screen.	n this return that a copy of the return				
	As an officer of the organization, I will enter my PIN as my signature on the organizatiled return. If I have indicated within this return that a copy of the return is being filed charities as part of the IRS Fed/State program, I will enter my PIN on the return's dis	with a state agency(jes) regulating				
Officer's sig	nature Date					
Part III	Andrew Company of the	The second secon				
•	FIN/PIN, Enter your six-digit electronic filing identification	The state of the s				
	(ECIN) followed by your five digit cold polaried DIM	054600044				
I certify t	hat the above numeric entry is my PIN, which is my signature on the 2010 electronical above. I confirm that I am submitting this return in accordance with the requirements formation for Authorized IRS <i>e-file</i> Providers for Business Returns.	do not enter all zeros lly filed return for the organization of Pub. 4163, Modernized e-File				
ERO's sign	ature ▶ Date ▶					
	EDO Must Datale This Farm Control					
	ERO Must Retain This Form—See Instruction Do Not Submit This Form To the IRS Unless Requested					

Form 990-EZ

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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.

OMB No. 1545-1150

Open to Public Inspection

Form **990-EZ** (2009)

	Α	For the 2009 cale	ndar year.	or tax year beginning	e a copy of this return to satis					Inspection
	┌──~ `	Cueck it abblicable:	Please			, an	d ending			······································
	<u> </u>	Address change	use IRS	C Name of organization				D Emp	oloyer	identification number
	╚	Vame change	label or	FAMILY FOREST FOUNI	DATION					
		nitiai return	print or type.	Number and street (or P.O. box, if	mail is not delivered to street address	se)	Do/- N	E Tole		91-2164957
	7	Ferminated	See	1	((77 - 77))	$\nabla \mathcal{N}$	Room/suite	E 1 016	pnon	e number
ĺ		mended return	Specific	P.O. BOX 1364		2 \/			(3)	60) 736-5918
- 1		pplication pending	instruc- tions.	City, town, or country	State LJ	ZIF	+4	F Gro		emption
2				CHEHALIS	WA_	98	532		iber.	
	- 0	oction sur(c)(3) c	rganizatio	ns and 4947(a)(1) nonexem	ot charitable trusts musi	attach	G Accounting			
-			a compi	eted Schedule A (Form 990	or 990-EZ).		Other (spe	City) 🍍	/u: ►	X Cash Accrual
	W	ebsite: > www.	i i i i i i i i i i i i i i i i i i i	stfoundation.org						anization is not
	J Tar	x-exempt status (che	ok only on a				required to	» اللك attach	Sche	dule B (Form 990,
_	C Ch	solt N	ck only one)-	- X 501(c) (3) ◄ (inse	ort no.) 4947(a)(1) or	527	990-EZ, or	990-PF	-).	adio B (i omi 990,
	A P	Form 990-57 or 5	organizatio	n Is not a section 509(a)(3) st urn is not required, but if the c	upporting organization and	l its gross re	aceinte ero nom	م دااید سرم	-	
7	Adr	lines 5h eh and 7h	um 990 ret	urn is not a section 509(a)(3) so urn is not required, but if the o determine gross receipts: if \$500.0	organization chooses to fil	e a return, b	e sure to file a	rany no romniei	non It to rote	e than \$25,000.
İ	Part	Povonus	to line 9 to (determine gross receipts; if \$500,0	00 or more, file Form 990 inst	ead of Form 9	90-EZ	l i	- ¢	WIL.
-				ca. Aliu Liixnnae in Ria	**************************************			uction	e for	244,652
	-	2 Program se	ns, gins, g	grants, and similar amounts	s received			uonon T	1	
	1	3 Membershi	n duce reve	unue including government d assessments	fees and contracts.			-	2	226,024
	ì	4 Investment	p uues an Incomo	d assessments .				:	3	18,609
	1	5a Gross amo	int from a	ale of assets other than in					4	19
		b Less: cost o	or other he	ale of assets other than in	ventory	5a		0		19
		C Gain or (los	s) from se	is and sales expenses.	• • • • • • • •	5b		0		
i	e la la la la la la la la la la la la la	6 Special events a	nd activities	tile of assets other than inv	entory (Subtract line 5)	from line	5a) <u>.</u>		5c	0
9	<u> </u>			(complete applicable parts of Scheooluding \$		gaming, check	chere 🕨			<u> </u>
å	2	reported on	line 1).	other than facilities	U of contributions	1 - 1				
			ヘットロニコロコ	UUIBI IIIAA TIINATAIGIAA AV	300000 I	6a	····	_0		
	1		V: (10991 II	IUIII SDECIAI AVANTE and an	hiraikina //Saabata a sa na na na	6b		0		
	7						6a)	. [_6	6c	0
	1		1 90005 50	HU		7a				
	١.	The property	VI (1022) II	(UIII Sales of Inventory (Sui	btract line 7h from line	7b				
	8	Other revenu	ıe (descril	De ▶	BILLIANT WILL OF TOTAL WILL	ra)	• • • • •	· 7	7C	0
	9	Total revenu	Je. Add lir	nes 1, 2, 3, 4, 5c, 6c, 7c, a	nd 8		· · · · · · · · · · · · · · · · · · ·	? - !	8	0
	10	Grants and s	imilar am	ounts paid (attach schedul	e).	'- '- 			9	244,652
ch.	11 12								0	0
enses	13							1		<u> </u>
ĕ	14	Occupancy	rees and	other payments to independence	ident contractors			1		000 507
EXP	15	Printing publ	ent, utilitie	es, and maintenance Dostage, and shipping				1.	3 4	202,527
	16	Other expend	ications, p	postage, and shipping				10		5,600 15,210
	17	Total expens	iuseu) sos Il bbA. sos	ibe See Attached State Ines 10 through 16	ement) [10		21,960
S	18	Excess or (de	eficit) for the	Ines 10 through 16 The year (Subtract line 17 fr	<u> </u>		<u></u> Þ	17		245,297
Net Assets	19	Net assets or	fund bala	ne year (Subtract line 17 fr	om line 9)			18	3	-645
¥		end-of-year fi	dure repo	inces at beginning of year red on prior year's return)	(from line 27, column (A)) (must a	gree with			
회	20							19	,	40,761
	21	Net assets or	fund bala	nces at end of year. Comb	acri explanation) .			20		0
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	_		(See the i	otal assets on line 25, colu nstructions for Part II.)	το <u>λ αισ φ1,200,000</u>	or more, f	ile ⊢orm 990 i	<u>nsteac</u>	i of F	
22	Cas	h, savings, and i	nvestmen	its			(A) Beginning o	f year		(B) End of year
23							40	,437	22	39,792
24 25								324	23	<u> </u>
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							-10		20 26	40,116
For	Prive	CV Act and Dance	<u>palances</u>	(line 27 of column (B) mus	st agree with line 21)		40		27	40 116
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Form 990-EZ (2009)

GHEGÓRY J SCHMITT, ACCOUNTANT/EA

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

57 W MAIN, STE 100, CHEHALIS, WA 98532

Use Only

If self-employed),

address, and ZIP + 4

91-1138925

► X Yes

Phone no. (360) 748-9991

ΕIN

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Attachment

Department of the Treasury internal Revenue Service Name(s) shown on return

See separate instructions.

Attach to your tax return.

Sequence No. 67

Business or activity to which this form relates FAMILY FOREST FOUNDATION Identifying number Election To Expense Certain Property Under Section 179 Part | 91-2164957 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses 250,000 Threshold cost of section 179 property before reduction in limitation (see Instructions) 2 754 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-3 800,000 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 4 separately, see instructions 6 (a) Description of property 250,000 (b) Cost (business use only) XGA PROJECTOR (c) Elected cost 754 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 754 9 754 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . 10 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . 11 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 12 754 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 15 Property subject to section 168(f)(1) election . 16 Other depreciation (including ACRS) 15 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 . . . 18 If you are electing to group any assets placed in service during the tax year into one or more 17 general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and (c) Basis for (d) Recovery (a) Classification of property (e) **(f)** (g) year placed depreciation period Convention Method Depreciation deduction In service (business/Investment) 19 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 9 25-year property 25 yrs. h Residential rental 27.5 yrs. MM property S/L 27.5 yrs. i Nonresidential real MM S/L 39 yrs. MM property S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life b 12-year S/L c 40-year 12 yrs. S/L Part IV Summary (See instructions.) 40 yrs. ММ S/L 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . 23 For assets shown above and placed in service during the current year, enter the portion 754 of the basis attributable to section 263A costs 23

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

2009

OMB No. 1545-0047

Open to Public Inspection

FAMILY FOREST FOUNDATION Employer identification number Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 91-2164957 The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(II). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public \mathbf{x} described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. al Type i Type II c Type III-Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? Yes No 11q(i) A 35% controlled entity of a person described in (i) or (ii) above?..... 11g(ii) Provide the following information about the supported organization(s) 11g(iii) (i) Name of supported (iii) Type of organization (Iv) is the organization (ii) EIN (v) Did you notify (vi) Is the (described on lines 1-9 (vii) Amount of organization in col. (i) listed in your the organization in organization in col. above or IRC section support governing document? col. (i) of your (i) organized in the (see instructions)) support? U.S.? Yes Yes Yes 0 0 0

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Total

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) 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 15,525 3.224 Tax revenues levied for the organization's 11,375 2 8.495 9,141 47,760 benefit and either paid to or expended on The value of services or facilities 0 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 4 0 15.525 3 224 11.375 The portion of total contributions by each 8,495 9.141 47,760 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. 17,020 Section B. Total Support 30,740 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 7 (f) Total Amounts from line 4 15,525 3,224 11,375 Gross income from interest, dividends, 8 8.495 9,141 47,760 payments received on securities loans, rents, royalties and income from similar sources........ 482 1,536 1.884 Net income from unrelated business 324 19 4,245 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or 0 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). 12 52,005 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 59.11% 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 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% 17a 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. . > 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . .> Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . 18

Schedule A (Form	990 or 990-EZ) 2009	FAMILY FOR	REST FOUND	ΑΤΙΩΝ			
Part IV	Supplemental	Information.	Complete th	io part to v	was dala da		91-2164957 Page by Part II, line 10;
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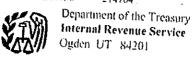
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if you checked the box on line 9 of Part I.)	Complete only	
FAMILY FOREST FOUNDATION Section 509(a)(2)	Support Sched	

organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2008 Schedule A, Part III, line 15. Investment income percentage from 2008 Schedule A, Part III, line 17. Investment income percentage from 2008 Schedule A, Part III, line 17. Investment income percentage from 2008 Schedule A, Part III, line 17. Investment income percentage from 2008 Schedule A, Part III, line 17. Investment income percentage from 2008 Schedule A, Part III, line 17. Investment income percentage from 2008 Schedule A, Part III, line 17. Investment income percentage from 2008 Schedule A, Part III, line 17. Investment income percentage from 2008 Schedule A, Part III, line 17. Investment income percentage from 2008 Schedule A, Part III, line 17. Investment income percentage from 2008 Schedule A, Part III, line 17. Investment income percentage from 2008 Schedule A, Part III, line 17. Investment income percentage from 2008 Schedule A, Part III, line 17. Investment income percentage from 2008 Schedule A, Part III, line 18. Investment income percentage from 2008 Schedule A, Part III, line 18. Investment income percentage from 2009 (line 10.00%) Investment income 2009 (line 10.00%) Investment income 2009 (line 10.00%) Investment income 2009 (line 10.00%) Investment income 2009 (line 10.00%)	⊣⊸	zacitorotani	insgro benoqqui i aas has xod s	e as a puniciy s 19b. check this	. 10 ,681 ,41 ei	eck a box on lin	rivate foundation. If the organization did not ch	0 E
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Calendar year (or fiscal year beginning in) A Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants."). A Gross receipts from admissions, merchandise in any activity that is related to the organization's tax-exempt purpose. O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1		1	1	1	its behalf.	
Calendar year (or fiscal year beginning in) Calendar year (or fiscal year beginning in) Calendar year (or fiscal year beginning in) Calendar y armits, contributions, and membership fees received. (Do not include any "unusual grants."). Caloss receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		 	 				a'noisaine of big and the second of big and the benefit of big and the second of big and the big and t	
Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Toilfe, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		1	1	1			St a notices under or business under section 513	V
Calendar year (or fiscal year beginning in) ↑ Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	····			 			aross receipts from activities that are not an	^
Calendar year (or fiscal year beginning in) ↑ Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			l		0	0	Gross receipt from the purpose	દ
Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2007 (d) 2008 (e) 2009 (f) Total 1 Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			I	i	1	1	in any activity that is related to the	
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Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (c) 2009				!			molitide opit "transmitter, (Do not	
Calendar year (or fiscal year beginning in)							membership fees received. (Do not	
	IstoT (f)	6) S006	(d) 2008	(c) 5002	900z (a)	GUUS (19)	Giffs, grants, contributions, and membership fees received. (Do not	ı

A0146196 912164957 TE



For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: September 20, 2010

Taxpayer Identification Number:

91-2164957 Tax Form: 990

Tax Period: December 31, 2009



FAMILY FOREST FOUNDATION % TOM FOX PO BOX 1364 CHEHALIS WA 98532-0339648

100420.773963.0343.007 1 AT 0.357 375

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100420

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is November 15, 2010.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address

Department of the Treasury

Internal Revenue Service

OGDEN UT 84201-0074

A0177322 TE

For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: June 21, 2010

Taxpayer Identification Number:

91-2164957 Tax Form: 990

Tax Period: December 31, 2009

163968.739986.0508.011 1 AT 0.357 375 Nahaladaladhaddhaadhaadhaddhadd

FAMILY FOREST FOUNDATION % TOM FOX PO BOX 1364

CHEHALIS 98532-0339648

163968

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is August 15, 2010.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address

Part I, Line 16 (990-EZ) - Other Expenses		91-
1 Travel 2 Meals and entertainment		21.000
2 Meals and entertainment	1	21,960
3 Fundraising	ં ;	3,224
4 Amortization	3	
5 Conferences, conventions, and mostlings	` 4	0
• Depreciation	5 —	3,864
* Dopaction	6 —	
8 Equipment rental and maintenance	. 7	704
9 Interest	. 8	7,578
10 Supplies	9	1,070
1 Telephone	10	3,154
2 Unrelated business income taxes	11	672
3 Advertising	12	0/2
4 Bank Charges	13	1,231
5 Contributions	14	1,201
6 Memberships, Dues & Subscriptions	15	300
/ Insurance	16	
B Licenses & Permits	17	10
Equipment repairs	18	10
Internet Fees	19	229
Miscellaneous Expenses	20	415
	21	518
	22	
	23	
	24	
	25	
	26	
	27	
	28	
	29	

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

For the 2008 calendar year, or tax year beginning

OMB No. 1545-1150

Open to Public Inspection

Form 990-EZ (2008)

E	Chec	ck if applicable:	Please	C Name of organization		, air	a enanig				
L		ress change	use IRS					D Empl	loyer id	entification number	
	Nam	e change	label or	FAMILY FOREST FO	UNDATION				o.	1-2164957	
	_	i return	print or	Number and street (or P.O. b	box, if mail is not delivered to street addres	s)	Room/suite	E Tele		number	
Γ	Term	nination	type. See	P.O. BOX 1364		-1	1 100/11/3Gitte	- 15.5	prioric	Hallipa	
	Ame	nded return	Specific	City, town, or country						0) 736-5918	
<u> </u>	=	cation pending	instruc-	· ·	State		ZIP+4	F Grou	р Ехе	mption	
ميط د			tions.	ICHEHALIS	WA		98532		ber.		
	3601	1011 501(0)(3) 61	rganizatio	ns and 4947(a)(1) none	xempt charitable trusts mus	t attach	G Accountin	g metho	d: T	X Cash Accrual	
_			a compi	eted Schedule A (Form	990 or 990-EZ).		Other (spe				
	Waha	elta: 🕨 vininii fi	amilufaus.	-46			H Check▶	X if th	e orga	nization is not	
				stfoundation.org			required to	attach	Sched	ule B (Form 990,	
-		ization type (chec			(insert no.) 4947(a)(1) or	527	990-EZ. o	r 990-PF	3		
K		k ▶ if the o	organizatio	n is not a section 509(a)((3) supporting organization an	d its gross re	eceipts are nor	mally no	t more	than \$25,000	
-	Addin			3	y nig a igluin. De sine in nie a	COMPIGE 12	ti irr	many no	· more	παπ φ20,000.	
	Add III	es ou, ou, and 70,	to line a to	determine gross receipts; if \$	1.000.000 or more, file Form 000 is	notand of Earn	000 E7		S	215,542	
	CILL	nevenue,	<u> ⊏xpens</u>	es, and Changes in	Net Assets or Fund B	alancee /	See the inct	ruction	s for	Part I \	
	1		io, girio, y	aranno, anto similar amic	DUNTS RECEIVED			ľ	3 0 	203,365	
	2	riogram se	LAICE LEAS	enue includina aovernr	ment fees and contracte			` -	2	11,853	
	3	MIOCI IDOL BILIIP	v uuos aii	iu assessments .		$\mathcal{D}_{\mathcal{D}}$	7	· -	3	11,000	
	4	investment	income .		// * // XX I			· }-	4	324	
	5a	Gross amou	int from s	ale of assets other tha	an inventor	5a		. 0		924	
	b	Less. Cost o	r other pa	asis and sales expense	es.	5b		o e			
ച്ച	C	Gain or (loss)	from sale	of assets other than inve	intory (Subtract line 5h from tir	ne 5a) (attacl	n schedule) .		5c	0	
ä	6	openial events a									
Revenue	a	Gross reven	iue (not ir	ncluding \$	0 of contributions			'			
	l .	reported on	IINO 1).			6a		o			
	b	ress: altect	expenses	s other than fundraising	g expenses	6b	·	n	STEER CO.		
	_c	Net income	or (loss) f	rom special events an	d activities (Subtract line 6	b from line	6a)		Sc	0	
	7a	dioss sales of inventory, less returns and allowances									
	b	Less; cost of	f goods si	old , , ,		7h					
	C	Gross profit	or (loss) t	irom sales of inventory	(Subtract line 7b from line	7a)			C C	0	
	8	Onial revent	ae (deşçn	ioe 🕨				\ F_	8	0	
	9	l otal revenu	ue. Add li	<u>nes 1, 2, 3, 4, 5c, 6c, 7</u>	7c, and 8				9	215,542	
	10	and no drig 5	miniai am	ivunts para tattach sch	nealle).			1 4	0	<u> </u>	
ro.	11	Doneilla paid		members .				ند ا	1		
Se	12	Odianou, Otta	a comba	msauon, and employee	e benetits			_ [_a	2		
Expenses	13 14	I TOTOSSIOLIST	1002 WILL	other payments to ind	lependent contractors			4	3	195,093	
X	15	Occupancy,	ւշու, անուլ	ies, and maintenance .					4	3,700	
۳	16	ւ ուսուց, բաթ	ncanons,	postage, and snipping	1			1	5	7,553	
	17		ses luesc	riDe ▶ See attached :	statomont				6	24,128	
	18	Evenes or /de	ses, Add	lines 10 through 16.				> 1	7	230,474	
Net Assets	19		01101t <i>)</i> 101 1	uio year loubliaci iiile	T7 MOM line 91			. 1	8	-14,932	
SS	10	ואפנ מסספוס הו	Tung Dan	ances at beginning of t	Vear (from line 27, column	(A)) (must	a awa a wildle	250			
4	20	enu-or-year ii	gure repo	orted on Drior Vear's re	sturn)			. 1	9	55,693	
뾜	21	Office officinge	20 111 11Gf C	assets of lund balance:	S (attach explanation)			. 2	0	0	
Ρs		INDI ASSUIS UI	Tuna bala	ances at end of vear. (Combine lines 18 through ?	20			1	40,761	
1 6	ar c'in	Data ICE SI	iccis. II	Total assets on line 25	, column (B) are \$2,500.00	0 or more,	file Form 990) instea	d of F	orm 990-EZ.	
22			(Oge me	III Structions for Part II.	.1		(A) Beginni	ng of year		(B) End of year	
53 	Land	and huildings	iiivestme	aus	, 			55,369	22	40,437	
24	Other	anu vullullys accete (decer	iha 🟲 D	ropoid Comercia				I	23		
25	Total	assets (uesur	ine - 1	epatu Expenses)		324	24	324	
		liabilities (de:	coribo 🟲				-	55,693	25	40,761	
27					N)		0	26	0	
	Privace	Act and Dance	NAIMITCE:	a uirie z/ of column (B	B) must agree with line 21) the Instruction for Form 990			55,693	27	40,761	
a'		, muranu rapei	MOLY MEG	iuvuon act Notice, see t	the instruction for Form 990).				Form 990-EZ (2008)	

91	-21	64957

<u> 2</u>

Pa	art III	Statement	of Prog	ram Service A	ccomp	lishments (S	e the	e instructions for	91-2 Dod III \	164957	Page 2
Wh	at is the	Utuanizanion s	Brimania	IVAMENT NITERAGE	0010	A 1701 miles 4 a 4 m					Expenses
	~ WILL	er argo gottigada	ni carrynic	けいけいけんりんりゅうけんきょう	00'0 0V0	mamé m				— and	quired for 501(c)(3) (4) organizations
										and	4947(a)(1) trusts:
28											onal for others.)
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	(Grants			0) If this amou	unt inclu	ides foreign gra	nts. c	heck here		1 00-	_
31	Other pr	ogram service:	s (attach	scneaule)						∫ 30a	0
-	(Grants			0) If this amor	unt inclu	ides foreign gra	nts, c	heck here] 31a	
32	Total pr	<u>ogram service</u>	expens	es . (add lines 28	a throu	rh 31a\					170 500
Pai	rt IV	List of Office	rs, Direc	tors, Trustees,	and Ke	y Employees Li	st each	one even if not compe	nsated /Se	a the inetr	179,530
		(a) Name ar	nd address		(b) Title and average hours per week)	(c) Compensation	1 (d) Contri	butions to	(e) Eypenge
						devoted to position		(If not paid, enter -0)	employee be deferred cor	nefit plans &	account and
		MAS FOX		BOX 311		PRESIDENT		<u> </u>	GEIGITED COI	iipeiisauori	other allowances
	Ity ETHE			ZIP 98542	Hr/WK		8,00		<u>,</u>	0	
iva	me SIEV	E WEBSTER		HWY 603	Title	VICE-PRESIDE				<u>v</u>	0
- Na	ON CHE	ALIS		ZIP 98532	Hr/WK		8.00	i c	l	0	0
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	Ny CHEL			ZIP 98532	Hr/WK		8.00	<u> </u>	j	0	0
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	TOLE	STINSON		3OX 126	Title	DIRECTOR					<u></u>
		ZANDELL		ZIP 98591	Hr/WK		8.00	0		0	0
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·	COO ETT (COOR)	*		
	990-EZ (2008) FAMILY FOREST FOUNDATION	91-2164957	7 6	Page 3
Pa	rt V Other Information (Note the statement requirements in the instructions for Part VI.)	012101001	,	ago o
		TV	'es	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		62	NO
	description of each activity.	33		v
34	***Ordariy chariges made to the organizing or governing documents but not reported to the IDS2 if "Voc."	33		<u> </u>
	attach a conformed copy of the changes		ı	
35	the organization had income from business activities, such as those reported on lines 2, 62, and 75 (among others), but	34	Diggs 5	X
	not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice,			
	reporting, and proxy tax requirements?	05-	- 1	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35a	-	_X_
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	35b		
	If "Yes," complete applicable parts of Schedule N	1 1	- 1	
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	36		X
b	Did the organization file Form 1120-POL for this year?	0		
38 a	Did the organization borrow from or make any leans to any effect of the	37b	V N N N N N N N N N N N N N N N N N N N	X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
b	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		<u> X</u>
39	If "Yes," complete Schedule L, Part II and enter the total amount involved	0		
а	Initiation fees and capital contributions instead of the			
	Initiation fees and capital contributions included on line 9			
40 a	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 : section 4912 ▶ 0 : section 4915 ▶			
l.	0 , 300 (IOI) 4300 P			
D	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
_	in res, complete schedule L, Part I.	40b		Х
C	Enter amount of tax imposed on organization managers or disqualified persons during			
لد	the year under sections 4912, 4955, and 4958	o Maria	i X	
a	Liner amount of tax on line 40c reimpursed by the organization	5 / 8		D WEAV
е	All Olyginizations. At any time during the tax year, was the organization a party to a prohibited tax shakes			
44	transactions in 1est, complete FORM 8886-1.	40e		Χ
41	List the states with which a copy of this return is filled. WA			
42 a	The books are in care of ► Name BILL SCHEER, JR Telephone no. ►	360-269-3	3850	
	Located at PO BOX 1266 City CHEHALIS ST WA 71D. 4 So		2000.	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority.	2002		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	Υε	, . I i	No
	account)?	42b	<u> </u>	NO.
	If "Yes," enter the name of the foreign country:	420		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		4.	
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42.0		
	If "Yes," enter the name of the foreign country:	42c		<u>X</u>
13				
	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	Α		
14	Did the organization maintain any denor aduland fundant to the	Ye	s 1	<u>vo</u>
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
15	Form 990-EZ.	44		X
	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	45		<u> </u>
		Earm QQA_I	F 7 /^	anno)

A: DA	VEN DECOMPOSITION		ar paid more than w	00,000	(D) Type	e of service	(c) Compensation
	VEN RESOURCE MGMT, INC	str PO BO	X 43				
City TO	LEDO	ST WA	ZIP 98591		SILVACULTI	URIST/MGMT	128,692
Name		Str					120,032
City		ST	ZIP		1		^
Name	*************	Str			1		<u> </u>
City		ST	ZIP				n
Name		Str					<u></u>
City		ST	ZIP		1		^
Name		Str	······································				0
City		ST	ZIP		f		•
Total num	ber of other independent contr	actors each re	ceiving over \$1	00.000			0
Sign Here	Under penalties of perjury, I declare to and belief, it is true, correct, and come Signature of officer Type or print name and title.	that I have examine	ed this return, included this return, included of preparer (other th	ng accompanying schedule an officer) is based an all in	pformation of which	s, and to the best of my th preparer has any kn Date	/ knowledge owledge.
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours GREG fremployed), address, and ZIP +4		TT, ACCOUNT			X P00211059	lilying Number (See Instructions)

No

Yes

►IXI

No

0

0

0

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

See separate instructions. Inspection Name of the organization Employer identification number **FAMILY FOREST FOUNDATION** 91-2164957 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public \mathbf{X} 7 described in section 170(b)(1)(A)(vi). (Complete Part il.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** | Type !i c Type III-Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. (III) Type of organization (iv) is the organization (v) Did you notify (i) Name of supported (II) EIN (vi) Is the (vii) Amount of (described on lines 1-9 In col. (i) listed in your organization the organization in organization in col. troccus above or IBC section. governing document? col.(i) of your (I) organized in the (see instructions)) support? Yes Yes Yes No 0 0 0 0 0

Total

O

Pa	Support Schedule for Organi	zations Desc	ribed in Sec	tions 170/b)/	1\/A\/iv) and	91-216495	/ Page 2
-	(Complete only if you checked	the box on line	e 5 7 or 8 of	Part I \	יאליא) מווט	(A)(1)(A)((VI)
Sec	tion A. Public Support		00, 7, 0, 0 0	r art i./			 .
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(6) Total
1	Gifts, grants, contributions, and	·····	(2) 200	(0) E000	(u) 2007	(8) 2008	(f) Total
	membership fees received. (Do not	l					
	include any "unusual grants.")	61,201	45 505			ı	
2	Tax revenues levied for the organization's	01,201	15,525	3,224	11,375	8,495	99,820
_	benefit and either paid to or expended on					i	
	its behalf				ì		
3	The value of services or facilities	0	0	0			0
J			1				
	furnished by a governmental unit to the		1				
	organization without charge	0	0	0		ľ	0
4	Total Add lines 1-3	61,201	15,525	3,224	11,375	8,495	
5	The portion of total contributions by each			0,224	11,070	0,495	99,820
	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)						55,832
6	Public support. Subtract line 5 from line 4.						43,988
Sec	tion B. Total Support			And the second s	to en principal me mente i appropriate alla l'application de	Expression of the Control of the Con	70,800
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	61,201	15,525	3,224			
8	Gross income from interest, dividends,	01,201	10,020	3,224	11,375	8,495	99,820
	payments received on securities loans,	į			- 1	ŀ	
	rents, royalties and income from similar		1				
	sources	133	482	1,536	1,884	004	4.050
9	Net income from unrelated business		- 402	1,000	1,0041	324	4,359
	activities, whether or not the business is		i				
	regularly carried on	1		j			^
10	Other income. Do not include gain or						0
	loss from the sale of capital assets	J	ĺ		i		
	(Explain in Part IV.)		ol	ol	i		0
11	Total support. Add lines 7 through 10.					The state of the s	104,179
12	Gross receipts from related activities, etc. (se	e instructions.)		CLIMATE AND MANAGEMENT OF	12	
13	First five years. If the Form 990 is for the or	nanization's fire	t second third	I fourth or fifth	. +	section 501/a)/	(3)
	organization, check this box and stop here .				i lax your as a	Socion Sor(c)(" ⊾ □
Sect	on C. Computation of Public Support	Percentage				• • • • •	· · · · · ·
14	Public support percentage for 2008 (line 6, co	olumn (f) divide	d by line 11 o	aluma (f\)		44	1
15	Public support percentage from 2007 Schedu	ile A Part IVA	Una 26f	Juni (1))	· · · · - -	14	42.22%
16a	33 1/3% support test-2008. If the organization	on did not shoe	ik the hoven K		441.004.004	15	30.24%
	and stop here. The organization qualifies as	a nublich eusp	ortod organiza	ne 3, and Ime	14 is 33 1/3%	or more, check	this box
b	33 1/3% support test_2007. If the organization	a publicly supp	ioneu organiza				▶ <u>[X]</u>
	33 1/3% support test-2007. If the organization qualified box and stop here. The organization qualified	on ala not ched	k a box on line	13 or 16a, an	d line 15 is 33	1/3% or more, o	check this
17a	box and stop here. The organization qualifies	s as a publicly s	supported orga	inization			▶ 📋
	10%-facts-and-circumstances-test-2008.	the organization	on ala not chec	k a box on line	13, 16a, or 16	Sb, and line 14 i	is 10%
	or more, and if the organization meets the "fa	ots-and-circum	stances" test, (check this box	and stop here	. Explain in Pai	rt IV how
b	the diganization meets the lacts-and-circum	stances" test. I	he organizatio	n mualifies as a	a nublicht euma	artad araanizat	ion 🛌 🗀 📗
	10%-facts-and-circumstances test-2007. If	me organizatio	on ald not chec	k a box on line	13, 16a, 16b,	or 17a, and line	e 15 is 10%
	or more, and it the organization meets the "ta	cts-and-circum	stances" test. c	check this hox	and eton here	Evolain in Da	rt IV how
	the organization meets the lacts-and-circums	stances" test. I	he organization	n qualifies as a	t publicly suppo	orted organizati	ion 🕨
8	Private foundation. If the organization did not che	ck a box on line 1	3, 16a, 16b, 17a	or 17b, check i	this box and see	instructions	
				. ,			

91-2164957 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 Gifts, grants, contributions, and (f) Total membership fees received. (Do not include any "unusual grants.") 0 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 Gross receipts from activities that are not an 3 unrelated trade or business under section 513 Tax revenues levied for the organization's 0 benefit and either paid to or expended on 5 The value of services or facilities 0 furnished by a governmental unit to the organization without charge, Total. Add lines 1-5 O 7a Amounts included on lines 1, 2, and 3 0 received from disqualified persons . . . Amounts included on lines 2 and 3 0 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b 0 8 Public support (Subtract line 7c from 0 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total Amounts from line 6 o 10a Gross income from interest, dividends, 0 payments received on securities loans, rents, royalties and income from similar **b** Unrelated business taxable income (less 0 section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 0 0 O 0 Net income from unrelated business 0 activities not included in line 10b. whether or not the business is regularly 12 0 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, 0 and 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) 0 14 Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 15 0.00% Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 Section D. Computation of Investment Income Percentage 0.00% Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 17 0.00% 18 18 0.00% 19a 33 1/3% support tests-2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is_ not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests-2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . 20

Schedule A (Form	990 or 990-EZ) 2008	FAMILY FO	REST FOUNDATI	ON	01.0164057	
Part IV	Supplemental	Information	. Complete this r	art to provide the	91-2164957 explanation required by Part II, line 10;	Page 4
	Part II, line 17a	or 17b; or Pa	art III. line 12. Pr	ovide any other add	ditional information. (see instructions)	
				The drift date date	ditional information. (see instructions)	
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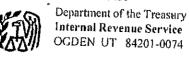
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For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: September 28, 2009

Taxpayer Identification Number:

91-2164957 Tax Form: 990

Tax Period: December 31, 2008

110618.647338.0376.008 1 AT 0.357 370 tdododododladdaadladdaddaddadd



110618

FAMILY FOREST FOUNDATION % TOM FOX PO BOX 1364 CHEHALIS 98532-0339648

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to November 15, 2009.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

Reminder - You May Be Required to File Electronically

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to www.irs.gov. Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit www.irs.gov. (Access to this site will not provide you with your specific taxpayer account information.

211 TE 3

Department of the Treasury Internal Revenue Service OGDEN UT 84201-0074

For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: July 6, 2009

Taxpayer Identification Number:

91-2164957 Tax Form: 990

Tax Period: December 31, 2008

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113903

FAMILY FOREST FOUNDATION % TOM FOX PO BOX 1364 CHEHALIS 98532-0339648

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to August 15, 2009.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

Reminder - You May Be Required to File Electronically

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to www.irs.gov. Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit www.irs.gov. (Access to this site will not provide you with your specific taxpayer account information.

Part I. Line 1 (990-F7) - Contributions Office Access to the contributions	
Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received	l
1 Contributions . 2 NonCash contributions	8,495
	0,495
3 Membership dues and assessments (contributions from the public)	
4 Government contributions (grants)	194,870
5 Commercial co-venture	194,070
- Samuration southbuttons .	
8	
10	
	·
11 Total	203,365
Part I, Line 4 (990-EZ) - Investment Income	
Interest on savings and temporary pack investments	
2 Dividends and interest from securities	324
3 Gross rents	·
4 Other investment income	
5 Total	
	324
Pa <u>rt I, Line 16 (990-EZ) - Other Expenses</u> 1 Travel, Meals and Entertainment	24,128
a Travel, Meals and Entertainment a Travel b Total meals and entertainment	
withwest in the second	
b Total meals and entertainment	3,584
b Total meals and entertainment	3,584
Fundraising	3,584
Fundraising	
Fundraising	3,584
Fundraising	3,959
Fundraising	
Fundraising	3,959 4,416
Fundraising	3,959 4,416 3,053
Fundraising	3,959 4,416 3,053 1,927
Fundraising	3,959 4,416 3,053 1,927 0
Fundraising From Form 4562 - Amortization From Form 4562	3,959 4,416 3,053 1,927 0 1,289
Fundraising 10 2 3 5 7 5 5 5 5 5 5 5 5	3,959 4,416 3,053 1,927 0 1,289 34
Fundraising 2 From Form 4562 - Amortization 3 Conferences, conventions, and meetings 4 Depreciation, depletion, etc. 5 Equipment rental and maintenance 6 Interest 6 Supplies 7 Telephone 8 Unrelated business income taxes 9 Advertising 10 Bank Charges 11 Contributions 12 Memberships, Dues & Subscriptions 13	3,959 4,416 3,053 1,927 0 1,289 34 1,525
Fundraising From Form 4562 - Amortization Section	3,959 4,416 3,053 1,927 0 1,289 34 1,525 250
Fundraising From Form 4562 - Amortization Conferences, conventions, and meetings 3	3,959 4,416 3,053 1,927 0 1,289 34 1,525 250 2,930
Fundraising	3,959 4,416 3,053 1,927 0 1,289 34 1,525 250 2,930 55
Fundraising 10 2 3 5 5 5 5 5 5 5 5 5	3,959 4,416 3,053 1,927 0 1,289 34 1,525 250 2,930 55 918
Fundraising 18 18 18 18 18 18 18 1	3,959 4,416 3,053 1,927 0 1,289 34 1,525 250 2,930 55
Fundraising 18	3,959 4,416 3,053 1,927 0 1,289 34 1,525 250 2,930 55 918
2 Fundraising 16 3 From Form 4562 - Amortization 3 4 Conferences, conventions, and meetings 4 5 Depreciation, depletion, etc. 5 6 Equipment rental and maintenance 6 Interest 7 5 Supplies 7 Telephone 8 0 Unrelated business income taxes 9 1 Advertising 10 2 Bank Charges 11 3 Contributions 12 4 Memberships, Dues & Subscriptions 14 5 Insurance 15 6 Licenses & Permits 16 7 Equipment repairs 17 8 Internet Fees 18 9 Unrelated business income taxes 18 1 Advertising 15 2 Bank Charges 15 3 Contributions 14 4 Insurance 15 5 Insurance 15 6 Insurance 16 7 Equipment repairs 17 8 Internet Fees 18	3,959 4,416 3,053 1,927 0 1,289 34 1,525 250 2,930 55 918
2 Fundraising 18 3 From Form 4562 - Amortization 3 4 Conferences, conventions, and meetings 4 5 Depreciation, depletion, etc. 5 6 Equipment rental and maintenance 6 Interest 7 3 Supplies 7 4 Telephone 8 0 Unrelated business income taxes 10 1 Advertising 11 2 Bank Charges 11 3 Contributions 12 3 Contributions 13 4 Memberships, Dues & Subscriptions 14 5 Licenses & Permits 15 6 Licenses & Permits 16 7 Equipment repairs 17 3 Internet Fees 18	3,959 4,416 3,053 1,927 0 1,289 34 1,525 250 2,930 55 918
2 Fundraising 2 33 From Form 4562 - Amortization 3 4 Conferences, conventions, and meetings 4 5 Depreciation, depletion, etc. 5 6 Equipment rental and maintenance 6 Interest 7 3 Supplies 7 Telephone 8 0 Unrelated business income taxes 10 4 Advertising 11 2 Bank Charges 11 2 Contributions 12 3 Contributions 12 4 Memberships, Dues & Subscriptions 13 4 Insurance 15 5 Licenses & Permits 16 7 Equipment repairs 17 3 Internet Fees 18 19 20 21 22	3,959 4,416 3,053 1,927 0 1,289 34 1,525 250 2,930 55 918
2 Fundraising 2 3 From Form 4562 - Amortization 3 4 Conferences, conventions, and meetings 4 5 Depreciation, depletion, etc. 5 Equipment rental and maintenance 6 7 Interest 7 3 Supplies 8 Telephone 8 Unrelated business income taxes 9 1 Advertising 10 2 Bank Charges 11 2 Bank Charges 11 3 Contributions 12 4 Memberships, Dues & Subscriptions 13 Insurance 14 5 Licenses & Permits 15 5 Equipment repairs 16 1 Internet Fees 18 9 20 20 21 21 22 23 23	3,959 4,416 3,053 1,927 0 1,289 34 1,525 250 2,930 55 918
Fundraising 10	3,959 4,416 3,053 1,927 0 1,289 34 1,525 250 2,930 55 918

Part II, Line 24 (990-EZ) - Other Assets	324	324
Description	Beginning	End
1 Prepaid Expenses	324	324
2		
3		
4		
5		
6 7		
8		
9		
10		
11		
12		
13		
14		···
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16		
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