** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

| A F | or the | 2011 calendar year, or tax year beginning | and | ending | _ | |
|-------------------------------|---------------------|--|-------------------------------|--------------------|---------------------------------------|--|
| В с | heck if oplicable | C Name of organization | | | D Employer identif | ication number |
| X | Addres | FOREST TRENDS ASSOCIATION | Ī | | | |
| | Name change | Doing Business As | | | 52-2 | 2135531 |
| | Initial return | Number and street (or P.O. box if mail is not delivered | to street address) | Room/suite | E Telephone numbe | er |
| | Termin ated | TYPE TYPE TIME TIME TIME | FL | | 202- | -298-3000 |
| | Ameno | City or town, state or country, and ZIP + 4 | | | G Gross receipts \$ | 10,317,274. |
| | Application pending | | | | H(a) Is this a group r | |
| | pomani | F Name and address of principal officer:MICHAE | L JENKINS | | for affiliates? | Yes X No |
| | | SAME AS C ABOVE | 1 1047/1/41 | 1 507 | H(b) Are all affiliates in | |
| | | empt status: X 501(c)(3) 501(c)() (ir e: ► WWW.FOREST-TRENDS.ORG | nsert no.) 4947(a)(1) o | or 527 | 1, | a list. (see instructions) |
| | | e: ► WWW.FOREST-TRENDS.ORG organization: X Corporation Trust Associati | ion Other | I Voor | H(c) Group exemption | on number ► M State of legal domicile: DE |
| | | Summary | on Circi | L TEAL | or iorniation. 1990 | M State of legal doffliche. DE |
| | | Briefly describe the organization's mission or most signif | ficant activities: SEE | PART I | II. LINE 1. | |
| Activities & Governance | ' | briefly describe the organization's mission of most signif | ilcant activities. | | | |
| na | 2 | Check this box if the organization discontinue | ed its operations or dispos | sed of more | than 25% of its net a | ssets. |
| ove | | Number of voting members of the governing body (Part | | | | 17 |
| Ğ | | Number of independent voting members of the governin | | | | 16 |
| S S | | Total number of individuals employed in calendar year 20 | | | | 42 |
| viti | | Total number of volunteers (estimate if necessary) | | | | 16 |
| \cti | | Total unrelated business revenue from Part VIII, column | | | | |
| _ | b | Net unrelated business taxable income from Form 990-T | , line 34 | | 7b | 0. |
| | | | | | Prior Year | Current Year |
| ě | | Contributions and grants (Part VIII, line 1h) | | | 5,793,791. | |
| Revenue | | | | | 290,762. | |
| Rev | | Investment income (Part VIII, column (A), lines 3, 4, and | | | 6,826. | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1 | 10c, and 11e) | | 16,692. | |
| | | Total revenue - add lines 8 through 11 (must equal Part \ | | | 6,108,071. | |
| | | Grants and similar amounts paid (Part IX, column (A), line | | | 0. | , |
| | | Benefits paid to or for members (Part IX, column (A), line | | | 0. 2,388,116. | - |
| ses | | Salaries, other compensation, employee benefits (Part I) | | | 2,388,110. | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11 | le) | ,,,,,,,,, <u> </u> | 0. | 0. |
| EX | | Total fundraising expenses (Part IX, column (D), line 25) | | | 4,403,364. | 2,439,726. |
| | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-2 Total expenses. Add lines 13-17 (must equal Part IX, coli | | | 6,791,480. | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | | -683,409. | |
| e o | 1.9 | noveride less expenses. Subtract line to nonrille 12 | | Be | ginning of Current Year | End of Year |
| ets (| 20 | Total assets (Part X, line 16) | | | 3,992,917. | |
| let Assets or und Balances | | T | | | 547,947. | |
| Plet | | Net assets or fund balances. Subtract line 21 from line 2 | | | 3,444,970. | |
| Pa | rt II | Signature Block | | • | | • |
| Unde | er pena | lties of perjury, I declare that I have examined this return, includ | ing accompanying schedules | s and statem | ents, and to the best of n | ny knowledge and belief, it is |
| true, | correc | t, and complete. Declaration of preparer (other than officer) is ba | ased on all information of wh | nich preparer | has any knowledge. | |
| | | 7 | | | | |
| Sigr | 1 | Signature of officer | | | Date | |
| Here | е | MICHAEL JENKINS, PRESIDEN | T | | | |
| | | Type or print name and title | | | Ooto ! ! | I DTIN |
| | | Print/Type preparer's name Prepa | arer's signature | 10 | Date Check L | PTIN |
| Paid | | CHI WIN DOCUMENT | ED EED:// | | self-emplo | yed |
| | arer | Firm's name GELMAN, ROSENBERG & | | | Firm's EIN | 52-1392008 |
| use | Only | Firm's address 50 MONTGOMERY AVE | SOTTE 020N | | , , , , , , , , , , , , , , , , , , , | 201\ 0E1 0000 |
| | | BETHESDA, MD 20814- | | | Phone no. (| 301) 951-9090 |
| Mav | the IF | RS discuss this return with the preparer shown above? (s | see instructions) | | | X Yes No |

| Pa | rt III Statement of Program Service Accomplishments |
|----------------|--|
| | Check if Schedule O contains a response to any question in this Part III |
| 1 | Briefly describe the organization's mission: FOREST TRENDS WORKS TO EXPAND THE VALUE OF FORESTS TO SOCIETY; TO |
| | PROMOTE SUSTAINABLE FOREST MANAGEMENT AND CONSERVATION BY CREATING AND |
| | CAPTURING MARKET VALUES FOR ECOSYSTEM SERVICES; TO SUPPORT INNOVATIVE |
| | PROJECTS AND COMPANIES THAT ARE DEVELOPING THESE NEW MARKETS; AND TO |
| _ | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No |
| | |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to |
| | others, the total expenses, and revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 1,464,004. including grants of \$ 249,601.) (Revenue \$) |
| | ECOSYSTEM MARKET PLACE: PROVIDES COMMERCIALLY AND SOCIALLY VALUABLE |
| | INFORMATION TO A WIDE RANGE OF ACTORS WHO WILL BE IMPORTANT IN THE |
| | ENVIRONMENTAL MARKETS. |
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| | 1 160 504 200 400 160 060 |
| 4b | (Code:) (Expenses \$ 1,162,524. including grants of \$ 282,488.) (Revenue \$ 163,969.) |
| | THE FOREST TRENDS KATOOMBA INCUBATOR PROGRAM SUPPORTS INNOVATIVE |
| | ECOSYSTEM SERVICES PROJECTS AS A MEANS TO CATALYZE MARKETS, INFORM |
| | POLICY AND BUILD CAPACITY IN LATIN AMERICA AND AFRICA. THE INCUBATOR |
| | STRATEGICALLY INVESTS IN THE DEVELOPMENT PHASE OF PROJECTS WITH STRONG |
| | COMMUNITY AND BIODIVERSITY BENEFITS, ENABLING PROJECTS AND LOCAL |
| | PARTNERS TO REACH THE POINT WHERE THEY CAN EFFECTIVELY ENGAGE PRIVATE |
| | INVESTORS OR BUYERS ON SOLID, EQUITABLE FOOTING. THE INCUBATOR PROVIDES |
| | A SUITE OF TECHNICAL, BUSINESS AND LEGAL SUPPORT TO HELP LOCAL PARTNERS |
| | GROW THEIR PROJECTS, DRAWING BOTH ON ITS OWN SPECIALISTS AND THE |
| | KATOOMBA GROUP'S EXTENSIVE NETWORK OF LEADING EXPERTS AND PRACTITIONERS |
| | AROUND THE WORLD. |
| | |
| 40 | (Code:) (Expenses \$ 756,675 • including grants of \$ 30,922 •) (Revenue \$) |
| | BUSINESS BIODIVERSITY OFFSETS- A CROSS-SECTORAL PARTNERSHIP BETWEEN |
| | COMPANIES AND CONSERVATION EXPERTS TO PROMOTE AN INNOVATIVE MECHANISM |
| | FOR REDUCING THE IMPACT OF INDUSTRY ON THE ENVIRONMENT. |
| | TOR REDUCING THE IMPACT OF INDODIKT ON THE ENVIRONMENT. |
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| | |
| 44 | Other program services (Describe in Schedule O.) |
| Tu | (Expenses \$ 1,148,482 • including grants of \$ 86,242 •) (Revenue \$) |
| 1- | N 1 521 COF |
| <u>4e</u> | |
| 13200 02-09 | Form 990 (2011) |

Part IV | Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-------------|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | х | |
| 2 | If "Yes," complete Schedule A | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| • | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | _X_ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | 7.7 |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | _X_ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | Х |
| 0 | Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | 8 | | |
| 9 | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | 9 | | |
| 10 | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | _X_ |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | Х |
| اء | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | 11c | | |
| u | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI, XII, and XIII | 12a | | _X_ |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. | 40. | х | |
| 40 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b | | |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 13 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 174 | | |
| _ | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | Х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | 37 |
| 4- | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | _X_ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 47 | | Х |
| 18 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 17 | | |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 b | | |
| | | | | |

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | | | 37 |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | | | |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | v |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| _ | instructions for applicable filing thresholds, conditions, and exceptions): | 00- | | Х |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | 21 |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29 | | |
| 00 | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| ٠. | If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of | | | |
| | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | Х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | _ |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |

Form 990 (2011) FOREST TRENDS ASSOCIATION Part V Statements Regarding Other IRS Filings and Tax Compliance

| Service the number reported in Box 3 of Form 1008. Enter 0- if not applicable 1a 40 | | Check if Schedule O contains a response to any question in this Part V | | | | | |
|---|----|--|----------------|---------------------------------------|-----|-----|----------|
| b Enter the number of Forms W2G included in line 1s. Enter 6-bill not applicable 10 0 0 0 0 0 0 0 0 | | | | | | Yes | No |
| b Enter the number of Forms W2G included in line 1a. Enter o I find applicable OI bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If was a filed and a size greater than 250, you may be required to -6ft eige instructions? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization and size greater than 250, you may be required to -6ft eige instructions? 3c Did the organization in a freight of the organization have an interest it, or a signature or other authority over, a financial account or forter financial account or control tractices and an analysis of the organization than a shark account, securities account, or other financial account? 3c Did was the organization and party to a prohibited tax shelter franaeciation at any time during the tax year? 3c Did any experiments for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 3c Did was the organization and party to a prohibited tax was or is a party to a prohibited tax shelter transaction? 3c Did was the organization and party to a prohibited tax was or is a party to a prohibited tax shelter transaction? 3c Did was the organization and party to a prohibited tax was or is a party to a prohibited tax shelter transaction? 3c Did was the organization and party to a prohibited tax was or is a party to a prohibited tax shelter transaction? 3c Did was the organization and party to a prohibited tax was or is a party to a prohibited tax was helter transaction? 3c Did was the organization and pa | 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 40 | | | |
| dispatching winnings to prize winners? 2 | b | | 1b | 0 | | | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this result. 2b If at least on is reported on line 2a, did the organization field is equired federal employment tax retures? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unreated business gross income of \$1,000 or more during the relatered business gross income of \$1,000 or more during the relatered varie, did the organization have an interest in, or a singular or other authority over, a financial account in a foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibitor tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a of 5b, did the organization file Form 886-877 6c If "Yes," to line 5a of 5b, did the organization file Form 886-877 6d Does the organization have narual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X 7b If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 6c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X 7b If "Yes," did the organization include with every solicitation and express transmit on the solicitation of the value of the goods or services provided? 6c Did the organization selection appropriate organization file to paym | С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | eportab | le gaming | | | |
| 2a Earth the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a | | (gambling) winnings to prize winners? | | | 1c | Х | |
| b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary year, did the organization have an inderest 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 accountly? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the calendary ear, did the organization have a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, 'to line \$a or \$b, did the organization had it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, 'to line \$a or \$b, did the organization had it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'to line \$a or \$b, did the organization had it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'to line \$a or \$b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that many receive deductible contributions under section 170(c). 8d If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7b If Yes, 'did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If Yes, 'did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If Yes, 'dinicate the number of Forms 8282 filed during the year 6 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization in line forms 800 and 10 | 2a | | | Î | | | |
| b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to ~ file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Sb I Yes, 'has it filled a Form 990 T for this year? If 'No.', 'provide an explanation in Schedule O 3b I A at any time during the calendary year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X X b If Yes, 'there the name of the foreign country. ► See instructions for filling requirements for Form TD F 90.221, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b ID dainy taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I Yes, 'to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c I Yes, 'to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c I Yes, 'to line Sa or 5b, did the organization in line Form 8898-17 (Sc I X) 5b If Yes, 'to lide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 Id If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 8292? 7d If Yes, 'to line Form 8282? 7d If Yes, 'to line Form 8282? If I Yes, 'to line organization neceive a pyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7d If Yes, 'to line for machine the form 8292 as required to line Form 8292 as | | filed for the calendar year ending with or within the year covered by this return | 2a | 42 | | | |
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| to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 | b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? N/A 9a 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14a Did the organization is contributed. | С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | as requ | ired | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? N/A b Did the organization make a distribution to a donor, donor advisor, or related person? N/A b Gection 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A b Gross income from members or shareholders N/A 11a Section 501(c)(2) organizations. Enter: a Gross income from members or shareholders N/A b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? N/A Did the organization is licensed to issue qualified health plans in more than one states in which the organization is licensed to issue qualified health pla | | to file Form 8282? | | | 7c | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? N/A 9a b Did the organization make a distribution to a donor, donor advisor, or related person? N/A 10a b Gross receipts, included on Form 990, Part VIII, line 12 n Initiation fees and capital contributions included on Part VIII, line 12 a Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the ta | d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
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| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | | 13c | | 4.0 | | v |
| | | | | | | | \vdash |
| | b | IT "Yes," has it filed a Form 720 to report these payments? IT "No," provide an explanation in Schedule | , ∪ | | | 000 | (2011) |

| Par | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th | - | | "No" r | espor | ise | | |
|----------|---|----------|--------------------------|---------|----------|-----|--|--|
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. | See | instructions. | | | | | |
| | Check if Schedule O contains a response to any question in this Part VI | | | | | X | | |
| Sec | tion A. Governing Body and Management | | | | | | | |
| | | | | | Yes | No | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 17 | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 16 | 4 | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | | | | | | | |
| | officer, director, trustee, or key employee? | | | 2 | | X | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | • | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | | 3 | | X | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | | | 4 | | X | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | | | 5 | | X | | |
| 6 | Did the organization have members or stockholders? | | | 6 | | Х | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or | | | | | 37 | | |
| | more members of the governing body? | | | 7a | | X | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, s | tockh | olders, or | | | 7.7 | | |
| _ | persons other than the governing body? | | | 7b | | X | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | - | = | | v | | | |
| | The governing body? | | | 8a | X | _ | | |
| _ | Each committee with authority to act on behalf of the governing body? | | | 8b | Λ | | | |
| 9 | 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | avenu | e Code I | 9 | | X | | |
| 000 | Horris Control (This Control Direquests information about policies not required by the internal ric | ov erra | c 00dc./ | | Yes | No | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | 103 | X | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | 100 | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | | | 11a | Х | | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | · · | | | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | Х | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | to cor | flicts? | 12b | Х | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "You | es," d | escribe | | | | | |
| | in Schedule O how this was done | | | 12c | Х | | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | X | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | Х | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | al by ir | ndependent | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | |
| | The organization's CEO, Executive Director, or top management official | | | 15a | X | L | | |
| b | Other officers or key employees of the organization | | | 15b | | X | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger | nent v | vith a | | | 37 | | |
| | taxable entity during the year? | | | 16a | | X | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | - | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | |
| 500 | exempt status with respect to such arrangements? | | | 16b | | | | |
| | tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE | | | | | | | |
| 17 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T | (Sec | ion 501(c)(3)s only) | availah | مار | | | |
| 13 | for public inspection. Indicate how you made these available. Check all that apply. | (060) | .ioi1 00 1(0)(0)3 01119) | avallab | ,,C | | | |
| | Own website | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, co | nflict | of interest policy, an | d finar | ncial | | | |
| - | statements available to the public during the tax year. | | - 22), & | 1441 | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books ar | nd rec | ords of the organiza | tion: | . | | | |
| | MICHAEL JENKINS - 202-298-3000 | | | | | | | |
| | 1203 19TH STREET NW 4TH FL WASHINGTON DC 20036 | | | | | | | |

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| (A) | (B) | Orga | | (C |) | | iisat | (D) | (E) | (F) |
|-------------------------------|---|--------------------------------|------------------------|---------------|----------------|------------------------------|--------|--|--|--|
| Name and Title | Average hours per week | box | not c , unle | heck ss pe | more rson i | than is bot or/trus | h an | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | (describe hours for related organizations in Schedule O) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) MICHAEL JENKINS | 40.00 | l | | | | | | 010 000 | | 00 000 |
| PRESIDENT | 40.00 | Х | | Х | | | | 213,338. | 0. | 28,968. |
| (2) OLOF JOHANSSON | 0.50 | l | | | | | | • | | • |
| CHAIR | 0.50 | Х | | Х | | | | 0. | 0. | 0. |
| (3) SERGEY TSYPLENKOV | | l | | | | | | | | |
| VICE CHAIR | 0.50 | Х | | Х | | | | 0. | 0. | 0. |
| (4) JOHN BEGLEY | | l | | | | | | | | |
| TREASURER | 0.50 | Х | | Х | | | | 0. | 0. | 0. |
| (5) JOHN EARHART | | | | | | | | | _ | _ |
| SECRETARY | 0.50 | Х | | Х | | | | 0. | 0. | 0. |
| (6) MATT ARNOLD | | | | | | | | _ | _ | _ |
| DIRECTOR | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (7) DAVID BRAND | | | | | | | | _ | _ | _ |
| DIRECTOR | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (8) RICHARD BURRETT | | | | | | | | | _ | _ |
| DIRECTOR | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (9) LINDA COADY | | | | | | | | | _ | |
| DIRECTOR (SEE SCH. O) | 4.00 | Х | | | | | | 40,500. | 0. | 0. |
| (10) MARTHA ISABEL RUIZ CORZO | | | | | | | | _ | _ | _ |
| DIRECTOR | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (11) COLIN LE DUC | | | | | | | | | _ | _ |
| DIRECTOR | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (12) BETTINA VON HAGEN | | | | | | | | | _ | _ |
| DIRECTOR | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (13) RANDY HAYES | | | | | | | | | _ | _ |
| DIRECTOR | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (14) HANS HOOGEVEEN | | | | | | | | | _ | _ |
| DIRECTOR | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (15) MIGUEL MILANO | | | | | | | | _ | | _ |
| DIRECTOR | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (16) YUSUF OLE PETENYA | | | | | | | | _ | _ | _ |
| DIRECTOR | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (17) DANIEL NEPSTAD | | l | | | | | | _ | | _ |
| DIRECTOR | 0.50 | Х | | | | | | 0. | 0. | 0. |

132007 01-23-12

| Form 990 (2011) FOREST T | | | | | | | | | 52-2135 | 531 | Pa | ıge 8 |
|---|---|--|-----------------------|---|---|------------------------------|--------|--|----------------------------------|--|---------------------------|---------------|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | |
| (A) Name and title | (B) Average hours per week | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | (D) Reportable compensation from | (E) Reportable compensation from related | Estir amo ot | her | of | | | | |
| | (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compe fror orgar and i organ | n the nizati relate | e on ed |
| (18) BRYAN STRAATHOF | 40.00 | | | х | | | | 116 014 | 0. | 21 | 0.0 | 27 |
| DIRECTOR OF FINANCE (19) JOSE BORGES | 40.00 | | | Λ | | | | 116,814. | 0. | <u> </u> | , 00 | <u>87.</u> |
| DIR. COMMUNITIES PROG | 40.00 | | | | | X | | 114,284. | 0. | 23 | 34 | 40. |
| (20) KATHERINE E. HAMILTON | 10.00 | | | | | | | 111,201. | • | | , 5 | |
| DIR. ECOSYSTEM | 40.00 | | | | | х | | 104,599. | 0. | 12 | ,74 | 10. |
| (21) KERSTIN CANBY | | | | | | | | - | | | | |
| DIR. FOREST TRADE FIN. | 40.00 | | | | | Х | | 105,100. | 0. | 8 | , 34 | 11. |
| (22) DAVID TEPPER | | | | | | | | | | | | |
| DIR. CHES FUND | 40.00 | | | | | Х | | 105,515. | 0. | 21 | , 40 | 36. |
| | | | | | | | | | | | | |
| 1b Sub-total | | | | | | \blacktriangleright | | 800,150. | 0. | 116 | <u>,76</u> | <u>52.</u> |
| c Total from continuation sheets to Part \ d Total (add lines 1b and 1c) | | | | | | > | | 0. 800,150. | 0. | 116 | ,76 | 0. 52. |
| Total number of individuals (including but | | | | | | e) wh | no re | eceived more than \$100 | ,000 of reportable | | | |
| compensation from the organization | | | | | | | | | | 1 | . , | . 6 |
| 3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for | | | | • | • | • | | nighest compensated e | | 3 Y | 'es | No X |
| 4 For any individual listed on line 1a, is the s | sum of reportab | le co | omp | ensa | ation | and | d oth | ner compensation from | the organization | | | |
| and related organizations greater than \$15 | | | | | | | | | | 4 | X | |
| 5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor | • | | | | • | | | • | | 5 | | Х |

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|-----------------------------|----------------------------|
| KERRY TEN KATE, CRONDALL RD, CROOKHAM | BUS. & BIODIVERSITY | Compensation |
| VILLAGE, HAMPSHIRE, UK, GU515SS | OFFSETS SVCS. | 162,049. |
| AMREI VON HASE, 1 GROSVENOR AVE., | BBOP PROGRAM | |
| ORANJEZICHT 8001, SOUTH AFRICA | SERVICES | 105,881. |
| JAN CASSIN | BBOP PROGRAM | |
| 7 HIGHLAND DRIVE, #302, SEATTLE, WA 98109 | SERVICES | 105,093. |
| | | |
| | | |
| | | |
| | | |

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

| Pa | rt VII | Statement of Rever | iue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |
|--|-----------------------|---|--|-------------------------|----------------------|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | b c d e f | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grant similar amounts not included above Noncash contributions included in lines Total. Add lines 1a-1f | 1b 1c 1d 1d 1e 1s, and 1e 1s 1f 1s | 6881271. | 10,145,303. | | | |
| Program Service Revenue | 2 a b c | CONTRACT REVENU | E | Business Code 900099 | 163,969. | 163,969. | | |
| Progra Re Re | | All other program service reve Total. Add lines 2a-2f | nuedividends, inter | est, and | 163,969. | | | 4.064 |
| | 4 5 | other similar amounts) | k-exempt bond p | oroceeds > | 4,064. | | | 4,064. |
| | b c | Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) | | > | | | | |
| | b | Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses | (i) Securities | (ii) Other | | | | |
| Other Revenue | d | Gain or (loss) Net gain or (loss) Gross income from fundraising including \$ contributions reported on line Part IV, line 18 | g events (not of 1c). See | | | | | |
| | с 9 а | Less: direct expenses Net income or (loss) from func Gross income from gaming ac Part IV, line 19 Less: direct expenses | blraising events tivities. See | > | | | | |
| | c 10 a b | Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale | ing activities returns a | • | | | | |
| | | Miscellaneous Revenu MISCELLANEOUS R | е | Business Code 900099 | 3,938. | | | 3,938. |
| 13200 01-23 | e 12 | Total. Add lines 11a-11d Total revenue. See instructions. | | > | 3,938. | 163,969. | 0. | 8,002. Form 990 (2011) |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | Check if Schedule O contains a respons | | | <u></u> | |
|----|--|-----------------------|---|-------------------------------------|---------------------------------------|
| | ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | 2,000. | 2,000. | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | 647,253. | 647,253. | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 381,007. | 251,894. | 107,664. | 21,44 |
| | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| | Other salaries and wages | 1,848,788. | 1,416,515. | 298,036. | 134,23 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and section 403(b) employer contributions) | 121,466. | 93,187. | 19,440. | 8,83 3,96 |
| 9 | Other employee benefits | 50,478. | 41,877. | 4,640. | 3,96 |
| 0 | Payroll taxes | 170,520. | 128,044. | 30,514. | 11,96 |
| | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | 4,381. | | 3,981. | 40 |
| С | Accounting | 41,426. | | 41,426. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 1,445,871. | 1,370,695. | 7,929. | 67,24 |
| 12 | Advertising and promotion | | | | |
| | Office expenses | 138,842. | 25. | 137,360. | 1,45 |
| 14 | Information technology | 11,299. | 10,598. | 428. | 27: |
| 15 | Royalties | | | | |
| 16 | Occupancy | 160,520. | 56,664. | 103,544. | 31: |
| 7 | Travel | 213,272. | 160,353. | 30,575. | 22,34 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 192,392. | 156,379. | 35,389. | 62 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 6,936. | 2,448. | 4,475. | 1: |
| | Insurance | 11,399. | 4,024. | 7,353. | 22 |
| | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| | PUBLICATIONS | 195,126. | 186,206. | 1,806. | 7,11 |
| | FORGIVENESS OF BAD DEBT | 11,316. | , | 11,316. | , |
| | PAYROLL PROCESSING FEES | 3,757. | 3,523. | 143. | 9: |
| | DUES/AWARDS/CONTRIB. | 3,189. | , | 3,189. | |
| | All other expenses | , | | , | |
| | Total functional expenses. Add lines 1 through 24e | 5,661,238. | 4,531,685. | 849,208. | 280,34 |
| | Joint costs. Complete this line only if the organization | | . , | , | , |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | | | | | |

| | | | (A) Beginning of year | | (B) End of year |
|-----------------------------|----|---|--------------------------|-----|---------------------------|
| | 1 | Cash - non-interest-bearing | | 1 | 361,949. |
| | 2 | Savings and temporary cash investments | 698,675. | | 2,164,219. |
| | 3 | Pledges and grants receivable, net | 2,678,647. | 3 | 5,972,510. |
| | 4 | Accounts receivable, net | 470,201. | 4 | 152,122. |
| | | Receivables from current and former officers, directors, trustees, key | | | |
| | | employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| | | employees' beneficiary organizations (see instructions) | | 6 | |
| Assets | | Notes and loans receivable, net | | 7 | |
| 1ss | | Inventories for sale or use | | 8 | |
| ^ | | Prepaid expenses and deferred charges | | | 39,941. |
| | | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 275, 5 | 06. | | |
| | b | Less: accumulated depreciation 10b 251, 2 | 54. 5,303. | 10c | 24,252. |
| . | | Investments - publicly traded securities | | 11 | |
| | | Investments - other securities. See Part IV, line 11 | | 12 | |
| | | Investments - program-related. See Part IV, line 11 | | 13 | |
| | | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 103,298. | | 13,633. |
| | | Total assets. Add lines 1 through 15 (must equal line 34) | | | 8,728,626. |
| | | Accounts payable and accrued expenses | | | 627,620. |
| . | | Grants payable | | 18 | |
| . | | Deferred revenue | | 19 | |
| | | Tax-exempt bond liabilities | | 20 | |
| ဖွ ဒ | | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | | Payables to current and former officers, directors, trustees, key employees | | | |
| abi | | highest compensated employees, and disqualified persons. Complete Part | | | |
| □ | | of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| : | | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| : | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X of | | | |
| | | Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 547,947. | 26 | 627,620. |
| | | Organizations that follow SFAS 117, check here X and comple | te | | |
| မွ | | lines 27 through 29, and lines 33 and 34. | | | |
| 을 2 | 27 | Unrestricted net assets | | | -357,835. |
| े ब्रु | | Temporarily restricted net assets | | 28 | 8,458,841. |
| 필 | 29 | Permanently restricted net assets | | 29 | |
| Ψ | | Organizations that do not follow SFAS 117, check here and | | | |
| ō | | complete lines 30 through 34. | | | |
| ets : | 30 | Capital stock or trust principal, or current funds | | 30 | |
| ₹ss : | | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| z ; | 33 | Total net assets or fund balances | 3,444,970. | 33 | 8,101,006. |
| ; | | Total liabilities and net assets/fund balances | 1 2 2 2 2 2 2 2 | 34 | 8,728,626. |

| Pa | rt XI Reconciliation of Net Assets | | | | |
|----|--|------------|-------|-----|------------|
| | Check if Schedule O contains a response to any question in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 10,31 | 7,2 | 74. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,66 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 4,65 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,44 | 4,9 | <u>70.</u> |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | 0. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 8,10 | 1,0 | <u>06.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | Щ |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | - | | | |
| | Act and OMB Circular A-133? | | 3a | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | | Х | |
| | | | Form | 990 | (2011) |

132012 01-23-12

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FOREST TRENDS ASSOCIATION

Employer identification number

52-2135531

| Part I | Reason | for Public Char | ity Status (All organiz | ations mu | st complet | te this par | :.) See inst | tructions. | | | | |
|----------|---|---------------------------------------|---|---------------|--------------------|-------------------|--------------|------------------------------------|--------------|--------------|----------|-------|
| he organ | ization is not a | a private foundation | because it is: (For lines 1 | 1 through | 11, check | only one b | ox.) | | | | | |
| 1 | A church, cor | nvention of churches | s, or association of churc | ches desc | ribed in se | ction 170 | (b)(1)(A)(i) | | | | | |
| 2 | A school des | cribed in section 17 | '0(b)(1)(A)(ii). (Attach Sc | hedule E.) | | | | | | | | |
| з 🗌 | | | tal service organization of | • | in section | 170(b)(1) | A)(iii). | | | | | |
| 4 | • | | operated in conjunction | | | | | (b)(1)(A)(ii | i). Enter th | ne hospital | 's nam | e. |
| | city, and state: | | | | | | | | | | | |
| 5 | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | | | |
| | section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | | |
| 6 | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | | |
| | A receral, state, or local government or governmental unit described in section 1700) 1/4/4/0. X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in | | | | | | | | | | | |
| • — | | b)(1)(A)(vi). (Comple | | o. no oupp | | 90.0 | | | 90.10.a. p | | | |
| 8 | | | ection 170(b)(1)(A)(vi). | (Complete | Part II) | | | | | | | |
| 9 | | | eives: (1) more than 33 1 | | | rom contri | butions, m | nembershi | o fees, an | d aross rea | ceints : | from |
| | - | • | nctions - subject to certa | | | | | | | - | - | |
| | | | axable income (less sect | | | | | | | | | |
| | | 509(a)(2). (Complete | | | , | | | , 9 | | | -, | |
| 10 | | | perated exclusively to te | st for publ | ic safetv. S | See sectio | n 509(a)(4 | I). | | | | |
| 11 | - | - | perated exclusively for th | - | • | | | - | v out the r | ourposes o | f one o | or |
| | - | · · | ations described in section | | | | | | | - | | |
| | | | organization and comple | | | | , | | ,(-, | | | |
| | a Type I | | 7 | : П Тур | | | earated | | d 🗆 | Type III - C | Other | |
| е 🗌 | • | | at the organization is not | • • | | • | - | r more disc | | • • | | n |
| | | · · · · · · · · · · · · · · · · · · · | han one or more publicly | | • | • | - | | | | | |
| f | | • | ten determination from t | | • | | | | ()() | | (/(/ | |
| | | rganization, check th | | | | | | | | | | |
| g | | , | organization accepted ar | | | | | | sons? | | | |
| J | | | irectly controls, either al | | | | | | | | Yes | No |
| | | | upported organization? | | | | | | | . 11g(i) | | |
| | - | | n described in (i) above? | | | | | | | | | |
| | | | person described in (i) o | | | | | | | | | |
| h | | | about the supported org | | | | | | | | | |
| | | J | | 9 | . , | | | | | | | |
| (i) Name | of supported | (ii) EIN | (iii) Type of | (iv) Is the o | rganization | (v) Did you | notify the | (vi) ls | the | (vii) Am | ount o | f |
| . , | anization | (, = | organization (described on lines 1-9 | | sted in your | | | orgańizátic (i) organiz U.S. | ed in the | sup | | |
| | | | above or IRC section | governing | document? | (i) of your | support? | U.S. | .? | | | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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132021 01-24-12

Form 990 or 990-EZ.

13

2011.04030 FOREST TRENDS ASSOCIATION

15668__1

Schedule A (Form 990 or 990-EZ) 2011

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

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

| Se | ction A. Public Support | | | | | | |
|------|---|---------------------|-----------------------|---|---------------------|----------------------|--------------------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 3,507,455. | 5,903,948. | 5,907,839. | 5,793,791. | 10,145,303. | 31,258,336. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 3,507,455. | 5,903,948. | 5,907,839. | 5,793,791. | 10,145,303. | 31,258,336. |
| | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | actume (f) | | | | | | 3,894,750. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 27,363,586. |
| | ction B. Total Support | | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Amounts from line 4 | 3,507,455. | 5,903,948. | 5,907,839. | 5,793,791. | 10,145,303. | 31,258,336. |
| | Gross income from interest, | 0,001,1001 | 0,200,2201 | 0,501,0051 | 0,,50,,520 | 20,220,000 | 01,200,000. |
| 0 | , | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | 12,754. | 6,718. | 6,826. | 4,064. | 30,362. |
| • | and income from similar sources | | 12,754. | 0,710. | 0,020. | 4,004. | 30,302. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| 40 | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | E 622 | 2 710 | 12 602 | 16,692. | 2 020 | 41,654. |
| | assets (Explain in Part IV.) | 5,622. | 2,719. | 12,683. | 10,092. | 3,930. | |
| | Total support. Add lines 7 through 10 | | | | | 1 2 | 31,330,352. ,224,940. |
| | Gross receipts from related activities, | | | | | | , 224, 940. |
| 13 | First five years. If the Form 990 is for | • | first, second, third | l, fourth, or fifth tax | k year as a section | n 501(c)(3) | , \Box |
| 80 | organization, check this box and stop ction C. Computation of Publ | | roontago | | | | P |
| _ | • | | | | | | 87.34 % |
| | Public support percentage for 2011 (I | | • | * | | 14 | 06 00 |
| | Public support percentage from 2010 | | | | | 15 | 86.38 % |
| 16a | 33 1/3% support test - 2011. If the c | | | | | | |
| | stop here. The organization qualifies | | | | | | |
| k | o 33 1/3% support test - 2010. If the o | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | ū | | | | | • |
| | and if the organization meets the "fac | | | - | | - | |
| | meets the "facts-and-circumstances" | test. The organiza | tion qualifies as a p | oublicly supported | organization | | ▶□ |
| k | 10% -facts-and-circumstances tes | _ | | | | | |
| | more, and if the organization meets the | | | | | | |
| | organization meets the "facts-and-circ | cumstances" test. | The organization q | ualifies as a public | ly supported orga | anization | ▶∐ |
| 18 | Private foundation. If the organization | n did not check a l | box on line 13, 16a | , 16b, 17a, or 17b, | , check this box a | ınd see instruction: | s ▶∐ |

Schedule A (Form 990 or 990-EZ) 2011

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 under the tests listed below, please complete Part II.)

| Section A. Public Support | now, piedee com | oloto i art II.j | | | | |
|--|--------------------------|---------------------------|-----------------------|----------------------|---------------------|-------------|
| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 Gifts, grants, contributions, and | | . , | , , | ` ' | , | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per- | | | | | | |
| formed, or facilities furnished in | | | | | | |
| any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to the organization without charge | | | | | | |
| · · · · | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons b Amounts included on lines 2 and 3 received | | | | | | |
| from other than disqualified persons that | | | | | | |
| exceed the greater of \$5,000 or 1% of the | | | | | | |
| amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | #10000 | () 0000 | (0 0040 | () 00// | (0 |
| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| dividends, payments received on | | | | | | |
| securities loans, rents, royalties | | | | | | |
| and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, | | | | | | |
| whether or not the business is | | | | | | |
| regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital | | | | | | |
| assets (Explain in Part IV.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for | the organization's | s first, second, thir | d, fourth, or fifth t | ax year as a sectio | n 501(c)(3) organiz | zation, |
| check this box and stop here | | | | | | <u></u> ▶□ |
| Section C. Computation of Publi | | | | | | |
| 15 Public support percentage for 2011 (lin | | | | | 15 | % |
| 16 Public support percentage from 2010 | | | | | 16 | % |
| Section D. Computation of Inves | tment Incom | e Percentage | | | | |
| 17 Investment income percentage for 20 | | | | | 17 | % |
| 18 Investment income percentage from 2 | 010 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a 33 1/3% support tests - 2011. If the | organization did r | not check the box | on line 14, and line | e 15 is more than 3 | 33 1/3%, and line | I7 is not |
| more than 33 1/3%, check this box an | id stop here. The | e organization qual | ifies as a publicly | supported organiz | ation | ▶□ |
| b 33 1/3% support tests - 2010. If the | organization did r | not check a box or | line 14 or line 19 | a, and line 16 is mo | ore than 33 1/3%, | and |
| line 18 is not more than 33 1/3%, chec | ck this box and s | top here. The orga | anization qualifies | as a publicly supp | orted organization | ▶∐ |
| 20 Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check t | his box and see ins | structions | > |

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization **Employer identification number** FOREST TRENDS ASSOCIATION 52-2135531 Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

the prevention of cruelty to children or animals. Complete Parts I, II, and III.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

FOREST TRENDS ASSOCIATION

52-2135531

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed. | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ 787,073. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$ 664,499. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$ 1,094,552. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ <u>1,147,352.</u> | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$4,369,616. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

FOREST TRENDS ASSOCIATION

52-2135531

| Part I | Contributors (see instructions). Use duplicate copies of Part I if a | additional space is needed. | |
|-------------|--|-----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$\$\$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 102452 01 2 | | \$\$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

Name of organization **Employer identification number**

FOREST TRENDS ASSOCIATION

52-2135531

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II | if additional space is needed. | |
|------------------------------|--|--|-----------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | _ | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | _ | |
| | | <u> </u> | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | <u>-</u> | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | _ | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | _ | |
| 102452 01 2 | | Schedule B (Form 6 | 90 990-F7 or 990-PF\ (2011) |

| iizatioii | | Employer Identification fluitiber | | | |
|---|--|--|--|--|--|
| TRENDS ASSOCIATION | | 52-2135531 | | | |
| Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc | idual contributions to section 501(c)(e following line entry. For organization ., contributions of \$1,000 or less for that al space is needed. | 7), (8), or (10) organizations that total more than \$1,000 for s completing Part III, enter he year. (Enter this information once.) | | | |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| Transferee's name, address, an | (e) Transfer of gift | Relationship of transferor to transferee | | | |
| | | | | | |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| Transferee's name, address, an | (e) Transfer of gift | Relationship of transferor to transferee | | | |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| | (e) Transfer of gift | fer of gift | | | |
| Transferee's name, address, an | nd ZIP + 4 | Relationship of transferor to transferee | | | |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| | (e) Transfer of gift | | | | |
| Transferee's name, address, an | nd ZIP + 4 | Relationship of transferor to transferee | | | |
| | TRENDS ASSOCIATION Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additions (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift | TRENDS ASSOCIATION Exclusively religious, charitable, etc., individual contributions to section 501(5)/ gear. Complete columns (a) through (e) and the following line entry. For organization the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for it. Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift (f) Use of gift (g) Use of gift | | | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

FOREST TRENDS ASSOCIATION

Employer identification number 52-2135531

| Pai | τl | Organizations Maintaining Donor Advised | d Funds or Other Similar Fund | s or Ac | counts. Complete if the |
|-----|--------|---|--|---------------|--------------------------------------|
| | | organization answered "Yes" to Form 990, Part IV, line | 6. | | |
| | | | (a) Donor advised funds | (b) | Funds and other accounts |
| 1 | Total | number at end of year | | | |
| 2 | | egate contributions to (during year) | | | |
| 3 | Aggre | egate grants from (during year) | | | |
| 4 | Aggre | egate value at end of year | | | |
| 5 | | ne organization inform all donors and donor advisors in w | vriting that the assets held in donor advi | ised funds | |
| | are th | ne organization's property, subject to the organization's | exclusive legal control? | | Yes No |
| 6 | Did th | ne organization inform all grantees, donors, and donor ac | dvisors in writing that grant funds can be | e used on | у |
| | for ch | naritable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose | e conferrin | g |
| | impe | missible private benefit? | | | Yes No |
| Pai | t II | Conservation Easements. Complete if the organization | anization answered "Yes" to Form 990, | Part IV, lir | e 7. |
| 1 | Purp | ose(s) of conservation easements held by the organization | on (check all that apply). | | |
| | | Preservation of land for public use (e.g., recreation or ed | ducation) Preservation of an hi | istorically | mportant land area |
| | Ш | Protection of natural habitat | Preservation of a cer | rtified histo | oric structure |
| | | Preservation of open space | | | |
| 2 | Com | plete lines 2a through 2d if the organization held a qualifi | ed conservation contribution in the form | n of a cons | servation easement on the last |
| | day c | f the tax year. | | _ | |
| | | | | | Held at the End of the Tax Year |
| а | Total | number of conservation easements | | | 2a |
| b | Total | acreage restricted by conservation easements | | 🔯 | 2b |
| С | Numl | per of conservation easements on a certified historic stru | ıcture included in (a) | | 2c |
| d | Numl | per of conservation easements included in (c) acquired a | fter 8/17/06, and not on a historic struc | ture | |
| | listed | in the National Register | | L | 2d |
| 3 | Numl | per of conservation easements modified, transferred, rele | eased, extinguished, or terminated by th | ne organiz | ation during the tax |
| | year | | | | |
| 4 | Numl | per of states where property subject to conservation eas | ement is located | | |
| 5 | Does | the organization have a written policy regarding the peri | odic monitoring, inspection, handling of | f | |
| | violat | ions, and enforcement of the conservation easements it | holds? | | Yes No |
| 6 | | and volunteer hours devoted to monitoring, inspecting, a | | | |
| 7 | | unt of expenses incurred in monitoring, inspecting, and e | | | |
| 8 | | each conservation easement reported on line 2(d) above | | | |
| | | ection 170(h)(4)(B)(ii)? | | | |
| 9 | | rt XIV, describe how the organization reports conservation | | | |
| | includ | de, if applicable, the text of the footnote to the organizati | on's financial statements that describes | s the orga | nization's accounting for |
| _ | | ervation easements. | A |) | |
| Pai | T III | Organizations Maintaining Collections of | | Otner Si | milar Assets. |
| | | Complete if the organization answered "Yes" to Form S | | | |
| 1a | | organization elected, as permitted under SFAS 116 (AS | The state of the s | | |
| | | rical treasures, or other similar assets held for public exh | | ance of pu | ublic service, provide, in Part XIV, |
| | | ext of the footnote to its financial statements that describ | | | |
| b | | organization elected, as permitted under SFAS 116 (AS | | | |
| | | ures, or other similar assets held for public exhibition, ed | ucation, or research in furtherance of p | ublic servi | ce, provide the following amounts |
| | | ng to these items: | | | |
| | | levenues included in Form 990, Part VIII, line 1 | | | |
| | | | | | |
| 2 | | organization received or held works of art, historical trea | | ial gain, pr | ovide |
| | | ollowing amounts required to be reported under SFAS 11 | | | |
| a | | nues included in Form 990, Part VIII, line 1 | | | |
| b | Asse | ts included in Form 990, Part X | | | \$ |

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

Schedule D (Form 990) 2011

| $E \cup D E \subseteq U$ | שבאוחפ | ASSOCTATION | T |
|--------------------------|-------------|-------------|---|
| L CYL L'O I | כירואוים או | ASSULTATION | v |

| | t III Organizations Maintaining C | Collections of A | | reasures, o | r Other | | | | · Page ∠ oued) | |
|--------|--|-----------------------|------------------------|-------------------|-------------|--------------|-----------|-----------|--------------------------|--|
| 3 | Using the organization's acquisition, accession | | | | | | | | | |
| 3 | (check all that apply): | on, and other record | is, check any or th | le following that | are a sigi | illicant use | or its c | Ollection | items | |
| а | Public exhibition | d | I Dan or ex | change prograi | me | | | | | |
| b | | | | | | | | | | |
| | Preservation for future generations | e | | | | | | | | |
| с 4 | Provide a description of the organization's co | alloctions and ovnlai | n how thoy further | the organizatio | n'e ovom | nt nurnoso | in Dart | VIV | | |
| 5 | During the year, did the organization solicit or | | | | | | IIIFait | AIV. | | |
| 3 | to be sold to raise funds rather than to be ma | | | | | | | Yes | ☐ No | |
| Par | t IV Escrow and Custodial Arran | | | | | | | | NO | |
| ı uı | reported an amount on Form 990, Par | | ete ii tile organizat | ion answered | 165 1011 | Jiiii 990, F | aitiv, ii | 116 9, 01 | | |
| 12 | Is the organization an agent, trustee, custodi | | diany for contribution | one or other ass | eats not in | cluded | | | | |
| ıa | on Form 990, Part X? | | | | | | | Yes | □ No | |
| h | If "Yes," explain the arrangement in Part XIV | | | | | | | 1 163 | | |
| b | in res, explain the arrangement in Fart XIV | and complete the io | mowning table. | | | | | Amount | | |
| • | Paginning balance | | | | | 10 | | Amount | | |
| | Beginning balance | | | | | | | | | |
| | Additions during the year | | | | | | | | | |
| f | Distributions during the year | | | | | | | | | |
| 22 | Ending balance Did the organization include an amount on Fo | | | | | | \top | Yes | □ No | |
| | If "Yes," explain the arrangement in Part XIV. | | 21! | | | | | 1 163 | | |
| Par | | | swered "Ves" to F | orm 990 Part I | V line 10 | | | | | |
| . u. | 2 1 2 1 a 1 a 1 a 1 a 1 a 1 a 1 | (a) Current year | (b) Prior year | (c) Two years | | Three year | s hack | (a) Four | years back | |
| 1a | Beginning of year balance | (a) Ourrent year | (b) i noi year | (C) Two yours | , paor (a | j moo your | o buok | (e) rour | youro buok | |
| | Contributions | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | |
| 4 | Grants or scholarships | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | |
| - | - | | | | | | | | | |
| | and programs | | | | | | - | | | |
| | Administrative expenses | | | | | | - | | | |
| g 2 | End of year balance | ront year and balance | o (lino 1 a column | (a)) hold as: | | | | | | |
| | Board designated or quasi-endowment | • | % Coldinin | (a)) Held as. | | | | | | |
| a | Permanent endowment | % | | | | | | | | |
| | Temporarily restricted endowment | % % | | | | | | | | |
| · | The percentages in lines 2a, 2b, and 2c shou | | | | | | | | | |
| 32 | Are there endowment funds not in the posse | | ation that are held | and administer | ed for the | organizati | on | | | |
| Ja | by: | SSION OF THE ORGANIZA | ation that are new | and administer | ed for the | organizati | OH | Г | Yes No | |
| | (i) unrelated organizations | | | | | | | 3a(i) | 163 140 | |
| | (ii) related organizations | | | | | | | 3a(ii) | | |
| h | If "Yes" to 3a(ii), are the related organizations | listed as required o | on Schedule R2 | | | | | 3b | | |
| 4 | Describe in Part XIV the intended uses of the | | | | | | | 05 | | |
| | t VI Land, Buildings, and Equipm | | | | | | | | | |
| | Description of property | (a) Cost or o | | st or other | (c) Acc | umulated | | (d) Book | value | |
| | Description of property | basis (investr | | s (other) | ` ' | eciation | | (u) Doon | value | |
| | Land | , | | . , | | | | | | |
| | Buildings | | | | | | | | | |
| | Leasehold improvements | | | 61,315. | | 57,628 | | 3 | ,687. | |
| | Equipment | | | 60,442. | | 39,877 | | 20 | ,565. | |
| | Other | | _ | 53,749. | | 53,749 | | | 0. | |
| | . Add lines 1a through 1e. (Column (d) must e | | | | | | - | 24 | ,252. | |

Schedule D (Form 990) 2011

| Turt VIII III Veetimente Guilei Gedunties. Get | e i oiiii 990, i ait X, iii | 116 12. | | |
|---|------------------------------|-----------------------------------|---|------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | Co | (c) Method of valuates or end-of-year mar | |
| (1) Financial derivatives | | | | |
| (2) Closely-held equity interests | | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| (I) | | | | |
| Total . (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ | | | | |
| Part VIII Investments - Program Related. Se | ee Form 990, Part X, | line 13. | | |
| (a) Description of investment type | (b) Book value | Co | (c) Method of valua ost or end-of-year mar | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ | | | | |
| Part IX Other Assets. See Form 990, Part X, line | | | | |
| (a) | Description | | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | 45) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, 1 | 9 <i>15.)</i> | | > | |
| | line 25. | (b) Book value | | |
| ······································ | | (b) book value | 4 | |
| (1) Federal income taxes | | | - | |
| (2) | | | - | |
| (3) | | | 4 | |
| (4) | | | _ | |
| (5) | | | 4 | |
| (6) | | | _ | |
| (7) | | | _ | |
| (8) | | | - | |
| (9) | | | | |
| (10) | | | | |
| (11) | 05) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740). | the organization's financial | statements that reports the organ | nization's liability for uncerta | in tax positions under |
| 100050 | _ | | _ | |

2. FIN 4 132053 01-23-12

Schedule D (Form 990) 2011

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| | ule D (Form 990) 2011 FOREST TRENDS ASSOCIATION | | | | 2135531 Page |
|--------------|---|--------------|--------------|---------|--------------|
| Part | | to Audited F | inancial Sta | temen | |
| | Total revenue (Form 990, Part VIII, column (A), line 12) | | | | 10,317,274 |
| | Total expenses (Form 990, Part IX, column (A), line 25) | | | | 5,661,238 |
| | Excess or (deficit) for the year. Subtract line 2 from line 1 | | | | 4,656,036 |
| | Net unrealized gains (losses) on investments | | | | |
| 5 | Donated services and use of facilities | | 5 | | |
| 6 | nvestment expenses | | 6 | | |
| 7 | Prior period adjustments | | 7 | | |
| | Other (Describe in Part XIV.) | | | | |
| | Total adjustments (net). Add lines 4 through 8 | | | | |
| | xcess or (deficit) for the year per audited financial statements. Combine lines 3 | | | | 4,656,036 |
| | XII Reconciliation of Revenue per Audited Financial State | ments With F | Revenue per | Retur | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | . 1 | 10,317,274 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| | Net unrealized gains on investments | | | _ | |
| b | Donated services and use of facilities | 2b | | | |
| С | Recoveries of prior year grants | 2c | | | |
| d (| Other (Describe in Part XIV.) | 2d | | | |
| e / | Add lines 2a through 2d | | | . 2e | 0 |
| 3 | Subtract line 2e from line 1 | | | . 3 | 10,317,274 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | nvestment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV.) | 4b | | | |
| | Add lines 4a and 4b | | | . 4c | 0 |
| | | | | | 10,317,274 |
| Part | XIII Reconciliation of Expenses per Audited Financial State | ements With | Expenses pe | er Retu | |
| 1 | Total expenses and losses per audited financial statements | | | . 1 | 5,661,238 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b I | Prior year adjustments | 2b | | | |
| C | Other losses | 2c | | | |
| | Other (Describe in Part XIV.) | 2d | | | |
| e / | Add lines 2a through 2d | | | . 2e | 0 |
| 3 | Subtract line 2e from line 1 | | | . 3 | 5,661,238 |
| | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | nvestment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV.) | 4b | | | _ |
| | Add lines 4a and 4b | | | . 4c | 0 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | . 5 | 5,661,238 |
| | XIV Supplemental Information | | | | |
| | Cappiemental information | | | | |
| Part Comp | ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co | | | | |

(FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010, THE ASSOCIATION HAS DOCUMENTED CONSIDERATION OF FASB ASC 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS. THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER

Schedule D (Form 990) 2011

132054 01-23-12

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ➤ See separate instructions.

Name of the organization Employer identification number

FOREST TRENDS ASSOCIATION

| Part | General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? _____ Yes X No

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

| 3 Activities per Region. (T | (b) Number of | (c) Number of | an be duplicated if additional space is (d) Activities conducted in region | (e) If activity listed in (d) | (f) Total |
|----------------------------------|---------------|---|---|-------------------------------|--------------------------|
| (a) negion | offices | employees, agents, and | (by type) (e.g., fundraising, program | is a program service, | expenditures |
| | in the region | agents, and independent | services, investments, grants to | describe specific type | for and |
| | | independent contractors in region | recipients located in the region) | of service(s) in region | investments in region |
| | | in region | | | |
| EAST ASIA AND THE | | | | CREATE VALUE FOR | |
| PACIFIC | 0 | 7 | PROGRAM SERVICES | INVESTMENTS AND TRADE | 638,543. |
| | | | | REDUCE THE IMPACT OF | |
| | | | | INDUSTRY ON THE | |
| EUROPE | 0 | 4 | PROGRAM SERVICES | ENVIRONMENT | 431,723. |
| | | | | COLLABORATE TOGETHER IN | |
| | | | | THE LONG-TERM | |
| | | | | DEVELOPMENT OF | |
| SOUTH AMERICA | 0 | 7 | PROGRAM SERVICES | INSTITUTIONS AND | 1,418,908. |
| | | | | | |
| | | | | PROVIDE A FORUM TO | |
| | | | | DEVELOP A SHARED | |
| SUB-SAHARAN AFRICA | 0 | 4 | PROGRAM SERVICES | UNDERSTANDING OF PES | 791,389. |
| | | | | PROVIDES INFORMATION TO | |
| | | | | ACTORS WHO WILL BE | |
| | | | | IMPORTANT IN THE | |
| NORTH AMERICA | 0 | 4 | PROGRAM SERVICES | ENVIRONMENTAL MARKETS | 309,310. |
| EAST ASIA AND THE | | | GRANTS TO RECIPIENTS | | |
| PACIFIC | | 0 | LOCATED IN THE REGION | | 30 922 |
| PACIFIC | 0 | 0 | LOCATED IN THE REGION | | 30,922. |
| | | | GRANTS TO RECIPIENTS | | |
| EUROPE | 0 | 0 | LOCATED IN THE REGION | | 137,257. |
| | | | | | , |
| | | | GRANTS TO RECIPIENTS | | |
| SOUTH AMERICA | 0 | 0 | LOCATED IN THE REGION | | 325,583. |
| 3 a Sub-total | 0 | 26 | | | 4,083,635. |
| b Total from continuation | | | | | |
| sheets to Part I | 0 | 0 | | | 153,490. |
| c Totals (add lines 3a | | | | | |
| | 1 - | 1 | | | |

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

26

Schedule F (Form 990) 2011

132071

and 3b)

4,237,125.

| Schedule F (Form 990) FOREST TRENDS ASSOCIATION 52-21355 Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) | | | | | | | | | | |
|---|-------------------------------------|--|---|--|---|--|--|--|--|--|
| Part I Continuation | n of Activitie | s per Regior | 1. (Schedule F (Form 990), Part I, line 3 | | | | | | | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region | | | | | |
| SUB-SAHARAN AFRICA | 0 | | GRANTS TO RECIPIENTS LOCATED IN THE REGION | | 153,490. | | | | | |
| | | | | | ,,,,, | | | | | |
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| | | | | | | | | | | |
| Totals | | | | | 153,490. | | | | | |

FOREST TRENDS ASSOCIATION Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

| ightharpoonup | X |
|-------------------|---|

| Part II can be du | plicated if additional | space is needed. | | | | | | |
|----------------------------|---|------------------|-----------------------|--------------------------|---------------------------------|---|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | FIELD-BASED ANALYSIS | | | | | |
| | | | OF BIOCHAR FOR | | | | | |
| | | | AGRICULTURAL | | | | | |
| | | SOUTH AMERICA | PRODUCTION AND | 14,842. | CASH PAYMENT | 0. | | |
| | | | ADVANCEMENT OF | | | | | |
| | | | REDD-PLUS AND FOREST | | | | | |
| | | | CARBON POLICY | | | | | |
| | | SOUTH AMERICA | DIALOGUE. RECONCILE | 80,330. | CASH PAYMENT | 0. | | |
| | | | INCUBATING CAPACITY | | | | | |
| | | | IN BRAZIL, PERU AND | | | | | |
| | | | GHANA AND LINKING | | | | | |
| | | SOUTH AMERICA | FLEGT AND REDD | 120660. | CASH PAYMENT | 0. | | |
| | | | DEVELOPING AND | | | | | |
| | | | SCALING UP PAYMENT | | | | | |
| | | | FOR WATERSHED | | | | | |
| | | SOUTH AMERICA | SERVICES TO FACE THE | 16,650. | CASH PAYMENT | 0. | | |
| | | | POLICY INNOVATION IN | | | | | |
| | | | KEY AREAS, EXPANSION | | | | | |
| | | | OF SCOPE OF REDD AND | | | | | |
| | | SOUTH AMERICA | OTHER ECOSYSTEM | 17,126. | CASH PAYMENT | 0. | | |
| | | | STUDY OF | | | | | |
| | | | OPPORTUNITIES FOR | | | | | |
| | | | REDD-PLUS INITIATIVES | | | | | |
| | | SOUTH AMERICA | IN THE | 64,403. | CASH PAYMENT | 0. | | |
| | | | DEVELOPING AND | | | | | |
| | | | SCALING UP PAYMENT | | | | | |
| | | | FOR WATERSHED | | | | | |
| | | SOUTH AMERICA | SERVICES TO FACE THE | 11,573. | CASH PAYMENT | 0. | | |
| | | | ADVANCEMENT OF | | | | | |
| | | | REDD-PLUS AND FOREST | | | | | |
| | | SUB SAHARAN | CARBON POLICY | | | | | |
| | | AFRICA | DIALOGUE, RECONCILE | 137508. | CASH PAYMENT | 0. | | |

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

3 Enter total number of other organizations or entities

11

| Schedul | e F (Form 990) | 1 01(11) | I INDIA ADD | OCIMIION | | 72 21 | 3333 <u>T</u> | | Page 2 |
|--------------|--------------------|---|------------------------|--------------------------------|--------------------------|---------------------------------|---|--|---|
| Part II | Continuation of | f Grants and Other | Assistance to Organiza | ations or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line | 1) | |
| 1 (a) Nar | me of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | | ADVANCEMENT OF | | | | | |
| | | | | REDD-PLUS AND FOREST | | | | | |
| | | | SUB SAHARAN | CARBON POLICY | | | | | |
| | | | AFRICA | DIALOGUE. RECONCILE | 15,982. | CASH PAYMENT | 0. | | |
| | | | | DEVELOP | | | | | |
| | | | | CLIMATE-AGRICULTURAL | | | | | |
| | | | | FINANCE MODELS THAT | | | | | |
| | | | EUROPE | CAN BE USED TO ACCESS | 137257. | CASH PAYMENT | 0. | | |
| | | | | WORKSHOP ON | | | | | |
| | | | | BIODIVERSITY OF THE | | | | | |
| | | | EAST ASIA AND THE | SOUTH GOBI DESERT, | | | | | |
| | | | PACIFIC | MONGOLIA. | 30,922. | CASH PAYMENT | 0. | | |
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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region cash grant recipients cash disbursement non-cash non-cash assistance assistance

Page 4

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

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II. line 1 (accounting method); Part III (accounting method); and Part III. column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 3, COLUMN (E):

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: COLLABORATE TOGETHER IN THE

LONG-TERM DEVELOPMENT OF INSTITUTIONS AND POLICIES

PART II, COLUMN (D):

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: FIELD-BASED ANALYSIS OF BIOCHAR FOR AGRICULTURAL

PRODUCTION AND CLIMATE CHANGE AND NUTRIENT POLLUTION

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ADVANCEMENT OF REDD-PLUS AND FOREST CARBON POLICY

DIALOGUE. RECONCILE ACTIVITIES WITHIN EMERGING REGULATORY FRAMEWORKS TO

ENSURE ENVIRONMENTAL INTEGRITY AND GOVERNANCE.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: INCUBATING CAPACITY IN BRAZIL, PERU AND GHANA AND

LINKING FLEGT AND REDD THROUGH FOREST GOVERNANCE, REGIONAL TIMBER TRADE

AND BENEFITS SYSTEMS.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: DEVELOPING AND SCALING UP PAYMENT FOR WATERSHED

SERVICES TO FACE THE GLOBAL WATER CRISIS.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: POLICY INNOVATION IN KEY AREAS, EXPANSION OF SCOPE

REDDAND OTHER ECOSYSTEM MARKETS AND STREGTHEN REGIONAL PARTNERS.

Schedule F (Form 990) 2011

Page 5

Part V | Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: STUDY OF OPPORTUNITIES FOR REDD-PLUS INITIATIVES

IN THE SOUTH/SOUTHEAST AMAZONAS STATE.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: DEVELOPING AND SCALING UP PAYMENT FOR WATERSHED SERVICES TO FACE THE GLOBAL WATER CRISIS.

REGION: SUB SAHARAN AFRICA

(D) PURPOSE OF GRANT: ADVANCEMENT OF REDD-PLUS AND FOREST CARBON POLICY
DIALOGUE. RECONCILE ACTIVITIES WITHIN EMERGING REGULATORY FRAMEWORKS TO
ENSURE ENVIRONMENTAL INTEGRITY AND GOVERNANCE.

REGION: SUB SAHARAN AFRICA

(D) PURPOSE OF GRANT: ADVANCEMENT OF REDD-PLUS AND FOREST CARBON POLICY
DIALOGUE. RECONCILE ACTIVITIES WITHIN EMERGING REGULATORY FRAMEWORKS TO
ENSURE ENVIRONMENTAL INTEGRITY AND GOVERNANCE.

REGION: EUROPE

(D) PURPOSE OF GRANT: DEVELOP CLIMATE-AGRICULTURAL FINANCE MODELS THAT

CAN BE USED TO ACCESS CARBON AND CLIMATE FINANCE SOURCES FOR AGRICULTURAL

CLIMATE MITIGATION AND ADAPTATION PROJECTS TO REDUCE POVERTY AND DECREASE

SMALL FARMER VULNERABILITY.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

FOREST TRENDS ASSOCIATION

Employer identification number 52-2135531

| | <u> </u> | | Yes | No |
|----|--|------------------|-----|--------------|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, | | | |
| | trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director. Explain in Part III. | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| | Receive a severance payment or change-of-control payment? | 4a | | _ <u>X</u> _ |
| | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| _ | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | Х |
| | The organization? | 5a | | <u>X</u> |
| D | Any related organization? | 5b | | |
| _ | If "Yes" to line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| _ | contingent on the net earnings of: | 6- | | Х |
| | The organization? | 6a 6b | | X |
| D | Any related organization? | GD | | |
| 7 | If "Yes" to line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments | 7 | | Х |
| ٥ | not described in lines 5 and 6? If "Yes," describe in Part III | - ' - | | |
| 8 | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | Х |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | ۳ | | |
| , | Regulations section 53 4958-6(c)? | 9 | | |

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) | (D) | (E) | (F) |
|-------------------|--------------------------|-------------------------------------|---|--|------------------------|--------------------------------|---|
| (A) Name | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | Retirement and other deferred compensation | Nontaxable benefits | Total of columns (B)(i)-(D) | Compensation reported as deferred in prior Form 990 |
| | 213,338. | 0. | 0. | 14,934. | 14,034. | 242,306. | 0. |
| 1 MICHAEL JENKINS | | 0. | 0. | 0. | 0. | 0. | 0. |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011
Open to Public Inspection

Name of the organization

FOREST TRENDS ASSOCIATION

Employer identification number 52-2135531

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

ENHANCE THE LIVELIHOODS OF LOCAL COMMUNITIES LIVING IN AND AROUND THOSE

FORESTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

KATOOMBA GROUP

EXPENSES \$ 528,037. INCLUDING GRANTS OF \$ 44,582. REVENUE \$ 0.

FOREST SERVICES AND COMMUNITIES

EXPENSES \$ 308,675. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FOREST TRADE AND FINANCE

EXPENSES \$ 311,770. INCLUDING GRANTS OF \$ 41,660. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE TAX RETURN WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE DRAFT 990 WAS REVIEWED AND APPROVED BY AUDIT COMMITTEE OF THE FOREST TRENDS BOARD, THEN DISTRIBUTED TO THE BOARD TWO WEEKS PRIOR TO FILING FOR REVIEW AND COMMENT. IF ANY CHANGES WERE MADE, A FINAL COPY OF THE 990 WAS RESENT TO THE ENTIRE BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: COMPLIANCE WITH THE CONFLICT OF

INTEREST POLICY IS MONITORED ANNUALLY BY THE DIRECTOR OF ADMINISTRATION. IF

A CONFLICT OF INTEREST ARISES, THE OFFICER OR DIRECTOR IS REQUIRED TO

DISCLOSE THE CONFLICT OF INTEREST TO THE ENTIRE BOARD OF DIRECTORS. THEN HE

OR SHE WOULD RECUSE HIMSELF OR HERSELF FROM DELIBERATION OR VOTING ON A

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

Schedule O (Form 990 or 990-EZ) (2011)

132211 01-23-12

FOREST TRENDS ASSOCIATION

MATTER RELATED TO THE CONFLICT OF INTEREST. AS WITH DIRECTORS AND OFFICERS,

ALL EMPLOYEES CONFORM TO THE SAME CONFLICT OF INTEREST POLICY AND FILE

CONFLICT OF INTEREST DISCLOSURE STATEMENTS ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A: THE PRESIDENT'S SALARY IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE AND THE BOARD. THE COMPENSATION COMMITTEE USES AN OUTSIDE CONSULTANT SURVEY AND MARKET SURVEYS OF OTHER NGOS. THE PROCESS AND DECISION IS DOCUMENTED BY AN APPROVAL LETTER THAT IS KEPT IN THE PERSONNEL FILES. THE PRESIDENT DETERMINES THE SALARIES OF THE OTHER EMPLOYEES. THE MOST RECENT SALARY REVIEW TOOK PLACE JANUARY 26, 2011.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST. THESE DOCUMENTS ARE ALSO AVAILABLE ON CHARITYNAVIGATOR.ORG.

FORM 990, PART VII, LINDA COADY:

LINDA COADY SERVES ON THE BOARD OF FOREST TRENDS AND HER WORK IN THIS

CAPACITY HAS BEEN AND REMAINS UNCOMPENSATED. IN 2011, FT ENTERED INTO A

CONSULTANCY AGREEMENT WITH LINDA COADY AND ASSOCIATES TO PROVIDE

SUPPORT TO MANAGEMENT, PRIMARILY IN THE FUNDRAISING AREA, TO BUILD FT'S

BUSINESS ENGAGEMENT STRATEGY. FT WAS INVOICED, \$40,500 FOR WORK DURING

2011. THE AVERAGE OF 4.0 HOURS PER WEEK REFLECTED IN PART VII

REPRESENTS THE 0.5 AVERAGE FOR THE UNCOMPENSATED BOARD WORK AND 3.5

AVERAGE FOR THE LC&A WORK.

15668__1

SCHEDULE R (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

► See separate instructions.

2011 Open to Public Inspection

Name of the organization

FOREST TRENDS ASSOCIATION

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

 $\begin{array}{c} \text{Employer identification number} \\ 52-2135531 \end{array}$

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state of foreign country) | (d) Total inco | me End-of-yea | l l | (f) Direct controlling entity | |
|---|---|---|-------------------------------|--|------------------------|--|--------------------------------------|
| | _ | | | | | | |
| | | | | | | | |
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| | _ | | | | | | |
| Part II Identification of Related Tax-Exempt Organizations during the tax year.) | ations (Complete if the organization | answered "Yes" to Form 990 |), Part IV, line 34 b | ecause it had one | or more related tax- | xempt | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling | g cont | g) 512(b)(13) trolled tity? |
| THE KATOOMBA GROUP - 20-3738283 1050 POTOMAC STREET, NW WASHINGTON, DC 20007-3517 | FACILITATE STRATEGIC PARTNERSHIPS TO LAUNCH GREEN FOREST PRODUCTS | DISTRICT OF COLUMBIA | 501(C)(3) | | FTA | Yes | No |
| | - | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | l (j |) | (k) |
|--|------------------|---|---------------------------|--|-----------------------|-----------------------------------|-------|----------------------|--|------------------------|------------------------|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | 1 ' ' | portion- cations? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gener mana partr | al or F ging er? | Percentage ownership |
| | | country) | | sections 512-514) | | 400010 | Yes | No | K-1 (Form 1065) | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | |
|--|------------------|--|------------------------------|---|-----------------------|-----------------------------------|-------------------------|--|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Direct controlling entity | Type of entity (C corp, S corp, or trust) | Share of total income | Share of end-of-year assets | Percentage ownership | |
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Schedule R (Form 990) 2011

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| а | a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | | 1a | X | |
|---|--|-------------|-----------------------------|---|----|--------|---------------|
| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | X |
| С | Gift, grant, or capital contribution from related organization(s) | | | | 1c | | X |
| d | d Loans or loan guarantees to or for related organization(s) | | | | 1d | | X |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | X |
| | | | | | | | |
| f | f Sale of assets to related organization(s) | | | | 1f | | <u>X</u> |
| g | g Purchase of assets from related organization(s) | | | | 1g | | X |
| h | h Exchange of assets with related organization(s) | | | | 1h | | X |
| i | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1i | | X |
| | | | | | | | |
| j Lease of facilities, equipment, or other assets from related organization(s) | | | | | | | $\frac{x}{x}$ |
| | k Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | |
| Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | X |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | X |
| n | n Sharing of paid employees with related organization(s) | | | | 1n | | X |
| | | | | | | х | |
| o Reimbursement paid to related organization(s) for expenses | | | | | | | |
| р | Reimbursement paid by related organization(s) for expenses | | | | 1p | Х | |
| | | | | | | | X |
| q Other transfer of cash or property to related organization(s) | | | | | | | |
| r | Other transfer of cash or property from related organization(s) | | | | 1r | | X |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must of | complete th | nis line, including covered | relationships and transaction thresholds. | | | |
| | | b) | (c) | (d) | | | |
| | | saction | Amount involved | Method of determining amount involved | | | |
| | | e (a-r) | | amount involved | | | |
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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) | (b) | (c) | (d) | (e) Are all | (f) | (g) | (r | ו) | (i) | (j) | (k) |
|------------------------|------------------|-------------------|---|-------------------------|----------|-------------|----------|----------------|--|---------------|------------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income (related, unrelated, excluded from tax under section 512-514) | Are all partners sec | Share of | Share of | Dispre | opor- nate | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General | Percentage |
| of entity | | (state or foreign | excluded from tax | 501(c)(3) orgs.? | total | end-of-year | allocat | iale tions? | amount in box 20 Lof Schedule K-1 | partner | ownership |
| | | country) | under section 512-514) | Yes No | income | assets | Yes | No | (Form 1065) | Yes N | 5 |
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