			_	EXTE	NDED TO NOV	EMB	ER 16, 2	020	,, "tā.				
	Form*	990-T	E	xempt Organ						eturr	ı L	OMB No 15	45-0047
				(aı	nd proxy tax und	er se	ction 6033(e	e))	Vai	7/		00	40
	,	۵-	For cal	endar year 2019 or other tax ye	ar beginning		, and endin	g	1911			20 °	19
	Donasta	Go to www.irs.gov/Form990T for instructions and the latest information							_ L				
		ont of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).						5	pen to Public 01(c)(3) Organi	Inspection for zations Only			
	A \square	Check box if	Check box if Name of organization (Check box if name changed and see instructions.)						yer identification				
		address changed	<u> </u>					instruc	instructions)				
		empt under section	Print	Number, street, and room or suite no. If a P.O. box, see instructions.					52-1235124 Unrelated business activity code (See instructions)				
	X	501(c) 3)	Type										
		408(e) 220(e)	1,700	2000 M STREET, NW, NO. 550									
		408A 530(a) City or town, state or province, country, and ZIP or foreign postal code							E 41 000				
		529(a) WASHINGTON, DC 20036						5418	300				
	C Bool	Book value of all assets at end of year F Group exemption number (See instructions.)											
		166, 548, 498. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust H Seter the number of the propagation of the propagatio									ther trust		
	The little fill fill the original action is different trades of businesses.												
		trade or business here ADVERTISING . If only one, complete Parts I-V. If more the										4,-	
		describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade									or		
		iness, then complete									- [.,	[37].	
		During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation.									Yes	s X N	3
	_							Tolonho		· · ·	<u> </u>	765-35	0.5
			-	MONICA POVED de or Business Inc			(A) Incom			Expenses		(C)	
		· ·		de Or Dusiness inc	,0111 6	1	(A) 111001111		(6)		<u>'</u>		-
		Gross receipts or sale			a Balanca								
		Less returns and allov		A line 7\	c Balance	1c 2				,		_/	
		Cost of goods sold (S		·		3						-	
		Gross profit. Subtract Capital gain net incon				4a							
			•	art II, line 17) (attach Form	. <i>4</i> 707)	4b							
		Capital loss deduction			14751)	4c				_/	-		
		•		ship or an S corporation (a	5			•	/				
		Rent income (Schedu		sinp of an o corporation (a	6		一十						
		Unrelated debt-financ		ne (Schedule E)	7		_	/					
	_		t, annuities, royalties, and rents from a controlled organization (Schedule F)					/					
			ment income of a section 501(c)(7), (9), or (17) organization (Schedule G)					~					
			loited exempt activity income (Schedule I)										
		Advertising income (Schedule J)					7,3	06.					
	12	Other income (See instructions; attach schedule)											
	13	Total. Combine lines	3 throu	gh 12		13	7,3	06.		3,3	07.	3	3,999.
	Part II Deductions Not Taken Elsewhere (Soe instructions for limitations on deductions.)												
	(Deductions must be directly connected with the unrelated business income)												
_	14	Compensation of off	ficers, di	rectors, and trustees (Sche	edule K)		ا	KE	CEI	/ED	14		
Ĵ	15	Salaries and wages					اوا	_			385		
3	16	Repairs and mainter	nance				B056	P 1 5 2020		CF			
	17	Bad debts			اسل								
-	18	Interest (attach sche	edule) (s	ee instructions)			OG	DEN	1 17"	4			
į	19	Taxes and licenses					 		DEN	UI	19		
)	20		(attach Form 4562)				20						
5	21	Less depreciation claimed on Schedule A and elsewhere on return					21	a			21b		
?	22	Depletion									22		
၁	23	Contributions to deferred compensation plans Employee benefit programs Expanse exampt expansion (Schodule I)									23		
7	24 25										25		
၁ ၁	25 26								26				
<u> </u>	20 27								27	•			
	28									28	4	,249.	
	29	/		ncome before net operating	o loss deduction. Subtrar	ct line 2	8 from line 13				29		-250.
	30	,			-						 		
	· /									30		0.	
	34		taxable i	ncome. Subtract line 30 fro	om line 29						31	-	-250.
	923701			rwork Reduction Act Notic								Form 99	O-T (2019)

	OFT (2019) AMERICAN FOREST FOUNDATION	52-1235	1 Z 4 Page 2		
Par			050		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 33	-250.		
33	Amounts paid for disallowed fringes				
34	Charitable contributions (see instructions for limitation rules) STMT 1	34	0.		
` 35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 35	35	-250.		
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36			
37	Total of wasteted business touchts income before according deduction. Cubbract line 26 from line 25	37	-250.		
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.		
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,				
99	enter the smaller of zero or line 37	39	-250.		
- Dow	IV Tax Computation	00			
		40	0.		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	<u>.</u>		
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	 -			
	Tax rate schedule or Schedule D (Form 1041)	41			
42	Proxy tax. See instructions	42			
43	Alternative minimum tax (trusts only)	43			
44	Tax on Noncompliant Facility Income. See instructions	44			
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.		
Par	t V Tax and Payments				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a				
	Other credits (see instructions) 46b				
	General business credit, Attach Form 3800 46c	1 1			
-	Credit for prior year minimum tax (attach Form 8801 or 8827)	·			
	Total credits. Add lines 46a through 46d	46e			
		47	0.		
47	Subtract line 46e from line 45 Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48			
48			0.		
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.		
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	<u> </u>		
	Payments: A 2018 overpayment credited to 2019				
	2019 estimated tax payments 51b	,			
C	Tax deposited with Form 8868	ايا			
C	Foreign organizations: Tax paid or withheld at source (see instructions) 516	. ^ '			
•	Backup withholding (see instructions) 51e	ļ, [*]			
f	Credit for small employer health insurance premiums (attach Form 8941) 51f	<u> </u> '			
g	Other credits, adjustments, and payments: Form 2439	· ~.			
	☐ Form 4136 ☐ Other ☐ Total ► 51g	اخدا			
52	Total payments. Add lines 51a through 51g	52			
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53			
_ 54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55			
56	Enter the amount of line 55 you want; Credited to 2020 estimated tax	56			
Par		<u> </u>			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	· · · ·	Yes No		
٠,	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country]]		
	here CANADA		X ,		
50	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X		
58			 		
50	If "Yes," see instructions for other forms the organization may have to file.				
59	Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known	wledge and helief it is	s true		
Sign	I served and complete. Declaration of property (athor than tay payor) is based on all information of which preparer has any knowledge				
		ay the IRS discuss the	s return with		
Here		e preparer shown belo			
		structions)? X Y	es No_		
	Print/Type preparer's name Preparer's signature Date Check	f PTIN			
Pai	SCOTT E. HALLBERG, self-employed				
	parer CPA Yest Frilly, 19 8/19/20	P01081			
	Lise Only Firm's name ► CALIBRE CPA GROUP PLLC Firm's EIN ► 4				
- 36	7501 WISCONSIN AVENUE, SUITE 1200 WE				
	Firm's address ► BETHESDA, MD 20814 Phone no. 2	02-331-9	880		
923711	01-27-20	Form 9	90-T (2019)		

FORM 990-T	CONTRIBUTIONS	SUMMARY	STATEMENT	1
QUALIFIED CONTRIBUTION QUALIFIED CONTRIBUTION		LIMIT LIMIT		
CARRYOVER OF PRIOR YEAR FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018	80 87 1,90	JTIONS 04,165 76,040 00,908 36,546		
TOTAL CARRYOVER TOTAL CURRENT YEAR 109	5,	417,659 236,184		
TOTAL CONTRIBUTIONS AV		7,	653,843 0	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTE TOTAL EXCESS CONTRIBUTE	·	653,843 0 653,843		
ALLOWABLE CONTRIBUTION	NS DEDUCTION			0
TOTAL CONTRIBUTION DE	DUCTION			0