Form 990

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

THREE STORY		ending U	UN 30, 2018	5
B Chec			D Employer identif	cation number
	FOREST HISTORY SOCIETY INC			
□ Na	nge Doing business as		41-0	762363
in re		Room/sulte	E Telephone number	
Fig	701 WM. VICKERS AVENUE	T NO THE SOUR		682-9319
ter			G Gross receipts \$	3,453,730.
	DURHAM, NC 27701		H(a) is this a group	
L 196	F Name and address of principal officer: STEVEN ANDERSON	Aconyon		s? Yes X No
	701 WM. VICKERS AVENUE, DURHAM, NC 27	701		Included? Yes No
I Tax-	exempt status: X 501(c)(3) 501(c)() (Insert no.) 4947(a)(1) c	or 527	If "No," attach a	Ilst. (see Instructions)
J Web	site: WWW.FORESTHISTORY.ORG		H(c) Group exemption	on number >
	of organization: X Corporation Trust Association Other	L Year	of formation: 1946	M State of legal domicile; NC
0 1		FOREST	HISTORY SO	CTETY
Governance	PRESERVES OUR FOREST HERITAGE. IT AIMS	TO IMP	ROVE NATURA	L RESOURCES
E 2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net a	asets.
§ 3	Number of voting members of the governing body (Part VI. line 1a)			25
-x 4	Number of Independent voting members of the governing body (Part VI, line 1b)			25
8 5	rotal number of individuals employed in calendar year 2017 (Part V. line 2a)			9
2 0	Total number of volunteers (estimate if necessary)			32
5 A	a Total unitiated business revenue from Part VIII, column (C) line 12		7-	0.
	b Net unrelated business taxable income from Form 990-T, line 34	*****************	76	0.
		T	Prior Year	Current Year
9 8	Contributions and grants (Part VIII, line 1h)	_	2,012,710.	
§ 9	Program service revenue (Part VIII, line 2g)	JACKSANA .	19,377.	
ē 10	investment income (Part VIII, column (A), lines 3, 4, and 7d)		353,006.	
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		111,982.	
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	HOLDING CO.	2,497,075.	
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	2,010,403.
14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
& J2	Salanes, other compensation employee henefite (Dart IV column (A) III F 40)		688,394.	632,967.
E 10	Professional fundraising fees (Part IX, column (A), line 11e)		39,000.	63,886.
			PART CONTRACTOR	
- 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		298,030.	293,648.
10	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,025,424.	990,501.
19	Revenue less expenses. Subtract line 18 from line 12		1,471,651.	1,025,908.
20			inning of Current Year	End of Year
85 20	Total assets (Part X, line 16)		12,205,407.	14,726,554.
들 21	Total liabilities (Part X, line 26)		54,870.	1,398,375.
<u> </u>	Net assets or fund balances. Subtract line 21 from line 20		12,150,537.	13,328,179.
Property of the second				
Under per	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and helief it is
true, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer h	as any knowledge.	/
12270	tule anderson		11/0	9/18
Sign	Signature of officer		Date	770
Here	STEVEN ANDERSON, PRESIDENT Type or print name and title			
	District			
Paid	Print/Type preparer's name Preparer's signature	Da	Ulique	PTIN
	DAVID BOYCE	ic	18/18 If self-employe	P01368646
Preparer Use Only	Firm's name KOONCE, WOOTEN & HAYWOOD, LLP		Firm's EIN	56-0517823
Cae Olliy	Firm's address P. O. BOX 17806			
Mariation	RALEIGH, NC 27619-7806		Phone no. 919	782-9265
may the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
732001 11-	28-17 LHA For Paperwork Reduction Act Notice, see the separate instruction SCHEDULE O FOR ORGANIZATION WIGGIOUS	s.		Form 990 (2017)

Fo	rm 990 (2017) FOREST HISTORY SOCIETY INC	41-0762363	Page 2
L	art III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		X
	TO PRESERVE AND HELP PEOPLE USE THE DOCUMENTS OF FOREST	& CONSERVAT	TON
	HISTORY. THE SOCIETY IDENTIFIES, COLLECTS, INTERPRETS,	AND	1014
	DISSEMINATES HISTORICAL INFORMATION ON THE RELATIONSHIP	OF HUMANS A	ND
_	FORESTS, CONTRIBUTING TO INFORMED NATURAL RESOURCE DECIS	SION-MAKING.	
2	and any digital and any digital and the sear which were not listed on the	7	
	prior Form 990 or 990-EZ?	Yes	X No
_	ii res, describe these new services on Schedule O.		<u></u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4			
	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	measured by expenses	3.
	revenue, if any, for each program service reported.	rs, the total expenses, a	and
48	(Code:) (Expenses \$ 22,015 • including grants of \$. 1	735.
	JOURNAL TO PUBLISH THE JOURNAL ENVIRONMENTAL HISTORY	HE JOURNAL	OF.
	RECORD IN FOREST AND CONSERVATION HISTORY.		
			_
4b		s	36.)
	HIBRARI - TO DEVELOP AND MAINTAIN THE FOREMOST COLLECTION	THE MITTER MODE	D
	TOTAL THE COMPERVATION HISTORY ROOKS TOTIONATE AND	AMITTED	
	MATERIALS; TO DEVELOP BIBLIOGRAPHIES, ARCHIVAL GUIDES, E	NCYCLOPEDIAS	3,
	AND OTHER SOURCE MATERIAL FOR RESEARCHERS; AND TO CONDUCTION OF LEADERS AND WORKERS IN FOREST INDUSTRY AND	T ORAL	
	THE PROPERTY AND	CONSERVATION	1.
c	10.1		
	(Code:) (Expenses \$ 216,288. including grants of \$) (Revenue \$	6,3	25.1
	RESEARCH AND PUBLICATIONS CONDUCT RESEARCH AND PROMOTE PUBLICATIONS THAT SYMMUNICATIONS THAT SYMUNICATIONS THAT SYMUNICATIONS THAT SYMUNICATIONS THAT SYMUNICATIONS TH		
	PUBLICATIONS THAT SYNTHESIZE THE SUBSTANTIAL HISTORICAL INFOREST AND CONSERVATION HISTORY. THE SOCIETY'S IMPRESSIVE	ITERATURE I	N
	PUBLICATIONS INCLUDES THE FOREST HISTORY TORRY		
	SERIES BOOKLETS, DOZENS OF BOOK-LENGTH PUBLICATIONS AND F	THE ISSUES	
	DENGTH FUBLICATIONS AND F	'ILMS.	
	Other program earlies (D		_
E 8	Other program services (Describe in Schedule O.) (Expenses \$ 345,972, including the services (Describe in Schedule O.)		
_	Revenue \$	3,270.)	
_	Total program service expenses ► 660,774.		

732002 11-28-17

Form **990** (2017)

Part IV Checklist of Required Schedules

	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	Ye	s No
	and the state of t	١.	x	
	If "Yes," complete Schedule A	2	_	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	· -	+^	+
	public office? If "Yes," complete Schedule C, Part I	3		x
4	section 50 (c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection	+	+	+
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments or			1
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
•	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	6		X
7	and the state of t			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Schedule D, Part III		x	
9	an amount in a link, line 21, for escrow or custodial account liability, sarve as a custodian for	_	+	+
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt paratistics and income			
	ir res, complete Schedule D, Part IV	9		X
10				-
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	" " " Seguinzation a answer to any of the following questions is "Yes." then complete Schedule D. Parte VI. VII. VIII. IV as V		LBI	ge.
	as applicable.	1		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
1	Part VI Did the organization report an amount for investments, other countries in Park VI	11a	X	
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other research in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 13 that is 5% or more of its total assets.			
	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		X
	rait A, line 107 II res, complete Schedule D. Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	_	X
f	and organization a separate or consolidated financial statements for the toy year include a feet of	11e		Х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)2 If "Ves " complete Set and It S. D. A. V.			
12a	and a sparate, independent audited financial statements for the toy year? If "Vee " and the	11f		X
	Ouredule D, Parts XI and XII			
b	and the state of t	12a	X	_
	11 165, and if the organization answered "No" to line 120, then completely 0.1	12b		x
13	The second described in section 1/UIDICHAMINY IT "YES " complete School to E	13		X
		14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from greaterables.	140		42
15	The state of the s	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	15		X
0.50	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for perfectional to	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G. Part I.			
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	X	
	1c and 8a? If "Yes," complete Schedule G. Part II			HAND.
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	\rightarrow	X
	complete Schedule G, Part III	gs.54		
		19		X

Part IV Checklist of Required Schedules (continued)

~~	R. C.	2	Yes	No.
20	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20	a	X
24	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20	b	
21	The state of the s			T
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_	X
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	bid the organization answer thes 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 Did the organization have a tax-exempt bond issue with an outstanding principal exempt.	23	x	
24a	amount of more than \$100 000 as of the		1	+
	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 25a	244		x
b	bid the digarization livest any proceeds of tax-exempt bonds beyond a temporary period exception?	248	_	<u></u> ↑
	any tax-exempt bonds?			\vdash
d	or solidir of issuer for boilds outstanding at any time during the year?	. 240	_	\vdash
25a	occurred to (C)(3), and 501(C)(29) organizations. Did the organization engage in an excess have the		+-	\vdash
	transaction with a disqualified person during the year? If "Yes." complete Schedule I. Port I	05-		x
b	. The organization aware triat it engaged in an excess benefit transaction with a discussified passes in	. 25a	+	^
	Schedule L, Part I	251		x
26		. 25b		
	complete Schedule L, Part II	200		x
27		. 26		Δ
	of any of these persons? If "Yes," complete Schedule L. Part III			v
28	to a business transaction with one of the following parties (see Sahadala I Dad to	27	0.000	X
	modulation of applicable filling thresholds, conditions and exceptions).			
a	A current or former officer, director, trustee, or key employee? If "Ves." complete Sabadala D. A. III.	28a	Sec. of the	X
	The state of the s	28b		X
	The complete school of mode of mode of the complete school is a second of the complete	28c		X
		29	X	
	contributions? If "Yes," complete Schedule M			x
	If "Yes," complete Schedule N, Part I			X
		31	-	
		32		X
			_	<u> </u>
	The state of the s	33		X
-	Part V, line 1			tea:
5a [Did the organization have a controlled entity within the meaning of section 512(b)(13)? f "Yes" to line 35a, did the organization receive any payment from a consequence.	34		X
b I	f "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	-	X
6 5	Section 501(c)(3) organizations. Did the organization make any transfer	35b		
7 [old the organization conduct more than 5% of its activities through an entity that is not a related organization	36	-	X_
	as a partitional income tay purposeed if "Vee I assessed to the second of the second o			17
	lote. All Form 900 files are selected and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u>X</u> _
	1965. All Form 950 hiers are required to complete Schedule O	38	X	

Form 990 (2017) FOREST HISTORY SOCIETY INC Part V Statements Regarding Other IRS Filings and Tax Compliance

		4	12		T	Yes	I
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		15			r
D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1h		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors an (gambling) winnings to prize winners?	d report	able gaming	1			1
2a	the full ber of employees reported on Form W-3, Transmittal of Wage and Tax Statements	- 1	1	. -	C		
	filed for the calendar year ending with or within the year covered by this return	20		9			
b	if at least one is reported on line 2a, did the organization file all required federal employment tax in	otumo2			ь	x	
	if the suff of lines 1a and 2a is greater than 250, you may be required to e-file loop instruction	1		1000			10
3a	the digarization have unrelated business gross income of \$1,000 or more during the year?				a		;
-	1 100, That it filed a Forth 350-1 for this year? If INO, to line 30, provide an explanation in School	ula O		3	b		۲
4a	any time during the calendar year, did the organization have an interest in or a signature or other				-		
	maricial account in a foreign country (such as a bank account, securities account or other financial	ial accou	int)?	4	.	- 1	2
b	100, office the flame of the foreign country:			· 📑		100	ŕ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	I Accour	rts (FRAR)	- 2			
5a	tras the digalization a party to a prohibited tax shelter transaction at any time during the	•					2
	barry from the organization trial it was or is a party to a prohibited tay shelter tran	saction?	······································	5	_	-	2
100				51	_	\rightarrow	
6a	Does the organization have annual gross receipts that are pormally greater than \$100,000		The state of the s	-	+	\dashv	_
	The state of the last deductible as chartable contributioned						7
b					+	-	X
	TOTAL TOTAL ACCOUNTING	otions o	rgins				
7	Organizations that may receive deductible contributions under section 170(c).			6b	1		
а	Did trie organization receive a payment in excess of \$75 made partly as a contribution and and	envison n	encolded to the	E	-		
2.77	the disconditional fluction in the goods of the goods of services			7 7a		K	_
				7b	1 2	Z	_
	TO THE COMM DECE!		niced				
				7c			X
	Samuel 1000140 di 14 IUI IUS. DIFACTIV OF IDDIFACTIV LA DOLLA DESCRIPTION			里			
					+	_	X
				7f	_	4	X
				7g	+	\perp	
		zation file	e a Form 1098-C?	7h	_	_	
	The same division in the same of the same division the same of the				15		
- 8	portion mig organizations maintaining donor advised funds			8	_	\perp	
aL	Id the sponsoring organization make any tayable distribution				H.		
0 [old the sponsoring organization make a distribution to a donor, donor advisor, or related person?		***************************************	9a			
5	Section 501(c)(7) organizations. Enter:			9b			
2 1	nitiation fees and capital contributions included an Dot VIII II	F I				96	
	The state of the s	10a				9	厚
		10b					
G	ross income from members or shareholders	F 7					
G	ross income from other sources (Do not net amounts due or paid to other sources against	11a			The same		ů.
-	noonto due of received from them)				Her.		
S	mounts due or received from them.) action 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form "Yes," enter the amount of tax exempt interests.	11b					
If	"Yes," enter the amount of tax-exempt interest received or accrued during the year	1041?		12a			
						118	ilir
	the organization licensed to issue qualified health plans in more than				114	1	
15	the organization licensed to issue qualified health plans in more than one state? ote. See the instructions for additional information the organization must report on Schedule O.			13a			
N	and a second of the contraction must report on Schedule O				2.79	1	Į.
No Er				1000		1	
No Er or	ganization is licensed to issue qualified books along		l l			A COLUMN	
No Er or En	ganization is licensed to issue qualified health plans	13b		44.6			
No Err or Err Die	ganization is licensed to issue qualified health plans ter the amount of reserves on hand	13c					

Form 990 (2017) FOREST HISTORY SOCIETY INC 41-0762363 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management	******						LX
4.	Enter the auraba of units	1	- 1				Yes	N
"	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	- 1	a		25			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			3			211	
2	Enter the number of voting members included in line 1a, above, who are independent	. 1	b	2	25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations				1			
3	officer, director, trustee, or key employee?				. L	2		2
•	Did the organization delegate control over management duties customarily performed by or under	the d	rect sup	ervision				
4	of officers, directors, or trustees, or key employees to a management company or other person?				. L	3		Σ
5	Did the organization make any significant changes to its governing documents since the prior Form	1990	was file	d?	. L	4		2
6	Did the organization become aware during the year of a significant diversion of the organization's a	ssets	?	******************	. L	5		X
	Did the organization have members or stockholders?	******		*************	. L	6		X
	and diguillated interribers, stockholders, or other persons who had the nower to elect or	anna	int ama		- 1			
h	more members of the governing body? Are any governance decisions of the organization recorded to (as the power to decisions).	******		*************	. L	7a		X
~	general and addition of the organization reserved to for subject to approve by members		-b1-1		-			
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken designations.					7b		X
a	The first and thought of written actions millerinken million the vi	gar nu	the tollo	6 /2 P3 /W*				
b					. 1	Ba	X	
9	to act on benan of the governing body?				. [3b	Х	
9	and the section A who cannot be re	ache	d at the					
Sac	organization's mailing address? If "Yes," provide the names and addresses in Schedule O					9		X
560	tion B. Policies (This Section B requests information about policies not required by the Internal F	Reven	ue Cod	e.)				
						T	Yes	No
IVa	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and proceed are seen as a second are second are second are second are second are second are second as a second are s				1	0a		X
0						-		
	and braileries to ensure their operations are consistent with the organization's exempt				10	оь	- 1	
118	a complete CODY of this Form 940 to all members of the seventing by	dv be	fore filin	the form?		1a	X	_
1.7	on could be process, if any, used by the organization to review this Form one	,		, and rolling	Ė	a	-	
12.0	Did the organization have a written conflict of interest policy? If "No " on to line of				4	2a	x	
D	were officers, directors, or trustees, and key employees required to disclose annually interacts that could also	e to co	nflicts?	**************	12	-	X	_
	in Schedule O how this was done	es,"	describe	Í				
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and doctaration and doctaration and doctaration and doctaration and doctaration and doctaration and doctar				12	_	X	
					1	_	X	
					1	4	X	
					18.0			
-	The organization's CEO, executive Director or top management official				100			138
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			*************	15	a	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				15	b		X
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen							
- 8	taxable entity during the year?	nent	with a					
b	if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable follows:		********	**************	16	a		X
- 1	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate exempt status with respect to such agrangements.	e its	participa	tion				BH.
	exempt status with respect to such arrangements?	nizatio	n's					
ect	on C. Disclosure				168			
	ist the states with which a copy of this Form 990 is required to be filed CA, MN, NC							
3 5	Section 6104 requires an organization to make its Formation to be filed CA, MN, NC							
f	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T or public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website Other (explain)				availa	ble		
		n Sch	nedule C)				
S	Describe in Schedule O whether (and if so, how) the organization made its governing documents, contatements available to the public during the tax year.	flict o	f interes	t policy, and	fina	ncia	ı	
S	tate the name, address, and telephone and te							
	tate the name, address, and telephone number of the person who possesses the organization's book TANET ASKEW - 919-682-9319 O1 WM VICKERS AVE., DURHAM, NC 27701-3198	ks an	d record	ls: >				_
	OI WM VICKERS AVE., DURHAM, NC 27701-3198					-		_

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

Check if Schedule O contains a response or note to any line 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.
- 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;

Check this box if neither the organ (A) Name and Title	(B) Average hours per week	, b	do not ox, uni	Pos check	sition more erson	n than is bo	one	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organization below line)	S Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ormer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) HENRY I. BARCLAY III TREASURER	5.00		+	x		- 5	u.		-	
(2) F. CHRISTIAN ZINKHAN	5.00		+	^			-	0.	0.	0
IMMD PAST CHAIRMAN		X		x		H		0.		2
(3) DOUGLAS W. MACCLEERY	5.00					Н	+	0.	0.	0
CO-VICE CHAIRMAN		X		x				0.	0.	•
(4) JUDI A. BECK	5.00						\top	0.	0.	0
BOARD MEMBER (5) MATTHEW BOOKER		X						0.	0.	0
(5) MATTHEW BOOKER BOARD MEMBER	5.00									U
(6) CHRISTOPHER BOYER		X						0.	0.	0.
BOARD MEMBER	5.00					\Box	\top			0.
(7) RICHARD W. JUDD	-	X	Ш					0.	0.	0.
BOARD MEMBER	5.00	-								0.
(8) SHAWN FOWLER		X	Ш					0.	0.	0.
BOARD MEMBER	5.00									0.
(9) C.A. DILLON	5.00	X		4	4	\perp	_	0.	0.	0.
BOARD MEMBER	3.00	x								
10) JAMES B. PORTER III	5.00	Α	\dashv	-	+	-	+	0.	0.	0.
SOARD MEMBER	3.00	x						20		
11) ELLEN STROUD	5.00	Δ	-	+	+	+	+	0.	0.	0.
OARD MEMBER	3.00	x								
12) CHARLES L. VANOVER	5.00	-	+	+	+	+	+	0.	0.	0.
OARD MEMBER		x								
13) LYNN WILSON	5.00	-	+	+	+	+	+	0.	0.	0.
OARD MEMBER		X						0.		
14) RHONDA HUNTER	5.00		1	+	+	+	+	0.	0.	0.
OARD MEMBER		X						0.		
15) PETER MADDEN D-VICE CHAIRMAN	5.00			\top	1	+	+	0.	0.	0.
6) DOUGLAS HUTTON		X	2	2				0.	0.	
DARD MEMBER	5.00	0.00							0.	0.
7) BOB IZLAR		X						0.	0.	0
DARD MEMBER	5.00	_ [T			0.	0.
2007 11-28-17		X						0.	0.	0.

Name and title	(B) Average		a not	Pos		than		(D) Reportable	(E) Reportable		(F Estim	
	hours per week (list any hours for related organizations below line)	be or director	x, or a set on the set of the set		irecto		tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)		amou oth comper from organiz and re organiz	nsation the zation
(18) BROOKS MENDELL BOARD MEMBER	5.00	x						0.	•	T		
(19) MICHELLE STEEN-ADAMS	5.00						\dashv	0.	0	+		0
BOARD MEMBER (20) ROSE-MARIE MUZIKA	F 00	X		Ш			\dashv	0.	0			0
BOARD MEMBER	5.00	x								Т		
(21) JOHN J. MARTIN	5.00	^		Н	\dashv	\dashv	\dashv	0.	0	•		0
BOARD MEMBER	3.00	x						0.	0			
(22) FREDERICK W. TITCOMB	5.00	-			\dashv		+	0.	0	+		0
BOARD MEMBER		x						0.	0			0
(23) JONATHAN PRATHER	5.00				\neg	\neg	\neg		0	+		- 0
BOARD MEMBER (24) DOUG DECKER		X	Ш					0.	0			0
BOARD CHAIRMAN	5.00			_			T					
(25) WILLIAM MCLEOD RHODES	5.00	X	Н	X	-	4	4	0.	0			0
BOARD MEMBER	3.00	x							12	Т		-
(26) STEVEN ANDERSON	40.00	A	\dashv	+	\dashv	+	+	0.	0	4		0
PRESIDENT & CEO				x				157,782.	0.		22 (
1b Sub-total					_		+	157,782.	0.		33,5	359
c Total from continuation sheets to Pa	art VII. Section A						-	0.	0.		33,9	0
u Total (add lines 10 and 10)						-		157,782.	A		33,9	
2 Total number of individuals (including t	but not limited to the	ose I	listed	dabo	ove)	who	rec	eived more than \$100.0	00 of reportable		5575	,,,,
compensation from the organization					_			W. ESW	22-20-20-20-20-20-20-20-20-20-20-20-20-2			
3 Did the organization list any former off											1 34	No
3 Did the organization list any former off line 1a? If "Yes " complete Schedule I	icer, director, or tru	stee,	key	emp	oloye	ee, c	r hig	hest compensated emp	oloyee on	100	Yes	100
4 For any individual listed on line 1a is the	or such individual		•••••							3		х
4 For any individual listed on line 1a, is the and related organizations greater than	ne sum of reportable \$150,000? If "Yes."	cor	nper	nsati	on a	nd o	other	compensation from the	organization			
 For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a receive 	ne sum of reportable \$150,000? If "Yes,"	com	nper	nsati e Sc	on a	ind o	other	compensation from the	e organization	4	x	
 For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a receive 	ne sum of reportable \$150,000? If "Yes,"	com	nper	nsati e Sc	on a	ind o	other	compensation from the	e organization	4	X	x
For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization? If "Yes," Section B. Independent Contractors	ne sum of reportable \$150,000? If "Yes," or accrue compens complete Schedule	com com satio	nper aplet on fro	nsati e Sc om an	on a hedd ny u	ule onrela	other for a ated	compensation from the such individual organization or individu	organization	4	X	
4 For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization? If "Yes," Section B. Independent Contractors 1 Complete this table for your five highes	t compensated index	com satio	mper inpleti in fro	nsati e Sc om an	on a hedd ny u	nrela	other for	compensation from the such individual organization or individu	e organization	4	X	x
For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization? If "Yes," Section B. Independent Contractors Complete this table for your five highes the organization. Report compensation.	t compensated index	com satio	mper inpleti in fro	nsati e Sc om an	on a hedd ny u	nrela	other for	compensation from the such individual organization or individu	e organization	4	X	x
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4 For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization? If "Yes," Section B. Independent Contractors 1 Complete this table for your five highes the organization. Report compensation	ne sum of reportable \$150,000? If "Yes," or accrue compens complete Schedule t compensated indefor the calendar year	com satio	mper inpletion from from succession	nsati e Sc om an	on a hedd ny u	nrela	other for	compensation from the such individual organization or individual organization or individual received more than \$1 e organization's tax year	organization all for services 00,000 of compens	4 5 atior	X	x
4 For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization? If "Yes," Section B. Independent Contractors 1 Complete this table for your five highes the organization. Report compensation	ne sum of reportable \$150,000? If "Yes," or accrue compens complete Schedule t compensated indefor the calendar year	com satio J for	mper inpletion from from succession	nsati e Sc om an	on a hedd ny u	nrela	other for	compensation from the such individual organization or individual organization or individual received more than \$1 e organization's tax year (B)	organization all for services 00,000 of compens	4 5 atior	X Infrom	x
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4 For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization? If "Yes," Section B. Independent Contractors 1 Complete this table for your five highes the organization. Report compensation	ne sum of reportable \$150,000? If "Yes," or accrue compens complete Schedule t compensated indefor the calendar year	com satio J for	mper inpletion from from succession	nsati e Sc om an	on a hedd ny u	nrela	other for	compensation from the such individual organization or individual organization or individual received more than \$1 e organization's tax year (B)	organization all for services 00,000 of compens	4 5 atior	X Infrom	x
4 For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization? If "Yes," Section B. Independent Contractors 1 Complete this table for your five highes the organization. Report compensation	ne sum of reportable \$150,000? If "Yes," or accrue compens complete Schedule t compensated indefor the calendar year	com satio J for	mper inpletion from from succession	nsati e Sc om an	on a hedd ny u	nrela	other for	compensation from the such individual organization or individual organization or individual received more than \$1 e organization's tax year (B)	organization all for services 00,000 of compens	4 5 atior	X Infrom	x
4 For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization? If "Yes," Section B. Independent Contractors 1 Complete this table for your five highes the organization. Report compensation	ne sum of reportable \$150,000? If "Yes," or accrue compens complete Schedule t compensated indefor the calendar year	com satio J for	mper inpletion from from succession	nsati e Sc om an	on a hedd ny u	nrela	other for	compensation from the such individual organization or individual organization or individual received more than \$1 e organization's tax year (B)	organization all for services 00,000 of compens	4 5 atior	X Infrom	x
4 For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization? If "Yes," Section B. Independent Contractors 1 Complete this table for your five highes the organization. Report compensation	ne sum of reportable \$150,000? If "Yes," or accrue compens complete Schedule t compensated indefor the calendar year	com satio J for	mper inpletion from from succession	nsati e Sc om an	on a hedd ny u	nrela	other for	compensation from the such individual organization or individual organization or individual received more than \$1 e organization's tax year (B)	organization all for services 00,000 of compens	4 5 atior	X Infrom	x
4 For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization? If "Yes," Section B. Independent Contractors 1 Complete this table for your five highes the organization. Report compensation	ne sum of reportable \$150,000? If "Yes," or accrue compens complete Schedule t compensated indefor the calendar year	com satio J for	mper inpletion from from succession	nsati e Sc om an	on a hedd ny u	nrela	other for	compensation from the such individual organization or individual organization or individual received more than \$1 e organization's tax year (B)	organization all for services 00,000 of compens	4 5 atior	X Infrom	x
4 For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization? If "Yes," Section B. Independent Contractors 1 Complete this table for your five highes the organization. Report compensation	to such individual ne sum of reportable \$150,000? If "Yes," or accrue compens complete Schedule t compensated inde for the calendar yea	e corr com satio J for epen ar en	mper mpleten from r successional dentifications	nsati e Sc om an th pe	on a hedding universor	nrek	that	received more than \$1 e organization's tax yea (B) Description of serv	organization all for services 00,000 of compens ir.	4 5 atior	X Infrom	x

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue ts, Grants 1 a Federated campaigns 176. Membership dues 1b c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1,507,414 g Noncash contributions included in lines 1s-1f: \$ 47,398 h Total. Add lines 1a-1f 1,507,590. **Business Code** 2 a PROGRAM INCOME Program Service Revenue 110000 4,750 4,750 BOOK SALES 110000 4,717. 4,717. f All other program service revenue g Total. Add lines 2a-2f 9,467. Investment income (including dividends, interest, and other similar amounts) 146,517. 146,517. Income from investment of tax-exempt bond proceeds Royalties 1,899. 1,899 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 1,778,110. b Less: cost or other basis and sales expenses 1,437,321 c Gain or (loss) 340,789. d Net gain or (loss) 340,789 340,789 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses _____ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS 110000 10,147 10,147 b d All other revenue e Total. Add lines 11a-11d 10,147. Total revenue. See instructions. 2,016,409. 362,302. 732009 11-28-17 146,517.

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). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b, (D) Fundraising Program service Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 193,113. 160,284. 15,449. 17,380. 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 314,000. 255,730. 13,193. 45,077. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 30,585. 63,978. 24,934. 1,229. 4,422. Other employee benefits 51,148. 7,927. 4,903. Payroll taxes 31,291. 25,585. 1,498. 4,208. Fees for services (non-employees): a Management b Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 63,886. 63,886. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 74,127. 55,586. 7,232. 11,309. Advertising and promotion 12 1,471. 1,171. 300. Office expenses 13 16,223. 6,914. 6,211. 3,098. Information technology 14 Royalties 15 16 Occupancy _____ 19,432. 623. 18,809. 17 Travel 32,337. 10,513. 2,592. 19,232. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 16,370. 16,370. 20 Interest 1,091. 1,091. Payments to affiliates 21 Depreciation, depletion, and amortization 22 30,031. 30,031 23 Other expenses. Itemize expenses not covered 24 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.) DUES AND SUBSCRIPTIONS 20,387. 19,578. 809. FELLOWSHIPS AND AWARDS 18,662. 18,662. c PRINTING AND GRAPHICS 17,532. 11,652. 106. d POSTAGE AND SHIPPING 5,774. 15,103. 9,110. 741. 5,252. e All other expenses 30,882. 9,284. 19,133. 2,465. Total functional expenses. Add lines 1 through 24e 990,501. 660,774. 139,397. 190,330. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 732010 11-28-17

3 4 4	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net		Beginning of year		(B) End of year
3 4 4	3 Pledges and grants receivable, net	***************************************	1 1 1 1 1 1		
	3 Pledges and grants receivable, net		10,066	. 1	12,570
	Pledges and grants receivable, net		1 1.564.171	. 2	1,152,713
			1,852,679		1,839,533
	Accounts receivable, net		26,122		13,15
	Loans and other receivables from current and form	ner officers, directors		200	13,13
	trustees, key employees, and highest compensate	d employees. Complete			
	Part II of Schedule L		THE PERSON NO.	5	
	Loans and other receivables from other disqualified	persons (as defined under	AT SAFETY OF THE PARTY OF	1	
1	section 4958(f)(1)), persons described in section 49	958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section	501(c)(9) voluntary	群岛 电影 电影	1	
1	employees' beneficiary organizations (see instr). Co	emplete Part II of Sch I		6	
7	Notes and loans receivable, net			7	
8	inventories for sale or use	***************************************	22,993		10 700
9	repaid expenses and deterred charges	***************************************	30,414		19,786
10	a Land, buildings, and equipment: cost or other			9	33,462
	basis. Complete Part VI of Schedule D	a 3,766,299.			
	b Less: accumulated depreciation 10	ab 440.634.	667,084.	1000	2 225 665
11	Investments - publicly traded securities		8,031,878.	10c	
12	investments - other securities. See Part IV. line 11		0,031,070.	_	8,329,650
13	investments - program-related. See Part IV, line 11			12	
14	iritarigible assets			13	
15	Other assets. See Part IV, line 11	***************************************		14	
16	in a sector Add lines i through 15 thust equal lin	12,205,407.	15	14 006 554	
17	Accounts payable and accrued expenses	54,870.		14,726,554	
18	Grants payable		34,070.	_	498,172
19			18		
20	, an exempt borid liabilities	Accessed to the second		19	
21	Escrow or custodial account liability. Complete Part	IV of Schedule D		20	
22	Loans and other payables to current and former offic	cers directors trustees		21	
	key employees, highest compensated employees at	nd discussified		事	
	Complete Part II of Schedule L			TO THE	
23	the regards and notes payable to unrelated	third partine		22	
24	Unsecured notes and loans payable to unrelated thir	d parties		23	900,203
25	Other liabilities (including federal income tax, payable	e to related third		24	
1	parties, and other liabilities not included on lines 17-2	(4) Complete Part V -4			
	Schedule D			over.	
26	Total liabilities. Add lines 17 through 25		E4 070	25	
	Organizations that follow SFAS 117 (ASC 958), che	ock here N X	54,870.	26	1,398,375.
	complete lines 27 through 29, and lines 33 and 34	LIGHT -12-CO LOCALIST			
27	Unrestricted net assets		4 144 046		
28	1 101 403013		4,144,016.	27	4,998,694.
29	Permanently restricted net assets		1,538,148.	28	1,860,562.
	Organizations that do not follow SFAS 117 (ASC 95	58) check have b	6,468,373.	29	6,468,923.
	and complete lines 30 through 34				
30	Capital stock or trust principal or current funds	CALL BUILDING	25		
31	and building or agricum		30		
	The same of the last of the same		31		
	rotarriet assets or fund balances		10 150 505	32	
34	Total liabilities and net assets/fund balances		10 000	33	13,328,179. 14,726,554.

Form 990 (2017)

Form 990 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization Employer identification number FOREST HISTORY SOCIETY INC 41-0762363 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) FIN (iii) Type of organization (iv) is the organization list (v) Amount of monetary organization (described on lines 1-10 (vi) Amount of other above (see instructions)) support (see instructions) support (see instructions)

Schedule A (Form 990 or 990-EZ) 2017 FOREST HISTORY SOCIETY INC Part II Support Schedule for Organizations Described in Sections 1 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.)

	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	546,364	1145606.	2358095.		1507590.	
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf		11130001	2330033.	2012/10.	1307390.	7370365
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	546,364.	1145606.	2358095.	2012710.	1507590.	7570365
5	The portion of total contributions by each person (other than a		1 5	2330033	2012/10.	130/390.	7570365
	governmental unit or publicly						
	supported organization) included	To a second					ľ
	on line 1 that exceeds 2% of the		數學學是				
	amount shown on line 11,						
	column (f)	元					1993711.
6	Public support. Subtract line 5 from line 4.	美元的 是200					5576654.
	ction B. Total Support						33700341
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
,	Amounts from line 4	546,364.	1145606.	2358095.	2012710.	1507590.	7570365.
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	121 510	127 657			SHAMEING BOOKES	
	Net income from unrelated business	131,510.	137,657.	97,244.	118,798.	148,416.	633,625.
	activities, whether or not the						
	business is regularly carried on					1	
	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	5.	135,993.	18 199	110,304.	10 145	
11	Total support. Add lines 7 through 10			10,199.	110,304.	10,147.	274,648.
12	Gross receipts from related activities, e	etc. (see instruction	ins)		Do Trimel Toyak		8478638.
13	First five years. If the Form 990 is for t	he organization's	first second third	fourth or fifth to	L	12	95,868.
_	organization, check this box and stop I	here		rourus, or mus tax	year as a section	501(c)(3)	
ec	organization, check this box and stop I tion C. Computation of Public	Support Per	centage		***************************************		
14 1	Public support percentage for 2017 (%)	- C L 10 E				14	65.77 %
							/0
ба :	33 1/3% support test - 2017. If the organization qualifies as	ganization did not	check the box on I	ine 13, and line 14	4 is 33 1/3% or mo		
	3 1/3% support test - 2016. If the organization qualified	ganization did not	check a box on line	13 or 16a, and li	ne 15 is 33 1/3% d	or more, check this	s hox
a	0% -facts-and-circumstances test -	2017. If the organ	nization did not che	ck a box on line 1	3, 16a, or 16b, an	d line 14 is 10% o	r more.
							0% or
0	rganization meets the "facts-and-circur	nstances" teet Ti	stances" test, chec	k this box and st	op here. Explain ir	Part VI how the	
	rivate foundation. If the organization of	THE CHECK & DO	A Off line 13, 16a,	6b, 17a, or 17b, o	check this box and	see instructions	
						ile A (Form 990 or	990-EZI 2017

732022 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 FOREST HISTORY SOCIETY INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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			i i			
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			1			
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)	CHAPTER CHAPTER				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Section B. Total Support						
alendar year (or fiscal year beginning in) 9 Amounts from line 6	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Oa Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources	- 1	1			1	
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975		- 1				
c Add lines 10a and 10b						
Net income from unrelated business						
activities not included in line 10h						
whether or not the business is	- 1				1	
regularly carried on Other income. Do not include gain					1 1	
or loss from the sale of capital						
assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
First flue warm If the Fee 200 in						
First five years. If the Form 990 is for the check this box and stop here	organization's f	irst, second, third,	fourth, or fifth tax	year as a sectio	n 501(c)(3) organizat	tion
Public support percentage for 2017	Support Perc	entage				
Public support percentage for 2017 (line a	B, column (f) divi	ded by line 13, col	umn (f))	***************************************	15	
Public support percentage from 2016 Schection D. Computation of Investment					16	
Investment income percentage for 2017	les 10s sol	Percentage				
Investment income percentage for 2017 (Investment income percentage from 2016	School Is A	(f) divided by line	13, column (f))		17	
					18	
					3 1/3%, and line 17	is not
more than 33 1/3%, check this box and so 33 1/3% support tests - 2016. If the orgaline 18 is not more than 33 1/3%, check the						
line 19 is not asset the section in the orga	inzation aid not	cneck a box on lin	e 14 or line 19a, ar	nd line 16 is mor	re than 33 1/3%, and	d
inte to is not more than 33 1/304 chast at		A. Maria				
line 18 is not more than 33 1/3%, check the Private foundation. If the organization did 10-06-17						▶□

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Y	95	No
1	1			
	N.			2-10
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2				
3a				
3b			12	61.
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30			S. 10	:00
4a	26	01		
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4b	100		3	
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5b	1			
5c	100	(22		LIFE?
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9c	25			ž.
10a				
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or 99	0-F	7)	20:	17

			Ye	SN
11	Has the organization accepted a gift or contribution from any of the following persons?	H-100		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		81	200
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	\top	+
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		+
Sec	tion B. Type I Supporting Organizations	1 110		_
			Yes	s N
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	200		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	100		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		Gi	
	controlled the organization's activities. If the organization had more than one supported organization.		100	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	10000	
2	Did the organization operate for the benefit of any supported organization other than the supported	G2397.1	100	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	10.210		13
Sec	tion C. Type II Supporting Organizations	2	_	_
			٧	Τ.,
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1000	Yes	N
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	W. Fair	1200	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).		100	
ec	tion D. All Type III Supporting Organizations	_ 1		
32			V	L
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	4	un	
	your, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) conice of the		。無	通
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	100 miles	# 11 L	1000
_	Troto any of the organization's officers, directors, or trustees either (i) appointed or elected by the average	1	-	
	organization(s) or (ii) serving on the governing body of a supported organization? If "Mo." explain in December 1	THE COL		
	The supported a close and continuous working relationship with the supported organization (a)		1, 1119	F-1985
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			15 th
	ncome or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard			- in
ect	on E. Type III Functionally Integrated Supporting Organizations	3		
1 (Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction. The organization satisfied the Activities Test Complete III.			
a	The organization satisfied the Activities Test. Complete line 2 below.	ns).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
2 /	activities Test. Answer (a) and (b) below.	instructions).	
a [old substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
t	he supported organization(s) to which the organization will the tax year directly further the exempt purposes of			
t	he supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		200	
h	hose supported organizations and explain how these activities directly furthered their exempt purposes,			
ti	ow the organization was responsive to those supported organizations, and how the organization determined nat these activities constituted substantially all of its activities.			
b D	id the activities described in (a) constitute and the activities.	2a		
0	id the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1861	1840	
(7)	substitute of arrivation(s) would have been engaged in 2 if "Voc." available in 2			
	and organization's position that its supported organization(s) would have engaged in the	111		
- 53	Three organization's involvement.	2b		
a D	arent of Supported Organizations. Answer (a) and (b) below.	2.0		harry S
	d the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN		
	The same of the supported organizations? Provide details in Best 18	30		
b Di	d the organization exercise a substantial degree of direction over the policies, programs, and activities of each its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3a	1771	48001

1 Check here if the organization satisfied the Integral Part Test as a qualify other Type III non-functionally integrated supporting organizations must	ring trust on	Nov. 20. 1970 (explain in	Part VI.) See instructions
Section A - Adjusted Net Income	complete St	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	11		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	1		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount	1 0	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	FLOO		(optional)
instructions for short tax year or assets held for part of year):			建筑市场
a Average monthly value of securities	1a	1 (1000) (1000)	The second secon
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	The same of	LIM Shannes	
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)			
Net value of non-exempt-use assets (subtract line 4 from line 3)	4		
Multiply line 5 by .035	5		
Recoveries of prior-year distributions	6		
Minimum Asset Amount (add line 7 to line 6)	7		
ction C - Distributable Amount	8		O
Adjusted net income for prior year (from Section A, line 8, Column A)			Current Year
Enter 85% of line 1	1		
Minimum asset amount for prior year (from Section B, line 8, Column A)	2	1000年100日	
Enter greater of line 2 or line 3	3		
Income tax imposed in prior year	4		
Distributable Amount. Subtract line 5 from line 4, unless subject to	5	2	
emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functionally instructions).	integrated	Type III supporting organ	ization (see

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Part VI. See instructions.

B Breakdown of line 7:
a Excess from 2013
b Excess from 2014
c Excess from 2015
d Excess from 2016
e Excess from 2017

and 4c.

Excess distributions carryover to 2018. Add lines 3

Part VI	(Form 990 or 990-EZ) 2017 FOREST HISTORY SOCIETY INC 41-0762363 Page 8
POLY I	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

FOREST HISTORY SOCIETY INC

Employer identification number 41-0762363

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line	Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered Tes Ultrum SSU, Fart IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's ex	xclusive legal control?	☐ Yes ☐ N
6	Did the organization inform all grantees, donors, and donor ad-	visors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose cont	ferring
_	impermissible private benefit?		
Pa	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990, Part	IV. line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a historica	Illy important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		Thotono structure
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of a	consensation assessment on the last
	day of the tax year.	a solicon action contained to in the form of a	Held at the End of the Tax Ye
а	Total number of conservation easements		neid at the End of the Tax Ye
b	Total acreage restricted by conservation easements	••••••	2a
	Number of conservation essements on a contified historic state	A ! b-d-d !- f-3	2b
4	Number of conservation easements on a certified historic structure of conservation easements included in (c) acquired after the conservation easements included in (c) acquired after the conservation easements included in (c) acquired after the conservation easements on a certified historic structure.	ture included in (a)	2c
-	listed in the National Register	ter 7/25/06, and not on a historic structure	
3	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the orga	anization during the tax
	year >		
4	Number of states where property subject to conservation ease	ment is located -	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conserva	tion easements during the year
7	Amount of aurona in the control in t	2.27.2	
'	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation e	easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)	(B)(i)
220	and section 170(h)(4)(B)(ii)?	***************************************	Yes N
9	in Part XIII, describe how the organization reports conservation	easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes the o	rganization's accounting for
	conservation easements.		
Par	Organizations Maintaining Collections of A	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC		and halance sheet works of art
	historical treasures, or other similar assets held for public exhibit	ition, education, or research in furtherance of	of public conice provide in Det VIII
	the text of the footnote to its financial statements that describe	s these items	public service, provide, in Part XIII
	If the organization elected, as permitted under SFAS 116 (ASC		balance about the second
	treasures, or other similar assets held for public exhibition, educ	cation or receased in furtherence of public a	balance sheet works of art, historica
	relating to these items:	values, or research in furtherance of public se	ervice, provide the following amount
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	(ii) Assets included in Form 990, Part X		▶ \$
	If the organization received or held works of art, historical treasu	ares, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:	
d	Revenue included on Form 990, Part VIII, line 1		> \$
D	Assets included in Form 990, Part X		> \$
HA	For Paperwork Reduction Act Notice, see the Instructions fo	r Form 990.	Schedule D (Form 990)

	ule D (Form 990) 2017 FOREST	HISTORY SO	CIETY INC		41-	-076236	3 Pag
Part	III Organizations Maintaining	Collections of A	rt, Historical T	reasures, or O	ther Similar A	ssets/conti	nued)
3 0	Ising the organization's acquisition, access	ion, and other record	ds, check any of the	e following that are	a significant use	of its collection	n items
(0	check all that apply):						
aL	Public exhibition		Loan or exc	change programs			
p F	X Scholarly research		Other	S 139 175			
	X Preservation for future generations						
4 P	rovide a description of the organization's of	ollections and explai	n how they further	the organization's	exempt purpose in	Part XIII.	
5 D	luring the year, did the organization solicit	or receive donations	of art, historical trea	asures, or other sin	nilar assets		
to	be sold to raise funds rather than to be m	aintained as part of	the organization's c	ollection?		Yes	X
Part I	Escrow and Custodial Arran	gements. Comple	ete if the organization	on answered "Yes"	on Form 990, Par	t IV, line 9, or	iii
	reported an amount on Form 990, Pa	rt X, line 21.					
1a is	the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other assets	not included	V	
or	Form 990, Part X?					Yes	
b If	"Yes," explain the arrangement in Part XIII	and complete the fo	flowing table:				
						Amount	Y
с Ве	eginning balance	************************		*************************	1c		
u Ac	aditions during the year				1d		
e Di	stributions during the year				1e		
I EI	loing balance				16		
Za Di	d the organization include an amount on F	orm 990, Part X, line	21, for escrow or c	ustodial account lia	ability?	Yes	
Dort V	"Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part	XIII		
Part V	Endowment Funds. Complete			orm 990, Part IV, lin	ne 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years b	ack (e) Four	years bad
1a Be	eginning of year balance	7,955,694.	7,485,217.	8,050,954	8,049,8	32. 7,	200,36
b Co	ontributions	550.	40,283.	The second secon	1,5	00.	
	et investment earnings, gains, and losses	636,703.	812,214.	-236,459	. 345,3	57. 1,	183,91
	ants or scholarships						
	her expenditures for facilities	J STORE STREET	Company and an artist				
and	d programs	385,680.	382,020.	363,545	. 345,7	35.	334,45
f Ad	Iministrative expenses						
g En	d of year balance	8,207,267.	7,955,694.	7,485,217	. 8,050,9	54. 8,	049,83
2 Pro	ovide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	i)) held as:			
a Bo	pard designated or quasi-endowment		%				
	rmanent endowment ► 78.82	%					
	mporarily restricted endowment 2:						
The	e percentages on lines 2a, 2b, and 2c show	ıld equal 100%.					
3a Are	e there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered for	the organization		
Dy:						5	es No
(i)	unrelated organizations		***************************************			20(1)	X
(,	rolated organizations						X
	Too of mic outing, are the related organizat	ions listed as require	d on Schedule R?			3b	_
7 000	scribe in Fart Aill the intended uses of the	Organization's endov	vment funds.		***************************************		_
art V	Land, Buildings, and Equipm						
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part	X. line 10.		
	Description of property	(a) Cost or oth			Accumulated	(d) Book	unh un
		basis (investme			epreciation	(d) BOOK	value
la Lan	nd			3,165.		453	,165
b Buil	ldings			2,359.	62,359.	400	,105
c Lea	sehold improvements			726.	269,733.	1	,993
d Equ	ipment			,958.	108,542.		,416
e Oth	er ,		2.805	.091.	200,342.	2,805	
tal Ada	d lines 1a through 1e. (Column (d) must eq	ual Farm 000 Day V	-,000	10211		4,005	, UST

(a) Description of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or e	nd-of-year market value
1) Financial derivatives			,
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			计数量图10 包
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
oter. (Ooi. (b) must equal Form 930, Fart A, Col. (b) line 13.)			
Part IX Other Assets			
Part IX Other Assets.	a Form 900 Part IV line	414 C F 000 D - 4 4 5 - 5	And the state of t
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	I thi Deshark
Complete if the organization answered "Yes" o	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D	n Form 990, Part IV, line escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D (1)	n Form 990, Part IV, line escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3)	n Form 990, Part IV, line escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3)	n Form 990, Part IV, line escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4)	n Form 990, Part IV, line escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5)	n Form 990, Part IV, line escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6)	n Form 990, Part IV, line escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8)	n Form 990, Part IV, line escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8)	escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
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Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line is lart X Other Liabilities.	escription	•	
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Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line and the complete if the organization answered "Yes" or (a) Description of liability	15.)	•	
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line and the complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes	15.)	11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2)	15.)	11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line and X Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3)	15.)	11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes" or (a) Do (b) (c) (a) Do (c) (a) (c) (a) (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	15.)	11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes" or (a) D. (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	15.)	11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes" or (a) D. (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	15.)	11e or 11f. See Form 990, Part X, line 25	
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Complete if the organization answered "Yes" or (a) D. (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	15.)	11e or 11f. See Form 990, Part X, line 25	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest instructions. OMB No. 1545-0047

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number FOREST HISTORY SOCIETY INC 41-0762363 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations b Solicitation of government grants X Phone solicitations C Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes ☐ No b if "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (i) Name and address of individual (vi) Amount paid (iv) Gross receipts to (or retained by) fundraiser (ii) Activity have custod or control of to (or retained by) or entity (fundraiser) from activity organization listed in col. (i) MOSS + ROSS - 4162 WESTFIELD Yes No DR, DURHAM, NC 27705 BUILDING CAMPAIGN X 1,084,090 1,020,204. 63,886

	7,,
3	List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
_	
_	
_	
_	

1 084 000

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

Schedule G (Form 990 or 990-EZ) 2017

Total

1	of fundraising event contributions ar	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					(add col. (a) throug
		(event type)	(event type)	(total number)	col. (c))
	1 Gross receipts				
		1705			
	2 Less: Contributions				
L	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
L	5 Noncash prizes				
	Rent/facility costs				
		134.50			
	7 Food and beverages	···			
	B Entertainment			×	
	Other direct expenses	107			
_	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro Gaming. Complete if the organizate \$15,000 on Form 990-EZ, line 6a.	ough 9 in column (d)om line 3, column (d)on answered "Yes" on Fo	m 990, Part IV, line 19, or	reported more than	
_	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.	ough 9 in column (d)om line 3, column (d)on answered "Yes" on Fo			(d) Total gaming (ad
1	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a. Gross revenue	ough 9 in column (d) om line 3, column (d) on answered "Yes" on Fo	m 990, Part IV, line 19, or	reported more than	(d) Total gaming (add
1	O Direct expense summary. Add lines 4 through the summary. Subtract line 10 from the summary. Subtract line 10 from the summary. Subtract line 10 from 15 complete if the organization of the summary. Subtract line 10 from 15 complete if the organization of the summary. Subtract line 10 from 15 complete if the organization of the summary. Subtract line 10 from 15 complete if the organization of the summary. Subtract line 10 from 15 complete if the organization of the summary. Subtract line 10 from 15 complete if the organization of the summary. Subtract line 10 from 15 complete if the organization of the summary. Subtract line 10 from 15 complete if the organization of the summary. Subtract line 10 from 15 complete if the organization of the summary. Subtract line 10 from 15 complete if the organization of the summary. Subtract line 10 from 15 complete if the organization of the summary. Subtract line 10 from 15 complete if the organization of the summary. Subtract line 10 from 15 complete if the organization of the summary. Subtract line 15 complete if the organization of the summary. Subtract line 15 complete if the organization of the subtract line 15 complete if the organization of the subtract line 15 complete if the organization of the subtract line 15 complete if the organization of the subtract line 15 complete if the organization of the subtract line 15 complete if the organization of the subtract line 15 complete if the organization of the subtract line 15 complete if the organization of the subtract line 15 complete if the organization of the subtract line 15 complete if the organization of the subtract line 15 complete if the organization of the subtract line 15 complete if the organization of the subtract line 15 complete if the organization of the subtract line 15 complete if the organization of the subtract line 15 complete if the organization of the subtract line 15 complete if the organization of the subtract line 15 complete if the organization of the subtract line 15 complete if the organizatio	ough 9 in column (d)	m 990, Part IV, line 19, or	reported more than	(d) Total gaming (ad
1	O Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro Saming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	ough 9 in column (d)	m 990, Part IV, line 19, or	reported more than	(d) Total gaming (add
1 2 3 4	O Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro Saming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	ough 9 in column (d)	m 990, Part IV, line 19, or	reported more than	(d) Total gaming (add
1 2 3 4 5	O Direct expense summary. Add lines 4 through the income summary. Subtract line 10 from the income summary. Subtract line 10 from the income summary. Subtract line 10 from 11 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	ough 9 in column (d)	(b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	(d) Total gaming (add col. (a) through col. (c
1 2 3 4 5	O Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro Saming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	ough 9 in column (d) om line 3, column (d) on answered "Yes" on Fo (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	reported more than	(d) Total gaming (add col. (a) through col. (c
3 4 5	O Direct expense summary. Add lines 4 through the summary. Subtract line 10 from the summary. Subtract line 10 from the summary. Subtract line 10 from 11 Gaming. Complete if the organization is 15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	yes	(b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c
1 2 3 4 5	O Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro Saming. Complete if the organizate \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro	yes	(b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c
1 2 3 4 5 6 7 8	O Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro Saming. Complete if the organization of the summary of the organization of the summary. Subtract line 10 from 15	yes	(b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c

732082 09-13-17

b If "Yes," explain: _

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 FOREST HISTORY SOCIETY INC 41-0762363 Page
11 Does the organization conduct gaming activities with nonmembers?
13 the organization a grantor, beneficiary of trustee of a trust, or a member of a partnership or other entity formed
to administer charitable gaming?
indicate the percentage of garning activity conducted in:
a The organization's facility
12b
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name
Address
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount
of gaming revenue retained by the third party >\$ and the amount
c If "Yes," enter name and address of the third party:
Name >
Address >
16 Gaming manager information:
Name ▶
Gaming manager compensation > \$
Description of services provided
Director/officer Employee Independent contractor
7 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license? Description of distributions required under state leads to distributions required under state leads to distributions. The amount of distributions required under state leads to distributions.
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$\infty\$
Part IV Supplemental Information, Provide the explanations sequined by Building
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Inf	FOREST HISTORY	SOCIETY	INC	41-0762363 Page 4
Cupplemental in	ormation (continued)			
¥				

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2017

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FOREST HISTORY SOCIETY INC

Employer identification number 41-0762363

	C MATERIA CONTROL CONT			Yes	IN
1	a Check the appropriate box(es) if the organization provide	ed any of the following to or for a person listed on Form 990,	1000	Bu g	
	Part VII, Section A, line 1a. Complete Part III to provide a	my 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 (such as, maid, chauffeur, chef)		人選	17
			278		0
D	If any of the boxes on line 1a are checked, did the organ	ization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses descrit	ped above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimb	ursing or allowing expenses incurred by all directors	100	18,00	
	trustees, and officers, including the CEO/Executive Direct	tor, regarding the items checked on line 1a?	2	-	
•				100	
3	indicate which, if any, of the following the filing organization	ion used to establish the compensation of the organization's	21.0		13
	CEO/Executive Director. Check all that apply. Do not che	ck any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, b	ut explain in Part III.			133
	Compensation committee	Written employment contract	1		1
	Independent compensation consultant	X Compensation survey or study			160
	Form 990 of other organizations	X Approval by the board or compensation committee			
	B. A. C.		485		
•	During the year, did any person listed on Form 990, Part	VII, Section A, line 1a, with respect to the filing		Atlan	6
	organization or a related organization:		軍士		
a	Receive a severance payment or change-of-control payment	ent?	4a		X
	and the state of t	Ondi latitled retirement plan?	Y250		X
C	a solution, or receive payment from, an equity-based of	compensation arrangement?	4c	\vdash	X
	If "Yes" to any of lines 4a-c, list the persons and provide t	he applicable amounts for each item in Part III.		EUR	THE RESERVE TO THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PER
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organiz	rations must complete the end of			
5	For persons listed on Form 990, Part VII, Section A, line 1	add the essentiation lines 5-9,			
	contingent on the revenues of:	a, did the organization pay or accrue any compensation	011		hi
a			MARK.		
b	Any related organization?		. 5a	\vdash	X
	If "Yes" on line 5a or 5b, describe in Part III.		. 5b		X
	For persons listed on Form 990, Part VII, Section A, line 1a	a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:		5.31		
9	The organization?			第13	-
			6a	_	X
			. 60		_
	For persons listed on Form 990, Part VII, Section A, line 1a	did the organization provide any ponfixed no most			
	not described on lines 5 and 6? If "Yes," describe in Part II	The second of th	2.000	276	
					X
	initial contract exception described in Regulations section	53 4958-4(a)(3)2 If "Vee " describe in Dest III	8	FF25	
	the reput	table presumption procedure described in	8	25.17	X
		P	100	200	

Page 2

Schedule J (Form 990) 2017 FOREST HISTORY SOCIETY INC 41-0762363

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 on 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 aren't 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 1s, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
(1) STEVEN ANDERSON	(1)	157,782.	0.	0.	15,787.	18,172.	191,741.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.		0
	(i)						0.	0
	(ii)							
	(i)							
	(ii)							
	(1)							
	(10)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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732112 10-17-17

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 FOREST HISTORY SOCIETY INC Part III Supplemental Information	41-0762363	Page 3
Fartill Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for F	art II. Also complete this part for any additional information	n.
	Schedule J (Form	990) 2017

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

FOREST HISTORY SOCIETY INC

Employer identification number 41-0762363

P	art Types of Property	MI BOO	JEII INC		41-	0/62	36.	3
	1,7,000	(a) Check if applicable	Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of o	determi		nts
1	Art - Works of art		items contributed	Form 990, Part VIII, line 1g				_
2	Art - Historical treasures							_
3	Art - Fractional interests							_
4	Books and publications	-						_
5	Clothing and household goods							
6	Cars and other vehicles							
7	Roats and planes							
8	Boats and planes							_
9	Intellectual property	X	-	42 002				_
0	Securities - Publicly traded		4	43,803.	MARKET VAL	UE		
0.00	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
2	Securities - Miscellaneous							
3	Qualified conservation contribution - Historic structures							
4	Qualified conservation contribution - Other						_	_
5	Real estate - Residential							_
6	Real estate - Commercial							_
7	Real estate - Other							_
8	Collectibles							
9	Food inventory							
0	Drugs and medical supplies							
1	Taxidermy							_
2	Historical artifacts							
3	Scientific specimens							
4	Archeological artifacts							
5	Other (DOCUMENTS)	х	1.4					
6		Δ	14	3,595.	APPRAISED V	ALU	2	
7								
В	Other ()							
,								
•	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ntributions				
	for which the organization completed Form 828	3, Part IV, D	onee Acknowledge	ement 29				
١.	During the case of the case						Yes	N
/a	During the year, did the organization receive by	contribution	any property repo	orted in Part I, lines 1 through	h 28, that it	- 10		
	must hold for at least three years from the date	of the initial	contribution, and	which isn't required to be us	ed for		黝	Ę
ě.	exempt purposes for the entire holding period?					30a		X
D	If "Yes," describe the arrangement in Part II.						15.7	
	Does the organization have a gift acceptance p	olicy that red	quires the review of	any nonstandard contribut	ions?	31	-	X
а	Does the organization hire or use third parties of	r related org	anizations to solicit	t, process, or sell noncash	500000000000000000000000000000000000000			_
	contributions?					32a		X
	ii roo, describe iii rait ii.				The state of the s	028	EGG.	
	If the organization didn't report an amount in co	lumn (c) for	a type of property	for which column (a) is chec	red			
							THE R. P. LEWIS CO., LANSING	200

Schedule M	Supplemental Information. Provide the information required by Part Lines 30b, 32b, and 3	41-0762363	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution and additional information.	3, and whether the organizambination of both. Also com	ation nplete
		2	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2017 Open to Public Inspection

OMB No. 1545-0047

Go to www.irs.gov/Form990 for the latest information.

Name of the organization FOREST HISTORY SOCIETY INC

Employer identification number 41-0762363

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

MANAGEMENT AND HUMAN WELFARE BY BRINGING A HISTORICAL CONTEXT TO

ENVIRONMENTAL DECISION-MAKING. THE PRIMARY EXEMPT PURPOSES INCLUDE:

TO COLLECT, PRESERVE, AND DISSEMINATE THE HISTORY OF NORTH AMERICAN

FORESTS AND ALL FOREST-RELATED ACTIVITIES; TO ENCOURAGE AND AID THE

ESTABLISHMENT OF COMPANY, INSTITUTIONAL, AND INDIVIDUAL ARCHIVES AND TO

MAKE THAT INFORMATION AVAILABLE TO STUDENTS AND SCHOLARS; TO PROMOTE

RESEARCH AND WRITING AND PUBLISH ON THE HISTORY OF THE RELATIONSHIP OF

FORESTS AND PEOPLE OVER TIME; AND TO PROVIDE FOR THE EDUCATION OF ALL

AGE GROUPS RELATED TO THE LESSONS OF FOREST AND CONSERVATION HISTORY.

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

ARCHIVES- TO PRESERVE A VARIETY OF UNPUBLISHED DOCUMENTARY SOURCES FOR
STUDENTS, TEACHERS, AND OTHER RESEARCHERS; TO HELP LOCATE VALUABLE

FOREST-RELATED COLLECTIONS IN REPOSITORIES AROUND NORTH AMERICA AND THE

WORLD; TO INVENTORY ARCHIVES THROUGHOUT THE UNITED STATES AND CANADA

AND SERVE AS THE NATIONWIDE COLLECTING NETWORK FOR SUCH INFORMATION.

EXPENSES \$ 145,658. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SERVICE- THROUGH PROFESSIONAL OUTREACH RESPOND TO A RANGE OF PUBLIC

NEEDS AND INFORMATION REQUESTS AND TO ENCOURAGE STAFF TO BE ACTIVE

MEMBERS OF THEIR PROFESSION BY REVIEWING MANUSCRIPTS, ATTENDING

MEETINGS, SERVING ON COMMITTEES AND BOARDS, AND CLASSROOM TEACHING.

EXPENSES \$ 55,651. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

AWARDS - TO RECOGNIZE SCHOLARLY ACHIEVEMENT AND SERVICE TO FOREST AND

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

Schedule O (Form 990 or 990-EZ) (2017)

COMMUNICATIONS, MONITORS BOARD MEMBER ACTIVITIES IN RELATION TO CONFLICT OF INTEREST ISSUES. EACH DIRECTOR AND STAFF MEMBER IS ASKED TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION FOR THE PRESIDENT IS DETERMINED BY THE EXECUTIVE COMMITTEE OF 732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization FOREST HISTORY SOCIETY INC	Employer identification number 41-0762363
THE BOARD OF DIRECTORS, NOT INCLUDING THE SECRETARY. THE	DECISION IS BASED
BOTH ON PERFORMANCE AND ON COMPARABILITY DATA. THE CHAIR	MAN OF THE BOARD
MEETS WITH THE PRESIDENT FOLLOWING THE SPRING BOARD MEETI	NG EACH YEAR TO
DISCUSS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS OF THE O	RGANIZATION ARE
AVAILABLE UPON REQUEST. THE FORM 990 IS AVAILABLE ON THE	GUIDESTAR
WEBSITE.)i
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NON-CAPITALIZED DONATIONS TO LIBRARY	-3,595.
BAD DEBT EXPENSE	-1,350.
TOTAL TO FORM 990, PART XI, LINE 9	-4,945.