PUBLIC DISCLOSURE

(Rev. January 2020)

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.

Open to Public Inspection

OMB No. 1545-0047

ΑF	or the 2	2019 calendar year, or tax year beginning and	ending					
B c	Check if applicable:	C Name of organization		D Employer id	entific	ation number		
X	Address	BLUE FOREST FINANCE INC.						
	Name change	Doing business as		83-1666979				
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 2716 6TH AVE	Room/suite	E Telephone number 202-271-1548				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 403,76				
	Amended			H(a) Is this a gro	oup ref			
	Applica- tion	F Name and address of principal officer: ZACHARY KNIGHT		for subordi	-		No	
	pending	SAME AS C ABOVE		H(b) Are all subordi			No	
	Fav-even	npt status: $X = 501(c)(3)$ 501(c) () (insert no.) 4947(a)(1) o	or 527	1 ` ′		ist. (see instructions		
		► WWW.BLUEFORESTCONSERVATION.COM	JI 021	H(c) Group exe		· ·	3)	
		rganization: X Corporation Trust Association Other	I Vear			State of legal domicile	e· CA	
		Summary	L 10ai	or formation. 20	_ O IVI	State of legal doffilent	<u> O11</u>	
	_	riefly describe the organization's mission or most significant activities: SEE	SCHEDU	T.E. O				
Se	' '	The representation of the state	ЭСПЕВО					
Governance	2 C	heck this box if the organization discontinued its operations or dispos	od of more	than 25% of its n	ot acc	nte.		
Jerr	3 N				3	515.	4	
é ဗ	3 N 4 N				4		$-\frac{1}{4}$	
જ	1	umber of independent voting members of the governing body (Part VI, line 1b)			5		-	
Activities &	1	otal number of individuals employed in calendar year 2019 (Part V, line 2a)			6		$-\frac{0}{4}$	
፷		otal number of volunteers (estimate if necessary)					0.	
Ac		otal unrelated business revenue from Part VIII, column (C), line 12			7a		0.	
	b N	et unrelated business taxable income from Form 990-T, line 39			7b		<u> </u>	
Revenue				Prior Year	0.	Current Year		
	8 C	ontributions and grants (Part VIII, line 1h)				200 0	0.	
	9 P	rogram service revenue (Part VIII, line 2g)		2 01	0.	380,00		
ž	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,91		23,7		
_	יון ט	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			35.	402 5	<u>0.</u>	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,95		403,70			
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)			0.		0.	
	1	enefits paid to or for members (Part IX, column (A), line 4)			0.	0.		
S	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.		0.	
Expenses	16a Pi	rofessional fundraising fees (Part IX, column (A), line 11e)			0.		0.	
ă X	b To	otal fundraising expenses (Part IX, column (D), line 25)						
Ш	'' O	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,89	-	54,3		
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,89		54,3		
		evenue less expenses. Subtract line 18 from line 12		-94	12.	349,43	<u> 10.</u>	
Assets or			Ве	ginning of Current		End of Year		
sets	20 To	otal assets (Part X, line 16)		1,003,56		1,923,9		
t As	21 To	otal liabilities (Part X, line 26)		1,003,58		1,575,0		
Ret		et assets or fund balances. Subtract line 21 from line 20		-2	26.	348,9	<u>58.</u>	
Pa	art II	Signature Block						
Und	er penalti	es of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best	of my	knowledge and belief,	it is	
true,	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.				
	11							
Sigi	ո J	Signature of officer		Date				
Her	e l	ZACHARY KNIGHT, PRESIDENT & TREASURER						
		Type or print name and title						
	F	Print/Type preparer's name Preparer's signature] [eck	PTIN		
Paid		. CALVIN MARKS		if sel	f-employe	P0122697	3	
Prep	oarer F	irm's name ▶ JOHNSON LAMBERT LLP	•	Firm's EI		52-1446779		
		irm's address 4242 SIX FORKS ROAD, SUITE 1500		_				
		RALEIGH, NC 27609		Phone no	.919	9-719-6400		
Mav	the IRS	discuss this return with the preparer shown above? (see instructions)				X Yes	No	
_								

Exempt Organization Declaration and Signature for Electronic Filing

or calendar year 2019, or tax year beginning	, 2019, and ending	, 20

Internal Revenue S		l	For use witi	n Forms 990, 9	90-EZ, 990-PF, 11	20-POL, and	8808			
Name of exer	npt organization		REST F	FINANCE I	INC.		E		dentification number	
Part I	Type of Re				ole Dollars Only)		l l			_
line 1a, 2a, 3a whichever is a	a, 4a, or 5a belo applicable, blan	ow and the amo	ount on that	line of the return	n being filed with t	his form was	blank, then	leave line	f you check the box on 1b, 2b, 3b, 4b, or 5b, Do not complete more	
2a Form 990 3a Form 112 4a Form 990	in Part I. O check here O-EZ check here O-POL check I O-PF check here 68 check here	e	b Total reb Total tab	evenue, if any (F ax (Form 1120-P sed on investme	form 990, Part VIII, form 990-EZ, line 9 OL, line 22) ent income (Form 68, line 3c)) 990-PF, Part	VI, line 5)	2b 3b 4b	403,763	
Part II	Declaration	of Officer								
(dir tax Tre inst	ect debit) entry es owed on this asury Financial	to the financial return, and the Agent at 1-888 d in the proces	institution a e financial ir -353-4537 n sing of the e	account indicate estitution to debi o later than 2 bu	ed in the tax prepar it the entry to this a usiness days prior	ation softwar account. To re to the payme	e for payme evoke a pay nt (settleme	ent of the o ment, I mu ent) date. I a	ctronic funds withdrawal organization's federal ust contact the U.S. also authorize the financia ary to answer inquiries	
exe	ecuted the elect	ronic disclosur	e consent c	te agency(ies) re ontained within t e selected state		as part of the disclosure by	IRS Fed/St y the IRS of	ate progra this Form	m, I certify that I 990/990-EZ/990-PF	
electronic reto further declar intermediates (a) an acknow the date of ar	urn and accomp te that the amou service provider wledgement of r ny refund.	panying schedu unt in Part I abo r, transmitter, o eceipt or reaso	lles and stat ove is the and r electronic n for rejection	tements, and, to nount shown on return originator	the best of my known the copy of the organization (ERO) to send the ission, (b) the reason.	owledge and ganization's e organization son for any de	belief, they electronic re 's return to elay in proce	are true, conturn. I constituted the IRS and essing the	d to receive from the IRS return or refund, and (c)	
Sign Here	Zach Signature of or	Might			10/12/202	— -	RESIDE	ENT &	TREASURER	
,	Signature of o	nicer -			Date	, ,	itle			
Part III	Declaration	of Electro	nic Retur	n Originator	(ERO) and Pa	id Prepare	r (see inst	ructions)		
knowledge. If return. The or filed with the for Business I accompanyin	I am only a col rganization offic IRS, and have f Returns. If I am	lector, I am not er will have sig ollowed all othe also the Paid F d statements, a	responsible ned this forr er requireme Preparer, und and, to the b	e for reviewing the m before I subments in Pub. 416 der penalties of best of my know	ne return and only o it the return. I will o 3, Modernized e-Fi perjury I declare th	declare that th give the office le (MeF) Inforn at I have exar	nis form according a copy of a copy of a mation for A mined the all	curately ref all forms a authorized bove orgar	t to the best of my flects the data on the nd information to be IRS e-file Providers nization's return and This Paid Preparer	
ERO's ERO	o's ature	maile	_		ate 10/21/2020	Check if also paid preparer	Check if self- employed		P01226973	
	n's name (or rs if self-employed),	JOHNSO		BERT LLP			•	EIN 52	2-1446779	
Omy addr	rs if self-emp oyed), ress, and ZIP code	4242 S RALEIO		RKS ROAD 27609	, SUITE 15	500		Phone no. 919-	-719-6400	
		declare that I h	ave examine	ed the above ret					d, to the best of my know er has any knowledge.	V-
Paid	Print/Type prep			Preparer's signati		Date	Checl	k if self- loyed	PTIN	
Preparer Use Only	Firm's name	•					Firm	n's EIN 🕨		
	Firm's address	>					Pho	ne no.		

Product: **Exempt**Name: **BLUE FOREST FINANCE INC.**

Category:

IRS Center: Ogden

e-Postmark: 10/21/2020 6:12 AM

Notification:

FEIN: ****6979

Fiscal Year Begin Date: 1/1/2019

Fiscal Year End Date: 12/31/2019

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/ (Due)	Updated By	eSign Date
10/21/2020	19X:83- 1666979:V1	Upload Started			Marks,Calvin	
10/21/2020	19X:83- 1666979:V1	Released for Transmission - Validation in Progress			Marks,Calvin	
10/21/2020	19X:83- 1666979:V1	Ready to transmit - Validation Complete				
10/21/2020	19X:83- 1666979:V1	Transmitted to CA	56370820202950321n00	(\$10.00)		
10/21/2020	19X:83- 1666979:V1	Transmitted to FD	56370820202950325e05			
10/21/2020	19X:83- 1666979:V1	Accepted by FD on 10/21/2020				
10/21/2020	19X:83- 1666979:V1	Accepted by CA - on 10/21/2020				

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

Automa	atic 6-Month Extension of Time. Only subm	it origina	al (no copies needed).							
•	ations required to file an income tax return other than Fo Form 7004 to request an extension of time to file income			s, REM I Cs	s, and trusts					
Type or	Name of exempt organization or other filer, see instruc	ctions.		Taxpayer	identification numb	er (T I N)				
print	BLUE FOREST FINANCE INC.				83-166697	9				
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see 824 BAY STREET, NO. 1	ee instruct	ions.							
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA MONICA, CA 90405									
Enter the	Return Code for the return that this application is for (file	a separat	e application for each return)			0 1				
Application	on	Return	Application			Return				
ls For		Code	Is For			Code				
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 990	-BL	02	Form 1041-A			08				
Form 472	0 (individua l)	03	Form 4720 (other than individual)			09				
Form 990	-PF	04	Form 5227			10				
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 990	-T (trust other than above)	06	Form 8870			12				
Teleph If the c	ooks are in the care of ▶ 824 BAY STREET, none No. ▶ 215-858-2515 organization does not have an office or place of business s for a Group Return, enter the organization's four digit 0 . If it is for part of the group, check this box ▶	in the Uni Group Exe		If this is fo	r the whole group, cl					
the ►[►[quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization part of the calculation of the calcu	nization's	return for:	e the exem	npt organization retu — ·	rn for				
	a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.									
	nis application is for Forms 990-PF, 990-T, 4720, or 6069, mated tax payments made. Include any prior year overpa			3b	\$	0.				
	ance due. Subtract line 3b from line 3a. Include your page EFTPS (Electronic Federal Tax Payment System). See		• • •	3c	\$	0.				
	If you are project to made an electronic finale with drawel.			450 FO an	d Farma 0070 FO far					

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

		FINANCE INC.	83-1	666979 Page 2
Pa	rt III Statement of Program Service A	ccomplishments		
	Check if Schedule O contains a response	or note to any line in this Part III		
1	Briefly describe the organization's mission: TO SUPPORT CLIMATE-RESIL:	IENT ENVIRONMENTA	L INTERVENTIONS, INC	LUDING
	THROUGH CONSULTING AND F	INANCIAL STRATEGI	ES.	
2	Did the organization undertake any significant pr prior Form 990 or 990-EZ?		hich were not listed on the	Yes X No
	If "Yes," describe these new services on Schedu	le O.		
3	Did the organization cease conducting, or make	significant changes in how it cond	ducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accessection 501(c)(3) and 501(c)(4) organizations are			
	revenue, if any, for each program service reporte		,	1
4a		058 • including grants of \$) (Revenue \$	398,823.
	FINANCING - THE ORGANIZA			
	PROCEEDS FROM THE FINANC:	ING TO SUPPORT EC	OLOGICAL RESTORATION	•
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	-			
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
-10	(COUC) (Expenses #	moldaring grants or \$) (Nevenue 4	
4d	Other program services (Describe on Schedule C).)		
	(Expenses \$ including	grants of \$) (Revenue \$)
40	Total program convice expenses	52 058.		

Form 990 (2019) BLUE FOREST FINANCE INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	37
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			٦,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			٠,,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			\
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		x
40	If "Yes," complete Schedule D, Part IV	9		Α_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	, ,	11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	'''		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	 		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form 990 (2019)

BLUE FOREST FINANCE INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			3,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		<u> </u>
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation			
	contributions? If "Yes." complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3,7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	I
ı al	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon it Schedule O contains a response of flote to any line in this Part V			NI-
4-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ıa b	The sale latings reported the sale sale sale sale sale sale sale sal	-		
C	Enter the harmost of rolling was already at the fact that applicable			
C	(gambling) winnings to prize winners?	1c		
	S C/ C 1	,		

Form 990 (2019) BLUE FOREST FINANCE INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	C			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b				5b		X
				5c		
6a		e orga	nization solicit			l
				6a		<u> X</u>
b		ons o	gifts			
		calendar year ending with or within the year covered by this return e is reported on line 2, did the organization file all required federal employment tax returns? 2b sum of lines 1 and 2a is greater than 250, you may be required to e_file (see instructions) air fail on have unrelated business gross income of \$1,000 or more during the year? 3a it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O during the calendar year, did the organization have an interest in, or a signature or other authority over, a sount in a foreign country (such as a bank account, securities account, or other financial account)? 4a er the name of the foreign country P ions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). anization a party to a prohibited tax shelter transaction at any time during the tax year? 5b anization appropriate that it was or is a party to a prohibited tax shelter transaction? 5c panization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit intons that were not tax deductible as charitable contributions? 4c deductible? 4c deductible? 4c deductible or deductible contributions under section 170(e). 5c ans that may receive deductible contributions under section 170(e). 5c and that may receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 4c the organization include with every solicitation an express statement that such contributions or gifts and eductible? 4c anization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 4c the organization include with every any permiums, directly or indirectly, to pay premiums on a personal benefit contract? 7c prinzation received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7c particular to received a contribution of qualified intellectu				
7	Organizations that may receive deductible contributions under section 170(c).		_			7.7
a						X
				7b		
С	. # 5			_		x
		1	 I	/c		_
			<u> </u>	7.		Х
e			τ?			X
f			00 oo roquirod?			<u> </u>
g						
н 8				/11		
Ü		-		8		
9						
а				9a		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	i	ı			
	organization is licensed to issue qualified health plans			-		
	Enter the amount of reserves on hand	13c	I			37
					1	X
				14b	+	
15						_v
				15		X
46		+ in :	ma?	40		Х
16		ı iricol		10		<u> </u>
	If "Yes," complete Form 4720, Schedule O.					

Page 6 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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 4			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ZACHARY KNIGHT - 202-271-1548			
	2716 6TH AVE, SACRAMENTO, CA 95818			

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.

See instructions for the order in which to list the persons above.

(A)	(B)			((C)			ed any current officer, d	(E)	(F)
Name and title	Average		not c	heck	sition k more than one			Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)						compensation	compensation	amount of
	week (list any						Ĺ	from the	from related organizations	other compensation
	hours for	direct						organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** =/ *********************************	organization
	organizations	trust	lal tru		oyee	om pe				and related
	below	Individual trustee or director	Institutional trustee	ser	Key employee	Highest compensated employee	ner			organizations
	line)	lndi	lust	Officer	Key	High	Former			
(1) ZACHARY KNIGHT	1.00	1								
PRESIDENT & TREASURER	50.00	Х		Х				0.	160,266.	0.
(2) NICHOLAS WOBBROCK	1.00									_
SECRETARY	50.00	Х		Х				0.	129,166.	0.
(3) PHILIP SAKSA	1.00	. .		_				_		_
DIRECTOR (FROM APR '19)	50.00	Х		Х				0.	121,998.	0.
(4) LEIGH MADEIRA	1.00	.		_				_		_
TREASURER (TO APR '19)	50.00	Х		Х				0.	50,127.	0.
(5) CHAD REED	1.00	1							_	
DIRECTOR	10.00	Х						0.	0.	0.
		1								
		1								
		-								
		-								
		-								
		-								
		-								
			_							
		-								
	1		_		_	_				
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	-		_		-					
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	1		_		-	-				
		J	l		1	1	1	I	1	

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. u	rt VII Section A. Officers, Directors, Trus	(B)	ыоу	ees,		<u>я ні</u> С)	gnes	st C				/E\	
	(A) Name and title	Average			Pos	itior			(D) Reportable	(E) Reportable	For	(F) timate	Н
	Name and the	hours per	kod	, unle	ss per	rson i	than is bot	h an	compensation	compensation		ount c	
		week	_	cer ar	nd a di	irecto	or/trus	tee)	from	from related	- 1	other	
		(list any hours for	irecto						the	organizations		oensat	
		related	e or d	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		om the anizatio	
		organizations	truste	nal tru:		oyee	omper		(** 2/ 1885 **********************************		"	relate	
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	nizatio	ns
		line)	Pul	lus	#0	Key	를 별 등	ъ			+		
			-										
				_			-						
				\vdash			+						
							_						
			1										
							+						
										464 555			
	Subtotal								0.	461,557			0.
	Total (add lines the and to)								0.	0 461,557			0.
u	Total (add lines 1b and 1c) Total number of individuals (including but i							no re	-	•	• 1		<u> </u>
_	compensation from the organization	TOT III THEOG TO TH			u u.	,,,,	3,	.0 .0	, solved more than \$100,	ooo or roportable			0
												Yes	No
3	Did the organization list any former officer	, director, trust	ee, l	кеу е	empl	loye	e, o	hig	hest compensated emp	loyee on			
	line 1a? If "Yes," complete Schedule J for										3		X
4	For any individual listed on line 1a, is the s										4	x	
5	and related organizations greater than \$15 Did any person listed on line 1a receive or										4	^	
Ŭ	rendered to the organization? If "Yes." cor	•				•					5		Х
Sec	ction B. Independent Contractors												
1	Complete this table for your five highest co										sation fro	m	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.			
	(A) Name and busines:	s address	NI	ONE	7.				(B) Description of s	ervices	(C Comper		1
				<u> </u>									
2	Total number of independent contractors (ot lir	nited	d to		_	ted	above) who received mo	ore than			
	\$100,000 of compensation from the organ	zation >					0				Form 9		

		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
(0, (0	1.0	Endersted compaigns 10					000000000000000000000000000000000000000
Contributions, Gifts, Grants and Other Similar Amounts	ıa	Federated campaigns 1a					
<u> </u>	D	Membership dues 1b					
ts, An	С	Fundraising events 1c					
ig ë	d	Related organizations 1d					
JS,	е	Government grants (contributions) 1e					
ţţ	f	All other contributions, gifts, grants, and					
효		similar amounts not included above 1f					
할	g	Noncash contributions included in lines 1a-1f					
<u>ဗ ဗ</u>	h	Total. Add lines 1a-1f					
			Business Code				
ø.	2 a	PROJECT INCOME	522291	350,000.	350,000.		
, vic	b	MANAGEMENT FEE INCOME	522291	30,000.	30,000.		
Ser	С			·	•		
E S	d						
gra Re	e						
Program Service Revenue	f	All other program service revenue					
	•	Total. Add lines 2a-2f	•	380,000.			
_				300,000.			
	3	Investment income (including dividends, intere		23,763.	18,823.		4,940.
	_	other similar amounts)		23,703.	10,023.		4,340.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ē		and sales expenses 7b					
enr	С	Gain or (loss) 7c					
her Revenue		Net gain or (loss)					
౼		Gross income from fundraising events (not					
Ğ.	o a	including \$ of					
١		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10a					
	b	Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory					
,_			Business Code				
Miscellaneous Revenue	11 a						
ne Due	b						
ella	c						
<u>8</u>	d	All other revenue					
Σ	e	Total. Add lines 11a-11d					
		Total rayanua Saa instructions		403.763.	398 823.	0	4 940.

Form 990 (2019)

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 respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	30,000.	30,000.		
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	4 540		4 540	
13	Office expenses	1,519.		1,519.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12 102	12 102		
20	Interest	13,193.	13,193.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	776.		776.	
23	Insurance Characteristic averages not sovered	//0•		110.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) LOAN COMMITMENT FEE	8,865.	8,865.		
		0,003.	0,003.		
b					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	54,353.	52,058.	2,295.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization	32,333.	32,030•	_,,	· ·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
_					

Form 990 (2019)
Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X							
1			Check if Schedule O contains a response or note	e to any line in this Part X			
2 Savings and temporary cash investments 3 Piedges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, tustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, net 8 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Lands. accumulated depreciation 11 Investments - publicy traded securities 11 Investments: - other securities. See Part IV, line 11 12 Investments - other securities. See Part IV, line 11 13 Investments: See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Check liabilities (including federal income tax, payables to related third parties 26 Organizations that foliow FASB ASC 958, check here 27 Total liabilities. Add lines 17 through 25 28 Organizations that foliow FASB ASC 958, check here 30 Paid or craptal surplus, or land, building, or equipment fund 31 Patience deminings, endowment, accumulated income, or other funds 32 Total liabilities, and own liability. Organizations that foliow FASB ASC 958, check here 30 Paid or organizations that foliow FASB ASC 958, check here 31 Ada 958. 32 Total liabilities. Add lines 17 through 25 32 Total liabilities. Add lines 17 through					(A) Beginning of year		
Pledges and grants recivable, net Accounts receivable, net Accounts receivable, net Accounts receivable, net Accounts receivable from any current or former officer, director, tustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(i)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivables from other disqualified persons (as defined under section 4958(i)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Lass: accumulated depreciation 11 Investments - poblique traded securities 12 Investments - poblique traded securities 13 Investments - poblique traded securities 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 10 Tax excempt bond liabilities 20 Tax excempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Corte liabilities (including federal income tax, payables to related third parties 26 Other liabilities (including federal income tax, payables to related third parties 27 Total liabilities. Add lines 17 through 25 28 Total liabilities. Add lines 17 through 25 29 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 29 Total liabilities. A		1	Cash - non-interest-bearing		85.	1	
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4950f()1), and persons described in section 4950f()2), and persons described in section 4950f()3 (8) 7 Notes and loans receivable, net 9 Prepaid expenses and dofferred charges 10a Land, buildings, and equipment: cost or other basis. Compilete Part VI of Schedule D 10b 1 Less: accumulated depreciation 10b 1 Investments - publicly traded securities 1 Investments - publicly traded securities 1 Investments - program-related. See Part IV, line 11 2 Investments - program-related. See Part IV, li		2				2	198,900.
4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958((r))), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 11 Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - propriner related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 19 Deferred revenue 10 Tax exempt bond liabilities 10 Deferred revenue 10 Deferred revenue 11 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Tox exempt bond liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortagaes and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Organizations that follow FASB ASC 958, check here and complete lines 27, 82, 83, and 33. 27 Net assets without donor restrictions 29 Tax exempt bond liabilities not included on lines 17, 24). Complete Part X of Schedule D 29 Tax exempt bond liabilities not included on lines 17, 24). Complete Part X of Schedule D 20 Tax exempt bond liabilities not included on lines 17, 24). Complete Part X of Schedule D 21 Tax exempt bond liability of the payable so any current or former officer, director, and of the liability of the payabl		3				3	-
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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	403	3,7	63.
2	Total expenses (must equal Part IX, column (A), line 25)	2	54	4,3	53.
3	Revenue less expenses. Subtract line 2 from line 1	3	349	9,4	10.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		-:	26.
5	Net unrealized gains (losses) on investments	5		-8	17.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		3	91.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	348	3,9	58.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	ar audite, explain why an Cahadula O and describe any stand taken to undergo such audite				l

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

BLUE FOREST FINANCE INC. 83-1666979 Part I 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (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, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 10 X 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and			, ,		, ,	, ,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(4) 2010	(3) 2010	(0) 2011	(4) 2010	(6) 2010	(i) rotal
8	Gross income from interest.						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
J	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	. /5 1 1 1 1 1 1 1 1 1						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	one)			12	<u> </u>
	First five years. If the Form 990 is for	,	,	d fourth or fifth t			
	organization, check this box and stop						•
Sec	ction C. Computation of Publi	. O I D .					
14	Public support percentage for 2019 (li	ne 6. column (f) d	ivided by line 11. o	column (f))		14	%
	Public support percentage from 2018					15	%
	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the c						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances test						
	more, and if the organization meets the						
	organization meets the "facts-and-circ		•				.
12	Private foundation. If the organization		· ·	•	,		
10	riivate iounuation. Il the organizatio	ir did flot Crieck a	DUX UIT III IE TO, TO	a, 100, 17a, 01 17	D, CHICCK HIIS DOX &	na see mstructions	·

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

Se	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(-)	(2) = 2 : 2	(=, == : :	(-, : -	(5) = 5 · 5	(-)
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					398,823.	398,823.
3	Gross receipts from activities that						
	are not an unrelated trade or business 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					398,823.	398,823.
	Total. Add lines 1 through 5					390,043.	390,043.
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
(Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						398,823.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6					398,823.	398,823.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				2,796.	4,940.	7,736.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b				2,796.	4,940.	7,736.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				35.		35.
13	Total support. (Add lines 9, 10c, 11, and 12.)				2,831.	403,763.	406,594.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	501(c)(3) organiza	ition,
	check this box and stop here						> X
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), c	divided by line 13, o	column (f))		15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)19 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	is not
Ŀ	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the						▶ □
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						>

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

- 1 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?
- 6 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 (as 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.)

	Yes	No
1		
•		
2		
3a		
3b		
52		
3с		
4a		
4b		
713		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
-		
9c		
10a		
10b		

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	non o. Type ii Supporting Organizations		Vaa	N.
	Mars a majority of the expeniention's divertors by twistons during the toy year along a majority of the divertors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	·			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	71 11 3 3		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income 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.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
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 in	structions,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	· ·			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? (# "Vos." describe in Part VI the relevant by the experiencies in this regard	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	other Type III non-functionally integrated supporting organizations must co	Thiere Sec	uona A unough L.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
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			
	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lv integrated	Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	3		
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	and o difficulty and any mile o difficulty	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
	Excess from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 BLUE	FOREST F	INANCE :	INC.	83-1666979	Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3d	Provide the expla 4, 4b, 4c, 5a, 6, 9a, d 3; Part IV, Sectio	nations require 9b, 9c, 11a, 1 n E, lines 1c, 2	ed by Part II, line 10; Pa 1b, and 11c; Part IV, Se 2a, 2b, 3a, and 3b; Part	rt II, line 17a or 17b; Part III, line 12; action B, lines 1 and 2; Part IV, Section 0 V, line 1; Part V, Section B, line 1e; Part	Ο,

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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

BLUE FOREST FINANCE INC.

Employer identification number 83-1666979

Questions Regarding Compensation Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х 4b c Participate in, or receive payment from, an equity-based compensation arrangement? X 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2019

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 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred beneat	(D) Nontaxable benefits	(D) Nontaxable (E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) ZACHARY KNIGHT	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT & TREASURER	(ii)	160,266.	0.	0.	0.	0.	160,266.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III 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 Part II. Also complete this part for any additional information.

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BLUE FOREST FINANCE INC.

Employer identification number 83-1666979

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO SUPPORT CLIMATE-RESILIENT ENVIRONMENTAL INTERVENTIONS, INCLUDING
THROUGH CONSULTING AND FINANCIAL STRATEGIES.
FORM 990, PART VI, SECTION A, LINE 2:
ALL DIRECTORS OF THE ORGANIZATION ARE PARTNERS OR CONSULTANTS OF BLUE
FOREST CONSERVATION LLC.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD ENSURES THAT THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO
ALL INTEREST PERSONS. INTERESTED PERSONS MUST SIGN AN ANNUAL STATEMENT
ATESTING THEY HAVE RECEIVED A COPY OF THE POLICY, READ AND UNDERSTAND THE
POLICY, AND AGREE TO COMPLY WITH THE POLICY.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINACIAL STATEMENTS
ARE AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION B, LINE 13
A WHISTLEBLOWER POLICY WAS ADOPTED IN JANUARY 2020.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BLUE FOREST F	INANCE INC.					83-16669	79	
Part I Identification of Disregarded Entities. Compl	ete if the organization answered "Ye	s" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	r Total income End-of-year asset			Direct o	(f) controlling ntity]
FRB YUBA PROJECT I LLC - 36-4909005 2716 6TH AVE SACRAMENTO, CA 95818	FINANCING	CALIFORNIA	371	255. 1,89	4,624.	BLUE FOREST	FINANC	E
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	n answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ect controlling entity	contr	g) 512(b)(13) rolled tity?
		loroigh country,		501(c)(3))			Yes	No
								1

Page 2

Part III

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Genera	Percentage ownership
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	itions?	amount in box 20 of Schedule	partne	ownership
		country)		sections 512-514)		doscio	Yes	No	K-1 (Form 1065)	Yes I	No No
BLUE FOREST CONSERVATION, LLC											
- 47-5104164, 171 5TH STREET,	INVESTMENT										
LAKE OSWEGO, OR 97034	MANAGMENT	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/Z	N/A
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	1										
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Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) ction (b)(13) trolled tity?
		- Country,						Yes	No

Page 3

Part	V Transactions With Related Organizations. Complete if the organization ans	wered "Yes" on Forn	n 990, Part IV, line 34, 35b	, or 36.			
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
ı	Performance of services or membership or fundraising solicitations for related organic	nization(s)			11		Х
	Performance of services or membership or fundraising solicitations by related organ				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		Х
	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	elationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involv	/ed		
<u>(1)</u>							
<u>(2)</u>							
(3)							
(4)							
							_
<u>(5)</u>							
(6)							

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?		Genera manag partne Yes N	(k) Percentage ownership
	_									
	_							Oakaalala		