Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 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.



B c+splicable C Name of organization D Employer identification number Image: Splicable BLUE FOREST FINANCE INC. 83-1666979 83-1666979 Image: Splicable Doing business as 83-1666979 80-77.5. Image: Splicable Science (or PL ovor, state or province, country, and ZIP or foreign postal code Goresmemples 403,763. Science Address of principal officer ZACHARY KNIGHT Finame and address of principal officer ZACHARY KNIGHT For subordinates? Yes [X] No I Tax exempt status: [X] 501(b(3) 501(c)() (inset no.) 4947(a)(1) or 527 J Webste: WWW. BLUEPORESTCONSERVATION.COM H(P) Are statewordinate sized or formation: Z018 M State of legal domicile: CA Partit Summary Tax exempt status: [X] 501(b(3) 501(c) (Integration discontinued its operations or disposed of more than 25% of its net assets. Verset WWW. BLUEPORESTCONSERVATION.COM List of regal domicile: CA Partit Summary If the organization discontinued its operations or disposed of more than 25% of its net assets. Vector this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 0. Notheduste dusuinses taxable incorome from Part VII, colu	AF	or the	e 2019 calendar year, or tax year beginning and o	ending	_		
Number of organization: X Corporation Solid business as Solid business as Solid business as Arrented Framework 2716 6 TH AVE City or town, state or province, country, and ZiP or foreign postal code Sol CRAMENTO, CA 95818 Gooss accepts 5 403,763. Intervention SACE ABOVE H(a) is this a group return for subordinates? Yes No Intervention SACE ABOVE H(b) exait subordinates includer) Yes No Intervention SIG CRAMENTO, COM 95818 H(b) exait subordinates includer) Yes No Intervention Form of organization: X Corporation Form of organization: X Yes No Vebste: WWW. BLUEFORESTCONSERVATION.COM H(c) Group exemption number H(c) Group exemption number Vestor of organization: X Corporation fit he organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 4 Number of voting members of the governing body (Part VI, line 1a) 5 0 6 40 One organization: Z 21, 917. 23, 763. 9 Program service revenue (Part VIII, column (A), lines 14, ed) (A), lines 10 <td< td=""><td></td><td>heck if oplicabl</td><td>c Name of organization</td><td></td><td>D Employer identific</td><td>cation number</td></td<>		heck if oplicabl	c Name of organization		D Employer identific	cation number	
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with Team Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 202-271-1548 271.6 6 TH AVE 202-271-1548 202-271-1548 City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA 95818 G Genesneets 4 003,763. Application F Name and address of principal officer. ZACHARY KNIGHT F Name and address of principal officer. ZACHARY KNIGHT J Mebates NWW. BLUEFORESTCONSERVATION.COM H(a) is this a group return fr Nov, * attach a list. Gee instructions? J Webates NWW. BLUEFORESTCONSERVATION.COM L year of tomanization. ZD Corporation Trax exempts attactive: SEE SCHEDULLE O 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULLE O I 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of individuals employed in calendar year 2019 (Part V, line 12) 5 0 4 Number of individuals employed in calendary server 2019 (Part V, line 22) 0 380,000. 6 Total number of voling members of the governing body (Part V, line 23) 0 0 0 9 Prior Year Current Year		Name			83-166695	79	
City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA 95818 G Gross receipts \$ 403,763. Application Partial Periodic SACRAMENTO, CA 95818 H(a) Is this a group return for subordinates? Yes XI No 1 Tax-exempt status: S D1(c)(1) (insert no.) 4947(a)(1) or 527 1 Tax-exempt status: S D1(c)(2) (insert no.) 4947(a)(1) or 527 1 Tax-exempt status: S D1(c)(2) (insert no.) 4947(a)(1) or 527 1 Tax-exempt status: S D1(c)(2) (insert no.) 4947(a)(1) or 527 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O 0 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of individuals employed in calendar year 2019 (Part V, line 1a) 4 4 4 Number of individuals employed in calendar year 2019 (Part V, line 2a) 6 4 6 Contributions and grants (Part VIII, column (C), line 12 7a 0. 0. 9 Program service revenue (Part VIII, column (C), line 33 0. 0. 0. 0. 10 there revenue (Part VIII, column (A), lines 3.4, and 7d) 2., 952.403.763.		Initial return		E Telephone number			
Avenues Avenue		return		202-271-2	1548		
Image: State Automit Processing State And Control and Officer: ZACHARY KNIGHT FName and address of principal officer: ZACHARY KNIGHT I maxexempt status: X 501(c)(3) 501(c)() ▲ (insert no.) 4947(a)(1) or 517 H(b) Are all subordinates? Yes No I maxexempt status: X 501(c)(3) 501(c)() ▲ (insert no.) 4947(a)(1) or 517 H(b) Are all subordinates? Yes No Webstet: WWN, BLUEFORESTCONSERVATION. COM H(c) Group exemption number > K Form of organization: X Corporation Trust Association Other > 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O 2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part V, line 1a) 3 4 4 Number of individuals employed in calendar year 2019 (Part V, line 2a) 5 6 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 7 a Total number of individuals employed in calendar year 2019 (Part V, line 2a) 7 8 Contributions and grants (Part VIII, line 1h) 0. 9 Prior Year Current Year 10 Investment income (Part VIII, line 2g) 0. 9 Program service revenue (Part VII, line 1h) 0. 10 Totar revenue (Part VIII, column (A), lines 1.3) 0. 11 Other revenue		ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	403,763.	
between F Name and address of principal officer: ARCHART KNTGH1 Tor SUDDOIDTATES? Tor SU		return	SACRAMENIO, CA 93010		H(a) Is this a group re	turn	
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J Website: ▶ WWW. BLUEFORESTCONSERVATION.COM H(c) Group exemption number ▶ K Form of organization; [X] Corporation Trust Association Other ▶ L Year of formation; 2018 M State of legal domicile; CA Part II Summary L Year of formation; 2018 M State of legal domicile; CA Part II Summary L Year of formation; 2018 M State of legal domicile; CA Part II Summary L Year of formation; 2018 M State of legal domicile; CA Part II Summary It he organization is significant activities: SEE SCHEDULE O 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of volunteers of the governing body (Part VI, line 1a) 4 4 4 4 Number of volunteers (estimate if necessary) 5 0 6 6 Total number of volunteers (estimate if necessary) 7b 0. 0. 0. 9 Program service revenue (Part VIII, column (C), line 12 7b 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			SAME AS C ABUVE		H(b) Are all subordinates in	cluded? Yes No	
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, 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 which preparer has any knowledge.

Sign Here	Signature of officer ZACHARY KNIGHT, PRESIDI Type or print name and title	ENT & TREASURER		Date				
Paid	Print/Type preparer's name J. CALVIN MARKS	Preparer's signature	Date	Check PTIN if self-employed P01226973	3			
Preparer	Firm's name 🕨 JOHNSON LAMBERT	LLP		Firm's EIN 52-1446779				
Use Only	e Only Firm's address 🖕 4242 SIX FORKS ROAD, SUITE 1500							
	RALEIGH, NC 27609 Phone no.919-719-6400							
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

Form 845	B-EO	empt Organization D Elect	Declaration a ronic Filing	nd Signature	e for	OMB No. 1	545-0047
	For calendar	year 2019, or tax year beginning	Ŭ	ending	, 20	- 20 ⁻	10
Department of the Internal Revenue Se		For use with Forms 990, 9	90-EZ, 990-PF, 112	0-POL, and 8868			13
	pt organization	FOREST FINANCE	INC.			er identification nur -1666979	nber
Part I	Type of Return and	Return Information (Wh	ole Dollars Only)				
line 1a, 2a, 3a whichever is a than one line ii 1a Form 990 2a Form 990 3a Form 112 4a Form 990 5a Form 886	4a, or 5a below and the pplicable, blank (do not en Part I. check here EZ check here 0-POL check here FF check here B check here	ng filed with Form 8453-EO and amount on that line of the retur nter -0-). If you entered -0- on the b Total revenue, if any (F b Total revenue, if any (F b Total tax (Form 1120-F b Tax based on investm b Balance due (Form 886	n being filed with thi e return, then enter Form 990, Part VIII, c Form 990-EZ, line 9) POL, line 22) ent income (Form 9	is form was blank, f 0- on the applicabl column (A), line 12) 990-PF, Part VI, line	then leave li e line below	ne 1b, 2b, 3b, 4b, o	or 5b , more 3,763.
Part II	Declaration of Offic	er					
(dire taxe Trea insti and If a d exec (as s Under penaltie electronic retu further declare	 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS 						
the date of any							
Sign Here	<u>Zach Knign</u> Signature of officer	ht	10/12/2020	•	IDENT	& TREASURE	R
	Signature of officer		Date	Title			
Part III	Declaration of Elec	tronic Return Originator	(ERO) and Paid	d Preparer (see	instruction	s)	
I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.							
ERO's signa			^{Date} 10/21/2020	also paid if s	eck elf- iployed	ERO'S SSN or PTIN	3
Use Firm's		ISON LAMBERT LLP			EIN	52 - 1446779	
Only addre	ss, and ZIP code	SIX FORKS ROAD	, SUITE 15	0 0	Phone		
Linder penaltie		EIGH, NC 27609 t I have examined the above ret	urn and accompany	ing schedules and		9 - 719 - 6400	
	ef, they are true, correct,	and complete. Declaration of pr	eparer is based on a	Ill information of wh	nich the pre	parer has any knowl	
Paid	Print/Type preparer's name	Preparer's signat	ure	Date	Check if self- employed [PTIN	
Preparer Use Only	Firm's name	I		II	Firm's EIN	<u> </u>	
USE ONIY	Firm's address 🕨				Phone no.		

Product: Exempt	
Name: BLUE FOREST FINANCE INC.	
FEIN: *****6979	

Fiscal Year Begin Date: 1/1/2019

Fiscal Year End Date: 12/31/2019

Category:

IRS Center: **Ogden** e-Postmark: **10/21/2020 6:12 AM** Notification:

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				

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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 *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).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре с	r Name of exempt organization or other filer, see instructions.			Taxpaye	ridentification	number (TIN)
print	t BLUE FOREST FINANCE INC.				83-1666979	
File by the due date for filing your return. See and room or suite no. If a P.O. box, see instructions. 824 BAY STREET, NO. 1						
City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
Enter t	he Return Code for the return that this application is for (file	e a separa	e application for each return)			
Applic	ation	Return	Application			Return
ls For		Code	ls For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above) ZACHARY KNIGHT	06	Form 8870			12
Tele If th If th box 1 I t 2 I	request an automatic 6-month extension of time until	s in the Uni Group Exe and atta NOVE! anization's , an heck reaso	Fax No. ▶ ited States, check this box mption Number (GEN) ch a list with the names and TINs of IBER 16, 2020 , to file return for: d ending on: □ Initial return □	If this is fo all memb	r the whole gr ers the extens npt organizatio	oup, check this ion is for.
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720, any nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
			\$	0.		
-	Balance due. Subtract line 3b from line 3a. Include your pa				Ψ	
	using EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
-	n: If you are going to make an electronic funds withdrawal				d Form 8879-	

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

Form 8868 (Rev. 1-2020)

Form	BLUE FOREST FINANCE INC.	83-1666979	9 Page 2
Pa	rt III Statement of Program Service Accomplishments		
•	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-RESILIENT ENVIRONMENTAL INTERVENTIONS	. INCLUDING	G
	THROUGH CONSULTING AND FINANCIAL STRATEGIES.	<u>,</u>	-
2	Did the organization undertake any significant program services during the year which were not listed on the		
2			res X No
	1	······	
•	If "Yes," describe these new services on Schedule O.	┌─┐,	res X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	·····	res 🔼 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses	s, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$52,058. including grants of \$) (Revenue (Code:)) (Revenue (Code: _		8,823.)
	FINANCING - THE ORGANIZATION PROVIDES LOANS AND GRANTS W		
	PROCEEDS FROM THE FINANCING TO SUPPORT ECOLOGICAL RESTORA	ATION.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	10 \$)
			/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	.e \$)
4d	Other program services (Describe on Schedule O.)		
Ψu		١	
40			
40	Total program service expenses 52,058.		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	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			
	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			
	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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
••	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a		х
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	11a		- 23
b		116		х
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44-		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		<u> </u>
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
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		<u> </u>
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		<u> </u>
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
20a	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)

Form	aan	(2019)
FUIII	330	120131

			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 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	00	х	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	<u>_</u>	
2 4 a	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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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			
	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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
00	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		
28	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>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	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			
	"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 qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		v	
~ -	Part V, line 1	34	Х	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
a	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 poetion 512/b)(12)2. (Filling a final state of the D. D. (14) (Filling a final state of the D. (14) (Filling a filling a f	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	000		<u> </u>
00	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			
•••	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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1 -		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

	990 (2019) BLUE FOREST FINANCE INC. 83-1666	979	P	_{age} 5
Par	t 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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
8	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		000	

Form **990** (2019)

Form	990	(2019))

BLUE FOREST FINANCE INC.

83-1666979 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 1a	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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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		X
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		x
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		x
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		X
	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	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		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		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
D.	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	hle
.5	for public inspection. Indicate how you made these available. Check all that apply.	,5 Ony)	avana	
10		d finan		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year.	iu intan	lai	
20				
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			
	2/10 OIR AVE, SACRAMENIO, CA 95010			

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.

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar		Irecto	or/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mpen		(₩-2/1033-10130)		and related
	below	Individual trustee or director	Institutional trustee	5	mplo	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(1) ZACHARY KNIGHT	1.00									
PRESIDENT & TREASURER	50.00	X		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		X				0.	121,998.	0.
(4) LEIGH MADEIRA	1.00									
TREASURER (TO APR '19)	50.00	х		X				0.	50,127.	0.
(5) CHAD REED	1.00									
DIRECTOR	10.00	Х						0.	0.	0.
			-		-	-				·
		1								
			-		-	-				
		1								
		1								
	1				I			1	1	000

	1 990 (2019) BLUE FORE	ST FINA	NC	Έ	IN	Ċ.				83-16	669	79	Pa	ge 8
Pa	rt VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C		, ,				
	(A) Name and title	(B) Average hours per week	box,	not cl unles	ss per	nore son is	l than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	1	Esti amo	(F) mate ount c ther	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		comp fro orga and		e on ed
											_			
											+			
											+			
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.	461,55	0.			0.0.0.
2	Total number of individuals (including but no compensation from the organization							o re			<u> </u>		-	0
3	Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</i>				•			•	• • •		F	3	Yes	No X
4	For any individual listed on line 1a, is the sum and related organizations greater than \$150	m of reportabl ,000? If "Yes,	e co " <i>co</i> i	mpe mple	ensat ete S	tion Sche	and dule	oth J f	ner compensation from the form	he organization			X	
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes." comp</i> tion B. Independent Contractors							late	ed organization or individ	dual for services		5		Х
1	Complete this table for your five highest con the organization. Report compensation for t								the organization's tax y		ensatio			
	(A) Name and business :	address	NC	ONE	2				(B) Description of s	ervices	Co	(C) mpen:		1
								_						
2	Total number of independent contractors (in \$100.000 of compensation from the organiz	•	ot lin	nitec	l to t	thos 0		ted	above) who received mo	ore than				

					' F]	NANCE IN	NC.		83-1666	979 _{Page} 9
Pa	rt VII									
		Check if Schedule O	contai	ns a respo	onse o	r note to any lin	e in this Part VIII (A)	(B)	(C)	
							Total revenue	Related or exempt	Unrelated	(D) Revenue excluded
									business revenue	from tax under sections 512 - 514
										Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns								
Gra	b									
Ťs,	С	•								
ilar Git	a	Related organizations								
ons, Sim	e	5								
utio	T	All other contributions, gifts,								
ē₽		similar amounts not included			1					
Log Log	g	Noncash contributions included in Total. Add lines 1a-1f	lines 1a	-1f []]	Þ					
0 0		Total. Add lines ta-11				Business Code				
•	2.2	PROJECT INCOM	ज		-	522291	350,000.	350,000.		
vice	z a b			NCOME	!	522291	30,000.	30,000.		
Ser,	U O					522251	50,000	50,000		
en ce	c d									
gra Re	u									
Program Service Revenue	e f	All other program service	rovon							
_		Total. Add lines 2a-2f	reven	ue	····· 4		380,000.			
	3	Investment income (includ	dina d	ividends i	nteres	t and				
	Ŭ						23,763.	18,823.		4,940.
	4	other similar amounts)Income from investment of tax-exempt bond product								
	5	Royalties								
	Ũ			(i) Real		(ii) Personal				
	6 a	Gross rents	6a	.,						
	b		6b							
	c	5	6c							
	d	Net rental income or (loss	· · · ·			>				
		Gross amount from sales of		(i) Securit		(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
e		and sales expenses	7b							
enne	с	Gain or (loss)	7c							
ž	d	Net gain or (loss)			<u></u>	►				
Other	8 a	Gross income from fundraisi	ng eve	nts (not						
₫		including \$		of						
		contributions reported on	line 1	c). See						
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
	с	Net income or (loss) from	fundra	aising ever	nts .	►				
	9 a	Gross income from gamin	-							
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from			s	🕨				
	10 a	Gross sales of inventory, I								
		and allowances								
		Less: cost of goods sold			10b					
	с	Net income or (loss) from	sales	of invento	ry					
S					ŀ	Business Code				
Miscellaneous Revenue	11 a				—					
llan	b				—					
Sce	С				—					
Mis	d	All other revenue								
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instruction				····· P	403,763.	398,823.	0.	4,940.
	14	I JUAI I STORIUG. OCC IIISU UCUI	. כוויט				· ······			

24

а

25

26

Pa	t IX Statement of Functional Expense	S		
Secti	on 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All othe	r organizations must con	nplete column (A).
	Check if Schedule O contains a respons			(0)
	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
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):	30,000.	30,000.	
a	Management	50,000.	50,000.	
	Accounting			
	Lobbying Professional fundraising services. See Part IV, line 17			
_	ř í F			
f	Investment management fees			
g	column (A) amount, list line 11g expenses on Sch O.)			
12	Advertising and promotion			
12 13	Office expenses	1,519.		1,519.
13 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			
20	Interest	13,193.	13,193.	
21	Payments to affiliates	•	•	
22	Depreciation, depletion, and amortization			
23	Insurance	776.		776.

8,865.

2,295.

8,865.

52,058.

(D) Fundraising expenses

Other expenses. Itemize expenses not covered

above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) LOAN COMMITMENT FEE

0.

BLUE FOREST FINANCE INC	2.
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83-1666979 Page 11

		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		85.	1	
	2	Savings and temporary cash investments		1,003,476.	2	198,900.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4	50,000.	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net			7	875,000.
Assets	8	Inventories for sale or use		8		
As	9	— · · · · · · · · · · ·			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	800,058.
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1	1		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	ıl line 33)	1,003,561.	16	1,923,958.
	17	Accounts payable and accrued expenses		3,389.	17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er officer, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
iabi		controlled entity or family member of any of thes	e persons	198.	22	
	23	Secured mortgages and notes payable to unrelate	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties	1,000,000.	24	1,575,000.
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		1,003,587.	26	1,575,000.
		Organizations that follow FASB ASC 958, che	ck here 🕨 🔀			
čě		and complete lines 27, 28, 32, and 33.				240.050
Ilan	27			-26.	27	348,958.
B	28	Net assets with donor restrictions			28	
oun		Organizations that do not follow FASB ASC 95	58, check here 🕨 🔛			
Net Assets or Fund Balances		and complete lines 29 through 33.				
ts	29	Capital stock or trust principal, or current funds			29	
SSe	30	Paid-in or capital surplus, or land, building, or eq			30	
tΑ	31	Retained earnings, endowment, accumulated inc			31	
Re	32	Total net assets or fund balances		-26.	32	348,958.
	33	Total liabilities and net assets/fund balances		1,003,561.	33	1.923.958.

Form **990** (2019)

Form 990 (2019) Part X Bala

10	,		 _	- 1
la	lance	Sheet		

Form	n 990 (2019) BLUE FOREST FINANCE INC.	83-16	66979	Pag	_{je} 12
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		3,76	
2	Total expenses (must equal Part IX, column (A), line 25)	2	54	1,35	53.
3	Revenue less expenses. Subtract line 2 from line 1	3	349),41	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		-2	26.
5	Net unrealized gains (losses) on investments	5		-81	17.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		39	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	3,95	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 🛛 🗴 Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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				
	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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	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 the	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 Sche				

		i	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		
	Act and OMB Circular A-133?	3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2019)

Х

Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the	organization
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_						
Employer	ide	ntifi	cati	on	num	ber
•	~			~ .		

		BLUE	FOREST FI	NANCE INC.				8	3-1666979
Pa	irt I	Reason for Public (Charity Status (/	All organizations must co	omplete th	is part.) Se	e instructions.		
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only (one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii).	Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	vernmental unit d	escribe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	\square	An organization that norma						eneral	oublic described in
		section 170(b)(1)(A)(vi). (C	•		5		5		
8	\square	A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9	\square	An agricultural research org			-	ed in coniu	inction with a land	l-arant	college
-		or university or a non-land-g				-		-	•
		university:	,			·····, ··· ,	,		
10	X	An organization that norma	llv receives: (1) more	than 33 1/3% of its sup	port from c	contributio	ns. membership fe	ees. an	d aross receipts from
		activities related to its exem							
		income and unrelated busir							-
		See section 509(a)(2). (Cor	mplete Part III.)			-			
11		An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to carry o	ut the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and 12g	J.	
a		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), typica	ally by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of	f the su	ipporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s),	by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage th	ne supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
C		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally in	tegrate	d with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.		
c		Type III non-functionally	integrated. A supp	porting organization oper	ated in cor	nnection w	ith its supported	organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an a	attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
e		Check this box if the orga					Type I, Type II, Ty	/pe III	
		functionally integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.			[]
f		er the number of supported o	•						
<u>ç</u>		vide the following information i) Name of supported	about the supporte (ii) EIN	d organization(s).	(iv) Is the orga	anization listed	(v) Amount of mor	otary	(vi) Amount of other
	,	organization		(described on lines 1-10	in your governi	ng document?	support (see instrue		support (see instructions)
				above (see instructions))	Yes	No			
Tota	al								

Schedule A (Form 990 or 990-EZ) 2019 BLUE FOREST FINANCE INC. Part II Support Schedule for Organizations Described in Section

83-1666979 Page 2

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.)

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	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 \dots								
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.								
See	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
	Gross receipts from related activities,	etc. (see instruction	ons)	-		12			
	First five years. If the Form 990 is for	i i	,						
	organization, check this box and stop	e e			,				
Se	ction C. Computation of Publi	c Support Per							
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11, o	column (f))		14	%		
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%		
	33 1/3% support test - 2019. If the c					nore, check this bo	ox and		
	stop here. The organization qualifies								
b	33 1/3% support test - 2018. If the c	rganization did no	ot check a box on						
17a	and stop here. The organization qualifies as a publicly supported organization Facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the "fac								
	meets the "facts-and-circumstances"				•	e e			
b	10% -facts-and-circumstances test	-	-	• • • • •					
~	more, and if the organization meets th	-							
	organization meets the "facts-and-circ						►		
18	Private foundation. If the organizatio						s b		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 BLUE FOREST FINANCE INC.

(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.)

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	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					398,823.	398,823.	
3	Gross receipts from activities that are not an unrelated trade or bus-							
4	iness under section 513 Tax revenues levied for the organ- ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5					398,823.	398,823.	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the exceed the greater of \$5,000 or 1% of the						0.	
	amount on line 13 for the year						0.	
	Public support. (Subtract line 7c from line 6.)						398,823.	
	ction B. Total Support						00070201	
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	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				2,796.	4,940.	7,736.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b				2,796.	4,940.	7,736.	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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 sectior	n 501(c)(3) organiza	ition,	
	check this box and stop here						X	
Sec	ction C. Computation of Publi	c Support Per	rcentage					
15	Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13, o	column (f))		15	%	
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%	
Sec	ction D. Computation of Inves	tment Income	e Percentage			1		
17	Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17 %		
18	Investment income percentage from 2					18	%	
19a	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	
b	more than 33 1/3%, check this box an 33 1/3% support tests - 2018. If the						▶□	
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	rted organization		
20	Private foundation. If the organizatio							

Schedule A (Form 990 or 990-EZ) 2019

1

2

3a

3b

3c

4a

Yes

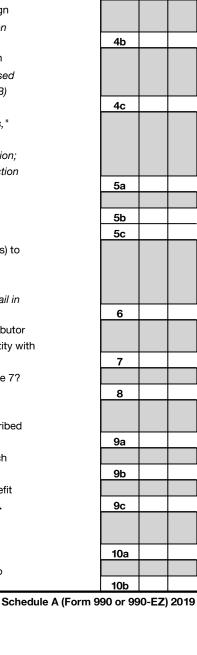
No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.)



Schedule A (Form 990 or 990-EZ) 2019 BLUE FOREST FINANCE INC. Part IV 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		
b	A family member of a person described in (a) above?	11b		
с	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		
	tion B. Type I Supporting Organizations			
			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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	_		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	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	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	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	•		
2	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	<u> </u>		
U	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	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) 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 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insta Activities Test. Answer (a) and (b) below.	uctions)	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		165	
а	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	2a		
h	that these activities constituted substantially all of its activities.	Za		
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		
2	activities but for the organization's involvement.	20		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
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? Provide details in Part VI	3a		
h	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	Jd		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or to oupport of organizations: if res, describe in the type fore blaved by the organization in this regard.	00		

Schedule A (Form 990 or 990-EZ) 2019

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	tion 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	tion 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-functionally	/ integrate	ed Type III supporting orga	nization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2019 BLUE FOREST FINANCE INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Section A - Adjusted Net Income

1

Net short-term capital gain

2 Recoveries of prior-year distributions3 Other gross income (see instructions)

83-1666979 Page 6

(A) Prior Year

(B) Current Year

(optional)

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.

1

2

3

Schedule A (Form 990 or 990-EZ) 2019 BLUE FOREST FINANCE INC.

Pa	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)				
Sect	ion D - Distributions		· · · ·	Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt purposes					
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	dministrative expenses paid to accomplish exempt purposes of supported organizations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	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.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
		(i)	(ii)	(iii)			
Sect	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:						
	Excess from 2015						
	Excess from 2016						
C	Excess from 2017						
	Excess from 2018						
е	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanation required by Part II, Ine 10; Part II, Baert AT, 2a or 728, Part IV, Section C, Inico L, Part IV, Section J, Jines Z and S, Part IV, Section E, Jines T a. 22, 20, 3a, and 3b; Part IV, Line 11, 2nd TL, 2nd	Schedule A	(Form 990 or 990-EZ) 2019 BLUE	FOREST FINANCE IN	IC.	83-1666979 Page 8
	Part VI	Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Pa	, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, d 3; Part IV, Section E, lines 1c, 2a,	, and 11c; Part IV, Section B, lines 1 2b, 3a, and 3b; Part V, line 1; Part V	and 2; Part IV, Section C, /, Section B, line 1e; Part V,

SC	HEDULE J	Compensation Information		OMB No.	1545-004	47			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2010					
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23	2	<u> </u>	IJ	<u> </u>			
Depar	tment of the Treasury	Attach to Form 990.		Open to Public					
-	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information		Inspection Employer identification nur					
Nam	e of the organization					mber			
Pa	rt I Question	BLUE FOREST FINANCE INC. s Regarding Compensation	03-	166697	9				
ľ	decoulon				Yes	No			
10	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Fo	rm 990		res	No			
ia		line 1a. Complete Part III to provide any relevant information regarding these items.	m 550,						
	First-class or c		sonal use						
	Travel for com								
		ation and gross-up payments Health or social club dues or initiation f							
	Discretionary s	spending account Personal services (such as maid, chauf	feur, chef)						
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b					
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors	1						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
_									
3		ny, of the following the organization used to establish the compensation of the organizatio							
		ector. Check all that apply. Do not check any boxes for methods used by a related organiz	ation to						
		ation of the CEO/Executive Director, but explain in Part III.							
	Compensation								
	-	compensation consultant Compensation survey or study ther organizations Approval by the board or compensation	o committoo						
	10111330010		Committee						
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a re								
а	Receive a severance	e payment or change-of-control payment?		4a		X			
b	Participate in, or re-	ceive payment from, a supplemental nonqualified retirement plan?		4b		X			
с	Participate in, or re-	ceive payment from, an equity-based compensation arrangement?		4c		X			
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	0 1 1 504								
F		;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa	tion						
5	contingent on the r								
я	•			5a		X			
		ation?				X			
~		or 5b, describe in Part III.							
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa	ition						
	contingent on the n								
а	The organization?			6a		X			
		ation?				X			
		or 6b, describe in Part III.							
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payme							
		nes 5 and 6? If "Yes," describe in Part III		7		X			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to) the						
				8		X			
9		id the organization also follow the rebuttable presumption procedure described in							
	Regulations section	1 53.4958-6(c)?		9					

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

Schedule J (Form 990) 2019

83-1666979

Page 2

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	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)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	<u>(ii)</u>									
	(i)									
	(ii)									
	(i) (ii)									
	(i)									
	(ii)									
	(i)									
	(ii)	-								
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(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 J (Form 990) 2019

SCHEDULE O

Internal Revenue Service Name of the organization

(Form 990 or 990-EZ) Department of the Treasury 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.



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.

SCH	IEDULI	ΕR

(Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

83-1666979

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

Name of the organization

BLUE FOREST FINANCE INC.

Part I

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

(a)	(b)	(c)	(d)	(e)	(f)				
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling				
of disregarded entity		foreign country)		-	entity				
FRB YUBA PROJECT I LLC - 36-4909005									
2716 6TH AVE					BLUE FOREST FINANCE				
SACRAMENTO, CA 95818	FINANCING	CALIFORNIA	371,255.	1,894,624.	INC.				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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	(f) Direct controlling entity	cont	(g) on 512(b)(13) ontrolled entity?	
				501(c)(3))		Yes	No	
							<u> </u>	

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

Schedule R (Form 990) 2019

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)	l) (ł	ו)	(i)		(j)	(F	k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	or entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income		Share of end-of-year assets		Disprop alloca		Code V-UE amount in b 20 of Sched K-1 (Form 10	ox ⁿ ule L	DX managing partner?		ntag rshi
		country y			012 011)					103				<u>c3 NO</u>		
LUE FOREST CONSERVATION, LLC																
47-5104164, 171 5TH STREET,	INVESTMENT															
AKE OSWEGO, OR 97034	MANAGMENT	OR	N/A	N	/A	N	[/A	N	/A	N/A		N/A	N	1/A	N	/A
	-															
	-															
	-															
	-															
	_															
Part IV Identification of Related Or organizations treated as a cr	rganizations Taxable	as a Corpo	ration or Trust. C	omplete if t	he organizati	ion ansv	wered "Yes	" on For	m 990, Pa	art IV, I	ine 34	, because it h	ad one	e or mo	pre rela	atec
(a)		ing the tax y	(b)	(c)	(d)		(e)		(f)		(g)	((h)	(i Sec	i)
Name, address, and I of related organization		Prim		Legal domicile (state or foreign	Direct cont entity		Type of (C corp, S or tru	entity S corp,	Share o inco	of total	6	Share of end-of-year assets	Perce	entage ership	512(b contr	b)(13
				country)				30				233613			Yes	N
											_					┝
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Schedule R (Form 990) 2019 BLUE FOREST FINANCE INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: 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 with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	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		Х
	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
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

Na	(a) me of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
_(3)				
<u>(</u> 4)				
<u>(5)</u>				
_(6)				

Schedule R (Form 990) 2019 BLUE FOREST FINANCE INC.

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.

3	5 5			1	- 1							
(a)	(b)	(c)	(d)	(e) Are a)	(f)	(g)		n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c) orgs.	sec.	Share of	Share of	Disp	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of entity		(state or foreign	(related, unrelated, lexcluded from tax under	501(C) orgs.	(3)	total	end-of-year	alloca	tions?	amount in box 20	partner	ownership
		country)	sections 512-514)	Yes I		income	assets		No	(Form 1065)	Yes No	5
			,					100	110	, ,	100 11	
				+ +	_						\vdash	
				+	-+			-	-		\vdash	+
								1	1			1

Schedule R (Form 990) 2019

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.