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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Α	For the	e 2022 calendar year, or tax year beginning a	nd ending	_					
В	Check if applicable	C Name of organization		D Employer	identific	ation number			
	Addre	BLUE FOREST FINANCE INC.							
	Name chang	e Doing business as		83-1	66697	79			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	e number				
	Final return	5960 S. LAND PARK DR	1264	202-	<u> 271-1</u>				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 6,665,687					
	Ameno	SACRAMENTO, CA 95822		H(a) Is this a	group ref				
	Applic tion pendir			for subc	ordinates?	Yes 🖸	X No		
		SAME AS C ABOVE		H(b) Are all sub	ordinates inc	cluded? Yes	No		
1	Tax-ex	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)((1) or 52	_		ist. See instruction	าร		
	Websit			H(c) Group e					
		organization: X Corporation Trust Association Other	L Year	of formation: 2	018 _M	State of legal domic	ile: CA		
P	art I	Summary							
0	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	JLE O					
Governance									
ern,	2	Check this box if the organization discontinued its operations or dis			1 1	ets.	_		
Š	3								
		Number of independent voting members of the governing body (Part VI, line 1b					5		
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)					29		
Activities &	6	Total number of volunteers (estimate if necessary)			6		5		
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12					0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year		Current Yea	0.		
		Contributions and grants (Part VIII line 4h)	\vdash	1,347,		4,244,4			
e	8	Contributions and grants (Part VIII, line 1h)		603,		980,5			
Revenue	9	Program service revenue (Part VIII, line 2g)			164.		474.		
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			482.	79,5			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		1,976,		5,334,9			
_	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		150,		3,334,3	0.		
				130,	0.		0.		
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		1,317,		2,523,3			
ses	160	Professional fundraising fees (Part IX, column (A), line 11e)		1,317,	0.	0			
Expenses	h	Total fundraising expenses (Part IX, column (A), line 25)	349.		•		Ť		
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		284,	282.	913,179.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,751,		3,436,5			
	1	Revenue less expenses. Subtract line 18 from line 12		225,		1,898,3			
5		Tovondo 1000 0xpondos. Odbitadi into 10 from into 12	В	eginning of Curre		End of Year			
Assets or	20	Total assets (Part X, line 16)		6,644,		13,996,2			
Ass	21	Total liabilities (Part X, line 26)		5,296,		10,711,9			
Net		Net assets or fund balances. Subtract line 21 from line 20		1,348,		3,284,3			
P	art II	Signature Block			•				
Und	ler pena	 Ities of perjury, I declare that I have examined this return, including accompanying sched.	ules and statem	ents, and to the b	est of my	knowledge and belie	f, it is		
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of		•	_	· ·			
Sig	ın	Signature of officer		Date					
He		ZACHARY KNIGHT, PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date	Check if	PTIN			
Pai	d	J. CALVIN MARKS			self-employe	d P0122697	73		
Pre	parer	Firm's name JOHNSON LAMBERT LLP		Firm's	s EIN 52	2-1446779			
Use	Only	Firm's address 4242 SIX FORKS ROAD, SUITE 1500							
		RALEIGH, NC 27609		Phon	e no. 91	9-719-6400)		
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions				. X Yes	No		

https://efile.prosystemfx.com/

Product: Exempt Category: IF

Name: BLUE FOREST FINANCE INC.

IRS Center: Ogden e-Postmark: 11/13/2023 7:04 PM

FEIN: *****6979 Plan Number: Notification:

Bank Info:

Fiscal Year Begin Date: 1/1/2022 Fiscal Year End Date: 12/31/2022 eSigned:

IRS Message:

Return Information

Date	Return ID	Type of Activity	Submission I D	Refund/(Due)	Updated By	eSign Date
11/13/2023	22X:83- 1666979:V1	Upload Started			Marks,Calvin	
11/13/2023	22X:83- 1666979:V1	Released for Transmission - Validation in Progress			Marks,Calvin	
11/13/2023	22X:83 - 1666979:V1	Ready to transmit - Validation Complete				
11/13/2023	22X:83 - 1666979:V1	Transmitted to CA	56370820233170345n18			
11/13/2023	22X:83- 1666979:V1	Transmitted to FD	563708202331703c9e67			
11/13/2023	22X:83- 1666979:V1	Accepted by CA - on 11/13/2023				
11/13/2023	22X:83- 1666979:V1	Accepted by FD on 11/13/2023				

ID Status Date Status State/Other State Category FBAR FBAR BSA ID

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Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit 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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 83-1666979 BLUE FOREST FINANCE INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 5960 S. LAND PARK DR, 1264 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions SACRAMENTO, CA 95822 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 ZACHARY KNIGHT The books are in the care of ► 5960 S. LAND PARK DR, 1264 - SACRAMENTO, CA 95822 Telephone No. ► 202-271-1548 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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

Form 8868 (Rev. 1-2022)

Pai	Check if Schedule O contains a response or note to any line in this Part III
_	Briefly describe the organization's mission:
1	TO SUPPORT CLIMATE-RESILIENT ENVIRONMENTAL INTERVENTIONS, INCLUDING
	THROUGH CONSULTING AND FINANCIAL STRATEGIES.
	THROUGH CONDULTING AND PINANCIAL DIRATEGIED:
_	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 862, 586. including grants of \$) (Revenue \$1, 010, 674.
	PROJECT DEVELOPMENT INVOLVES DEVELOPMENT, DESIGN, AND DEPLOYMENT OF
	INNOVATIVE FINANCE MODELS, INCLUDING THE FOREST RESILIENCE BOND AND THE
	STRATEGIES UNDER BLUE FOREST ASSET MANAGEMENT, WHICH FACILITATE
	ECOSYSTEM RESTORATION AND MANAGEMENT, SPECIFICALLY IN THE INTEREST OF
	REDUCING OR MITIGATING EXTREME CATASTROPHIC WILDFIRE AND SUPPORTING THE
	ECOLOGICAL MANAGEMENT OF NATURAL RESOURCES. WE BRING TOGETHER
	UTILITIES, PRIVATE COMPANIES, INVESTORS AND GOVERNMENT AT THE FEDERAL,
	STATE, AND LOCAL LEVEL TO DEVELOP AND INVEST IN CONSERVATION FINANCE
	PROJECTS, COMPANIES, AND INITIATIVES THAT ACCELERATE THE PACE AND SCALE
	OF RESTORATION WORK.
4b	(Code:) (Expenses \$ 864 , 717 • including grants of \$) (Revenue \$)
	COMMUNICATIONS, OUTREACH, & EDUCATION INVOLVES ACTIVITIES TO PRODUCE
	AND DISSEMINATE MATERIALS AND INFORMATION ABOUT OUR INNOVATIVE FINANCE
	MODELS AND THE MULTIPLE BENEFITS OF ECOSYSTEM CONSERVATION AND
	RESTORATION GENERALLY. OUR STAKEHOLDER AND PUBLIC OUTREACH AND
	EDUCATION EXPANDS KNOWLEDGE OF OUR PROJECTS WHILE PROMOTING THEM AS
	EMERGING AND EFFECTIVE MODELS THAT ARE APPLICABLE AND REPLICABLE TO
	MANY LANDSCAPES AND ECOSYSTEM SITUATIONS IN NEED OF LARGE-SCALE
	MANAGEMENT AND RESTORATION.
4c	(Code:) (Expenses \$222,304 •including grants of \$) (Revenue \$)
	SCIENCE & RESEARCH INVOLVES PARTNERING WITH ACADEMIC AND OTHER
	RESEARCH ORGANIZATIONS TO PROVIDE SCIENTIFIC SUPPORT FOR STAKEHOLDERS'
	INVESTMENTS IN ECOSYSTEM RESTORATION. WE HELP DEVELOP, TEST, AND EMPLOY
	TOOLS AND METHODOLOGIES FOR QUANTIFYING AND MONITORING THE MULTIPLE
	BENEFITS AND RETURN ON INVESTMENT OF ECOSYSTEM RESTORATION. WE ALSO
	MAINTAIN A PORTFOLIO OF INDEPENDENT RESEARCH PROJECTS AIMED AT GAINING
	NEW INSIGHTS INTO THE VARIOUS BENEFITS OF WELL-MANAGED LANDSCAPES AND
	CONSERVATION FINANCE.
اد م	Other program conjuges (Describe on Schodule O.)
40	Other program services (Describe on Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 2,949,607.
46	I OTAL PROGRAM SCIVICE CAPCINGS A PARA COLL

Page 3

Part IV Checklist of Required Schedules

 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation?)? If Yea, "complete Schedule A is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?" if Yea, "complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f)(4) complete Schedule C, Part III Is the organization associan 501(c)(4), 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yea," complete Schedule C, Part III 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on his distribution or investment of a mounts of the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yea," complete Schedule D, Part III Did the organization report an amount for Part X, line 21, for escrow or custodial account liability, serve as a custodial for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yea," complete S		Yes	No
 2 Is the organization required to complete <i>Schedule B</i>, <i>Schedule of Contributora</i>? See instructions Did the organization required to complete <i>Schedule C</i>, <i>Part I</i> 4 Section 501(c/S) organizations. Did the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax year? <i>If "yes," complete Schedule C</i>, <i>Part II</i> 5 Is the organization a section 501(c/ld), 501(c/l6), or 501(c/l6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C</i>, <i>Part III</i> 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? <i>If "Yes," complete Schedule D</i>, <i>Part II</i> 6 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D</i>, <i>Part II</i> 8 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 certic counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D</i>, <i>Part IV</i> 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi andowments? <i>If "Yes," complete Schedule D</i>, <i>Part V</i> 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V VI 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part V</i> 11 If the organization report an amount for investments - other securities in Part X, line 19, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part </i>			
 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part III. Is the organization as eaction 501(c)(4), 501(c)(5), or 501(c)(5), or 501(c)(5), or 501(c)(5), or 501(c)(5). Is 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 III. Did the organization receive or hold a conservation assement, including easements to preserve open space, the environment, historic land areas, or instoric structures? If "Yes," complete Schedule D, Part III. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization peror 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. Did the organization incettly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII. Did the organization r	1	X	
public office? / ir *res, * complete Schedule C, Part // Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f)) election in effect during the tax yea? // ir *res, * complete Schedule C, Part // 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 Rev. Proc. 9819 // *res, *complete Schedule C, Part // 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? // ir *res,*, *complete Schedule D, Part // Did the organization maintain any donor advised funds or accounts? // ir *res,*, *complete Schedule D, Part // Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures? // *r*es, *complete Schedule D, Part // 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? // *r*es,* *complete Schedule D, Part // Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // *r*es,* *complete Schedule D, Part V/ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // *r*es,* *complete Schedule D, Part V// Did the organization report an amount for linestments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // *r*es,* *complete Schedule D, Part V/// Did the organization report an amount for investments - other securities in Part X, line 19, that is 5% or more of its total assets reported in Part X, line 16? // *r*es,* *complete Schedule D, Part V/// Did the organization report an amount for other	2	X	
 4. Section 501(c)(s) 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 III. 5. Is the organization a section 501(c)(s), 501(c)(s), or 501(c)(s) organization that receives membership dues, assessments, or similar amounts as defined in Rev, Proc. 98-19? If "Yes," complete Schedule C, Part III. 6. Did the organization maintain any door advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II. 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. 8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 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. 10. Did the organization cytic through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V. 10. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 11. If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII. 12. Did the organization report an amount for investments of the securities in Part X, line 11, that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 13. Did the organization report an amount for other assets in Part X, line 16. that I have some of its to			
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during the tax year? (**I*yes*, *complete Schedule C, Part II			
 Is the organization a section 501(s/d), 501(s/d), 67501(s/d) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 (tr. Yes, "complete Schedule C, Part III") 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 for which donors have the right to provide advice on the distribution or investment of amounts in such 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 II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," tryes, "complete Schedule D, Part V If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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 assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - program related in Part X, line 12, that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part XII Did the organization report an amount for other liabilities in Part X, line 15; that is 5% or more of its total assest	4		X
similar amounts as defined in Rev. Proc. 98-19? // "Yes," complete Schedule C, Part // II 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? // "Yes," complete Schedule D, Part // 1 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? // "Yes," complete Schedule D, Part // 1 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part // 1 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? // "Yes," complete Schedule D, Part V // 10 Did the organization feet by a trough a related organization, hold assets in donor-restricted endowments or in quasi endowments? // "Yes," complete Schedule D, Part V // 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part V // 12 Did the organization report an amount for investments - other securities in Part X, line 10? // "Yes," complete Schedule D, Part V // 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part V // 12 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part V // 12 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part V // 12 Did the orga			
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1c and 8a? If "Yes," complete Schedule G, Part II	17		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes."	18		Х
complete Schedule G, Part III	19		Х
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	-7		
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

BLUE FOREST FINANCE INC. 83-1666979 Page 4 Form 990 (2022 Checklist of Required Schedules (continued) Part IV No Yes Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? // "Yes." complete X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c 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 Х 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 X 25b 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 X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L. Part IV 28a b A family member of any individual described in line 28a? If "Yes." complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 280 "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? |f "Yes." complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38

Part 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

					Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	23				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1 b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?			10	X		

17

BLUE FOREST FINANCE INC 83-1666979 Page 5 Form 990 (2022 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 29 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b X Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Х a 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? **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 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 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 c Enter the amount of reserves on hand Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes." complete Form 6069.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8h. or 10h helow, describe the circumstances, processes, or changes on Schedule O. See instruction

	Objects if Option to Decomptains a second control of the control o			X					
800	Check if Schedule O contains a response or note to any line in this Part VI			Λ					
Sec	tion A. Governing Body and Management		Vaa	Na					
_	Catanda a combana di catina ancombana data a conscienda de la catanda da d		Yes	No					
па	Enter the number of voting members of the governing body at the end of the tax year 1a 7								
	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 0. Enter the number of voting members included on line 1a, above, who are independent 5								
b	Zinter the manager of feeling montested on the feel above, the die mosperiteers								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_	X						
_	officer, director, trustee, or key employee?	2	Λ						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v					
_	of officers, directors, trustees, or key employees to a management company or other person?	<u>3</u> 4		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			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							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v					
	more members of the governing body?	7a		<u> </u>					
b	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:		v						
a	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v					
0	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					
	Did the organization have local chapters, branches, or affiliates?	10a		_X_					
b	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	77						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed								
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)	availat	ole					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	ZACHARY KNIGHT - 202-271-1548								
	5960 S. LAND PARK DR, 1264, SACRAMENTO, CA 95822								

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization	ted any current officer, director, or trustee.											
(A)	(B)		D.					(D)	(E)	(F)		
Name and title	Average	(do		Pos heck		l than c	one	Reportable	Reportable	Estimated		
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of		
	week	—	CCI AII	uau	II ecto	ii/ii usi	(66)	from	from related	other		
	(list any	irecto						the	organizations	compensation		
	hours for related	or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization		
	organizations	ruste	l trus		99	npen		1099-NEC)	1099-1100)	and related		
	below	dualt	rtiona	L	mploy	st cor	<u>_</u>	1000 1420)		organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3		
(1) PHILIP SAKSA	1.00											
CHIEF SCIENTIST	50.00				Х			168,700.	0.	19,269.		
(2) NICHOLAS WOBBROCK	1.00											
COO & SECRETARY		Х		Х				162,684.	0.	19,815.		
(3) ZACHARY KNIGHT	1.00]										
CEO & PRESIDENT		Х		Х				157,965.	0.	31,021.		
(4) MACKENZIE CLOYES	1.00							4	_	46		
CHIEF OF STAFF	50.00	_				Х	_	125,983.	0.	16,974.		
(5) JEANETTE DAVIDSON	1.00	ł						110 024		10 005		
MNG DIR., PROJECT DEVELOPMENT	50.00	_		_		Х	_	112,034.	0.	19,225.		
(6) GORDON VERMEER	1.00	┨		₩.				100 606	0.	17 500		
CFO & TREASURER (7) CHAD REED	1.00	┝	\vdash	Х	_		┝	102,626.	0.	17,599.		
(7) CHAD REED DIRECTOR	1.00	х						0.	0.	0.		
(8) NEWSHA K. AJAMI	1.00	^	\vdash	\vdash			\vdash	0.	0.	· ·		
DIRECTOR	1.00	X						0.	0.	0.		
(9) RICARDO BAYON	1.00						\vdash	•	•	<u></u>		
DIRECTOR	1.00	x						0.	0.	0.		
(10) SHERI ELLIOTT	1.00	 					\vdash					
DIRECTOR		х						0.	0.	0.		
(11) DANIELA SALTZMAN	1.00	Ī										
DIRECTOR		Х						0.	0.	0.		
		1										
		1										
			$ldsymbol{ld}}}}}}$	$ldsymbol{ld}}}}}}$		L	L					
]										
		$oxed{oxed}$	$oxed{oxed}$	$oxed{oxed}$		$oxed{oxed}$						
		1										
		<u> </u>		<u> </u>			_					
		-										
							L					

232007 12-13-22 Form **990** (2022)

Part VII	Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C				l		
	(A)	(B) Average			Pos	C) ition	1		(D)	(E)			(F)	
	Name and title	hours per		not c	heck	more	than (Reportable compensation	Reportable compensation	I			
		week		icer ar					from	from relate		l .	other	01
		(list any	director						the	organization		l .	pensa	
		hours for related	or dir	98			ated		organization	(W-2/1099-MI		l .	om the	
		organizations	rustee	l trust		99/	mpens		(W-2/1099-MISC/ 1099-NEC)	1099- N EC))	_	anizati d relate	
		below	Individual trustee or	nstitutional trustee	-E	Key employee	est col	ler.	10001120)			ı	anizatio	
		line)	Indiv	Insti	Officer	Key 6	Highest compensated employee	Form						
							\vdash							
							\vdash							
							\vdash							
			_				_							
1b Subto	otal								829,992.		0.	12	3,90	
	from continuation sheets to Part V								0.		0.	10	3,90	0.
	(add lines 1b and 1c) number of individuals (including but r								829,992.	000 of reportable		12.	3,90	J 3 •
	ensation from the organization	iot iii iitea to ti i	USE	liste	ual	JOVE	e) wii	016	ceived more than \$100,	000 of reportable	6			6
													Yes	No
3 Did th	ne organization list any former officer	, director, trust	ee, l	кеу е	empl	loye	e, or	hig	hest compensated empl	loyee on				
	a? If "Yes," complete Schedule J for s											3		Х
	ny individual listed on line 1a, is the si												37	
	elated organizations greater than \$15 ny person listed on line 1a receive or											4	X	
	red to the organization? If "Yes " con	•				_		sialt	ed organization or individ	idal for services		5		Х
	Independent Contractors	noiere schedur	7 (1)	OF SE	Kart	JGIS	OH .							
	olete this table for your five highest co ganization. Report compensation for										pensa	tion fro	om	
Life Of		trie caleridar ye	al e	HIUII	ig w	iui c	JI WI	<u>u III I</u>		ear.		(0	3)	
	(A) (B) Name and business address NONE Description of services								ervices	C	Compe		n	
2 Total	number of independent contractors (i	includina but n	ot lir	nite	d to	thos	se lis	ted	above) who received mo	ore than				
	000 of compensation from the organi					(_							

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Form 990 (2022) BLUE FO

		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
		Chock if Conodulo C Contains a response	or rioto to driy iirit	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
_							Sections 512 - 514
nts nts	1 a	Federated campaigns 1a					
irai	b	Membership dues 1b					
S, G	С	Fundraising events 1c					
iift.	d	Related organizations 1d					
s, G	е	Government grants (contributions) 1e	728,174.				
Sig	f	All other contributions, gifts, grants, and					
uti Jer		similar amounts not included above 1f	3,516,233.				
t g	~	Noncash contributions included in lines 1a-1f	, , ,				
Contributions, Gifts, Grants and Other Similar Amounts	9	Total. Add lines 1a-1f		4,244,407.			
Oa	п	Total. Add lines 1a-11	Business Code	1,211,107,			
		DDO TDOM TWOOND		000 000	000 000		
e	2 a		522291	980,000.	980,000.		
Program Service Revenue	b	SPEAKER FEES & HONORARIUM	522291	500.	500.		
S	С						
am	d	l					
ogr B	е						
P.	f	All other program service revenue					
		Total. Add lines 2a-2f		980,500.			
	3	Investment income (including dividends, intere	st and	•			
	•	-	I	31,245.	30,174.		1,071.
		other similar amounts) Income from investment of tax-exempt bond p		02,210.	00,271		2,072.
	4		roceeus				
	5	Royalties	(ii) Dersonal				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 1,330,000.					
	b	Less: cost or other basis					
<u>o</u>		and sales expenses 7b 1,330,771.					
Ju.	_	Gain or (loss) 7c -771.					
her Revenue		Net gain or (loss)		-771.			-771.
Ē				//=-			,,,,,
	в а	Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
			1				
-	С	Net income or (loss) from sales of inventory	Din C				
<u>s</u>			Business Code				
901	11 a						
ant	b		<u> </u>				
Miscellaneous Revenue	С						
Aisc	d	All other revenue	900099	79,535.			79,535.
2	е	Total. Add lines 11a-11d		79,535.			
		Total revenue See instructions		5 334 916.	1 010 674.	0.	79 835.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (A) Total expenses (D) Fundraisina Do not include amounts reported on lines 6b, Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 679,679. 589,388. 87,955. 2,336. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,453,305. 1,260,244. 188,069. 4,992. Other salaries and wages 7 Pension plan accruals and contributions (include 52,234 45,295. 6,760. 179. section 401(k) and 403(b) employer contributions) 22,609. 174,711. 151,502. Other employee benefits 600. $14\overline{1,731}$ 163,444. 21,151. 562. Payroll taxes 10 Fees for services (nonemployees): Management Legal 45,467. 42,782. 2,685. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 493,942. 463,193. 30,706. 43. column (A), amount, list line 11g expenses on Sch O.) 501. 385. 116. Advertising and promotion 12 16,900. 9,891. 6,942. Office expenses 13 35,857. 17,570. 17,843. 444. Information technology 14 Royalties 15 8,436. 16,954 8,308. 210. 16 Occupancy 140,242. 107,057. 33*.*152. 33. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 11,688. 23,153. 11,465. Conferences, conventions, and meetings 19 50,913. 50,913. 20 21 Payments to affiliates Depreciation, depletion, and amortization 22 8,438. 4,136. 4,198. 104. 23 Other expenses. Itemize expenses not covered 24 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 O.) 34,908. 17,365. 17,122. 421. DUES & SUBSCRIPTIONS 32,386. STAFF RELATIONS 15,053. 16,980. 353. 13,148. 13,148. LOAN COMMITMENT FEE d LICENSES & PERMITS 370. 181. 184. 5. All other expenses 3,436,552. 2,949,607. 476,596. 10,349. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pa	Part X Balance Sheet										
		Check if Schedule O contains a response or note to any line in this Part X									
			(A) Beginning of year		(B) End of year						
	1	Cash - non-interest-bearing		1							
	2	Savings and temporary cash investments	4,411,384.	2	2,243,488.						
	3	Pledges and grants receivable, net		3							
	4	Accounts receivable, net	397,821.	4	592,598.						
	5	Loans and other receivables from any current or former officer, director,									
		trustee, key employee, creator or founder, substantial contributor, or 35%									
		controlled entity or family member of any of these persons		5							
	6	Loans and other receivables from other disqualified persons (as defined									
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	4 04 - 0 - 4	6	4 122						
ţ	7	Notes and loans receivable, net	1,215,051.	7	1,430,756.						
Assets	8	Inventories for sale or use		8							
¥	9	Prepaid expenses and deferred charges		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							
	12	Investments - other securities. See Part IV, line 11	COO CE1	12	0 505 500						
	13	Investments - program-related. See Part IV, line 11	620,671.	13	9,727,702.						
	14	Intangible assets	•	14	1 607						
	15	Other assets. See Part IV, line 11	0.	15	1,697.						
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,644,927. 771,812.	16	13,996,241.						
	17	Accounts payable and accrued expenses	//1,012.	17	460,000.						
	18	Grants payable		18	500,000.						
	19	Deferred revenue		19	300,000.						
	20	Tax-exempt bond liabilities Feorew or quetedial account liability Complete Part IV of Schodule D		20							
	21	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director,		21							
es	22	trustee, key employee, creator or founder, substantial contributor, or 35%									
Liabilities		controlled entity or family member of any of these persons		22							
<u>E</u>	23	Secured mortgages and notes payable to unrelated third parties		23							
	24	Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	4,525,000.	24	9,550,000.						
	25	Other liabilities (including federal income tax, payables to related third	1/525/0001	24	3733070001						
	20	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	5,296,812.	26	10,711,926.						
		Organizations that follow FASB ASC 958, check here									
es		and complete lines 27, 28, 32, and 33.									
anc	27	Net assets without donor restrictions	1,348,115.	27	3,284,315.						
Bala	28	Net assets with donor restrictions		28							
둳		Organizations that do not follow FASB ASC 958, check here									
Ē		and complete lines 29 through 33.									
ğ	29	Capital stock or trust principal, or current funds		29							
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30							
As	31	Retained earnings, endowment, accumulated income, or other funds		31							
Net Assets or Fund Balances	32	Total net assets or fund balances	1,348,115.	32	3,284,315.						
_	33	Total liabilities and net assets/fund balances	6,644,927.	33	13,996,241.						

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)		5,33 3,43						
2									
3									
4									
5	Net unrealized gains (losses) on investments	5	3	7,8	<u> 36.</u>				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
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))								
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis X 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	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits								

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ${\tt BLUE} \ \ {\tt FOREST} \ \ {\tt FINANCE} \ \ {\tt INC.}$

Employer identification number 83-1666979

Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.						
he	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)							
1	Ň	A church, convention of chu					IVΔVi)						
2	H	A school described in secti				(2)(·//~//·						
	H					/L\/4\/ A\/::	:1						
3	H	A hospital or a cooperative											
4	ш	A medical research organiza	ation operated in cor	njunction with a nospital	aescribea	in sectio	n 170(b)(1)(A)(III). Enter	tne nospital's name,					
		city, and state:											
5		An organization operated for	r the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit describe	ed in					
		section 170(b)(1)(A)(iv). (C	omplete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)								
9	一	An agricultural research org				ed in coniu	nction with a land-grant	college					
•		or university or a non-land-g											
		university:	rant concept of agrici	artaro (000 motractiono).	Littor trio	idino, oity	, and otate or the comoge	7 61					
10	X	An organization that normal	lly receives (1) more t	than 22 1/20/ of its supr	ort from o	ontribution	ne momborehin fooe and	d gross receipts from					
10	21	_											
		activities related to its exem						_					
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acquii	red by the organization a	iπer June 30, 1975.					
		See section 509(a)(2). (Cor											
11	닏	An organization organized a											
12	Ш	An organization organized a	•	-	-		-						
		more publicly supported org						Check the box on					
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.						
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its supp	oorted orga	anization(s), typically by	giving					
		the supported organization	n(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	pporting					
		organization. You must c	omplete Part IV, Se	ections A and B.									
b		Type II. A supporting orga	anization supervised	or controlled in connect	tion with its	s supporte	d organization(s), by hav	ring					
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported					
		organization(s). You mus			·								
С		Type III functionally inte			in connect	tion with, a	and functionally integrate	ed with.					
_		its supported organization						,					
d		Type III non-functionally		•	•	•	•	ration(s)					
u		that is not functionally int	_										
		requirement (see instructi	_		-		•	7011000					
_		1		•									
e		Check this box if the orga					Type i, Type ii, Type iii						
	Гntо	functionally integrated, or		ially integrated supporti	ng organiz	ation.							
Т		r the number of supported o	_	ii(-)									
g		ride the following information Name of supported	i about the supporte	d organization(s). (iii) Type of organization	(ıv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other					
		organization	(1) 2.11	(described on lines 1-10	in your governi		support (see instructions)	support (see instructions)					
				above (see instructions))	Yes	No							

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

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

Sec	tion A. Public Support								
Calei	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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								
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.								
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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								
12	Gross receipts from related activities,	etc. (see instruction	ons)			12			
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)			
	organization, check this box and stor								
	tion C. Computation of Publi								
	Public support percentage for 2022 (I					14	%		
	Public support percentage from 2021					15	<u>%</u>		
16a	33 1/3% support test - 2022. If the o	_			14 is 33 1/3% or m	ore, check this box	and		
	stop here. The organization qualifies				LI' 45 '- 00 4 /00/				
b	33 1/3% support test - 2021. If the c	-		**					
	and stop here. The organization qual				- 40 40 40-				
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact			-					
	meets the facts-and-circumstances te	_							
b	10% -facts-and-circumstances test						10% Of		
	more, and if the organization meets the				•				
40	organization meets the facts-and-circu						H		
16	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	qualify under the tests listed be stion A. Public Support	elow, please comp	lete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(1) 2010	(0) 2020	(u) 2021	(6) 2022	(i) rotai
٠,	membership fees received. (Do not						
	include any "unusual grants.")			1507672.	1347595.	4244407.	7099674.
0	Gross receipts from admissions,			1307072.	1347333.	1211107.	70330740
2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		398,823.	401,052.	613,805.	1010674.	2424354.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5		398,823.	1908724.	1961400.	5255081.	9524028.
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			_			
	amount on line 13 for the year				182,917.		241,587.
C	Add lines 7a and 7b			58,670.	182,917.		241,587.
	Public support. (Subtract line 7c from line 6.)						9282441.
Sec	ction B. Total Support				•		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6		398,823.	1908724.	1961400.	5255081.	9524028.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,796.	4,940.	533.	75.	1,071.	9,415.
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.	533.	75.	1,071.	9,415.
	Net income from unrelated business activities not included on 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						4.54.5
	assets (Explain in Part VI.)	35.	100 -60	664.	28,482.		108,716.
	Total support. (Add lines 9, 10c, 11, and 12.)	2,831.	403,763.	1909921.	1989957.	5335687.	9642159.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	•
_	check this box and stop here						X
	ction C. Computation of Publi						
	Public support percentage for 2022 (li		-	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20			ne 13, column (f))		17	%
18						18	<u>%</u>
19a	33 1/3% support tests - 2022. If the						7 is not
	more than 33 1/3%, check this box ar	•					L
b	33 1/3% support tests - 2021. If the						na
	line 18 is not more than 33 1/3%, che		•				
20	Private foundation. If the organization	n did not check a	<u>oox on line 14, 19a</u>	a, or 19D, check th	is box and see inst	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?
 If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.
- 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 line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
- 1	1		
ı	2		
1	_		
Ī	За		
	3b		
١	3c		
ŀ	4a		
	4b		
ı	4c		
	5a		
	5b		
١	5c		
	6		
	7		
ŀ	8		
ŀ	9a		
ŀ			
-	9b		
ł	00		
	9c		
-	10a		
-			
	10b		

Pai	rt 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
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 on line 2, above, did the organization's supported organizations have a	_		
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	1 s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
-	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		

		_		
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	ally integrat	ed Type III supporting orga	anization (see

Schedule A (Form 990) 2022

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions		,	,	Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
a	From 2017						
b	From 2018						
c	From 2019						
d	From 2020						
e	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
i_	Carryover from 2017 not applied (see instructions)						
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
е	Excess from 2022						

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

Employer identification number BLUE FOREST FINANCE INC. 83-1666979 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the

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

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

year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

BLUE FOREST FINANCE INC.

83-1666979

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,500,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>728,174.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>166,667.</u>	Person X Payroll

Name of organization Employer identification number

BLUE FOREST FINANCE INC.

83-1666979

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>68,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

BLUE FOREST FINANCE INC.

83-1666979

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					

Page 4 Schedule B (Form 990) (2022) Name of organization Employer identification number BLUE FOREST FINANCE INC. 83-1666979 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

(b) Purpose of gift (c) Use of gift (d) Description of how gift is held

Relationship of transferor to transferee

(e) Transfer of gift

Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

(a) No. from Part I

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Financial Statements**

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

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

BLUE FOREST FINANCE INC.

Employer identification number 83-1666979

Par			Similar Funds	or Accour	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin				
		(a) Donor advise	ed funds	(b) Fur	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	-			
	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for ar	ly otner purpose o	onterring	
Par	impermissible private benefit? t II Conservation Easements. Complete if the org	appization anawared "Va	o" on Form 000 D	ort IV line 7	Yes No
1	Purpose(s) of conservation easements held by the organization		5 OII OIII 990, F	altiv, iiile 7.	•
1	Preservation of land for public use (for example, recrea		Droson/ation of	a hietorically	important land area
	Protection of natural habitat	LIOT OF Education)	Preservation of		
	Preservation of open space		_ Freservation of	a ceruneu m	Storic Structure
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contrib	ution in the form o	of a conserva	tion assement on the last
-	day of the tax year.	ica conscivation contrib	duoir iir dio ioiiir c	n a consciva	Held at the End of the Tax Year
а				2a	
b					
c	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register	_		2d	
3	Number of conservation easements modified, transferred, rel				during the tax
	year				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per	iodic monitoring, inspec	tion, handling of		
	violations, and enforcement of the conservation easements it	holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, ar	nd enforcing conse	ervation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and en	forcing conservati	on easemen	ts during the year
8	Does each conservation easement reported on line 2(d) abov				
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation		•		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's	s financial stateme	nts that desc	cribes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Tre	asures or Oth	or Simila	r Assats
ı uı	Complete if the organization answered "Yes" on Form	-	address, or ou	ici oliillia	i riddeta.
10	If the organization elected, as permitted under FASB ASC 95		anua statement ar	nd halanca el	hoot works
Id	of art, historical treasures, or other similar assets held for put	•			
	service, provide in Part XIII the text of the footnote to its finar				public
h	If the organization elected, as permitted under FASB ASC 95				works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:	oximbition, oddodtion, o	r roodaron in raran	oranico or par	blic del vice,
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical trea				* e
-	the following amounts required to be reported under FASB A			3, pro ridi	-
а	Revenue included on Form 990, Part VIII, line 1				\$
	Accests included in Form 000 Port V				

Pai	rt III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	easures, o	r Othe	r Similaı	Assets	(conti	nued)	.,90
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the	following that	t make si	ignificant ι	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	i	Loan or exc	change progra	am					
b	Scholarly research	e	, .	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how th	ey further th	he organizatio	on's e x er	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Part										
1 a	Is the organization an agent, trustee, custodia								_	_	
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing t	able:							
							\vdash		Amour	t	
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						. 1f				
	Did the organization include an amount on Fo						ity?	L	Yes	느	No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete if										
	-	(a) Current year	(b) ⊦	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	g, column (a	i)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	<u></u> %									
С		6									
	The percentages on lines 2a, 2b, and 2c should	•									
За	Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held a	nd administe	red for th	e				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	t VI Land, Buildings, and Equipme		. D-+ N	(i' 44- 6	F 000	D-4V	F== 40				
	Complete if the organization answered										
	Description of property	(a) Cost or o			t or other		ccumulate	ed	(d) Boo	k valu	9
		basis (investr	nent)	Dasis	(other)	de	preciation				
	Land										
	Buildings							-+			
С	Leasehold improvements							-+			
d	Equipment										
е	Other					1					

Schedule D (Form 990) 2022

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2022 BLUE FOREST	FINANCE INC.	83	3-1666979 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
<u>(E)</u>			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	on Form 000 Port IV line of	Ida Cas Form 000 Dart V line 40	
Complete if the organization answered "Yes"		(c) Method of valuation: Cost or en	d of year market value
(a) Description of investment	(b) Book value	(c) Method of Valuation. Cost of en	d-oi-year market value
(1) INVESTMENT IN	0 707 700	COOM	
(2) SUBSIDIARIES	9,727,702.	COST	
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	0 707 700		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	9,727,702.		
Complete if the organization answered "Yes"	on Form 000 Port IV line 1	11d Coo Form 000 Port V line 15	
	Description	Tu. See Form 990, Fart A, line 15.	(b) Book value
··	Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	9 10.]		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1e or 11f See Form 990. Part X. line 25	5
(a) Description of liability			(b) Book value
(1) Federal income taxes			.,
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(7) (8)

Pai	t XI Reconciliation of Revenue per Audited Financial State		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,791,892.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		_		
а	Net unrealized gains (losses) on investments		37,836.		
b	Donated services and use of facilities	2b	419,140.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	456,976.
3	Subtract line 2e from line 1			3	5,334,916.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,334,916.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		Expenses per F	leturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				2 255 622
1	Total expenses and losses per audited financial statements			1	3,855,692.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities		419,140.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				440 440
е	Add lines 2a through 2d			2e	419,140.
3	Subtract line 2e from line 1			3	3,436,552.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			•
_	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990 Part Lline 18)			5	3,436,552.
	rt XIII Supplemental Information.	5			· · · ·
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			; Part X	k, line 2; Part XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	nation.		

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

BLUE FOREST FINANCE INC.

Employer identification number 83-1666979

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a	 	X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				77
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			ļ.,.
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	i 1	i

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	benefits (B)(i)-(D)			
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990		
(1) PHILIP SAKSA	(i)	166,300.	0.	2,400.	6,748.	12,521.	187,969.	0.		
CHIEF SCIENTIST	(ii)	0.	0.	0.	0.	0.	0.	0.		
(2) NICHOLAS WOBBROCK	(i)	160,709.	0.	1,975.	6,732.	13,083.	182,499.	0.		
COO & SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.		
(3) ZACHARY KNIGHT	(i)	155,565.	0.	2,400.	6,748.	24,273.		0.		
CEO & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
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	(i)									
	(ii)									
	(i)									
	(ii)									

Fart III Supplemental information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BLUE FOREST FINANCE INC.

Employer identification number 83-1666979

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

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Attach to Form 990.

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

Employer	identification	number
83-1	666979	

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

BLUE FOREST FINANCE INC.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FRB YUBA PROJECT I LLC - 36-4909005					
5960 S. LAND PARK DR #1264					BLUE FOREST FINANCE
SACRAMENTO, CA 95822	FINANCING	CALIFORNIA	316,967.	2,489,113.	INC.
YUBA II FRB LLC - 87-2371430					
5960 S. LAND PARK DR #1264					BLUE FOREST FINANCE
SACRAMENTO, CA 95822	FINANCING	CALIFORNIA	731,406.	5,320,594.	INC.
FRB CATALYST LLC - 92-0368691					
5960 S. LAND PARK DR #1264					BLUE FOREST FINANCE
SACRAMENTO, CA 95822	FINANCING	DELAWARE	343.	3,001,026.	INC.
BLUE FOREST ASSET MANAGEMENT LLC -					
88-3448475, 5960 S. LAND PARK DR #1264,					BLUE FOREST FINANCE
SACRAMENTO, CA 95822	FINANCING	DELAWARE	0.	0.	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			(e) Public charity status (if section			g) 512(b)(13) rolled tity?
		, , , , , , , , , , , , , , , , , , ,		501(c)(3))		Yes	No

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

Schedule R (Form 990) 2022

Part I Continuation of Identification of Disregarded Entities (a) (b) (d) (e) (f) (c) Name, address, and EIN Legal domicile (state or Direct controlling Primary activity Total income End-of-year assets of disregarded entity entity foreign country) CALIFORNIA WILDFIRE INNOVATION FUND I GENERA PARTNER, LLC - 88-3462798, 5960 S. LAND BLUE FOREST FINANCE PARK DR #1264, SACRAMENTO, CA 95822 DELAWARE 0. INC. FINANCING 0.

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)	(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	(5	(related, unrelated, income end-of-year	(related, unrelated, excluded from tax under	(related, unrelated, in excluded from tax under	(related, unrelated, income excluded from tax under		ortionate tions?	20 of Schedule	manag partn		
		country)		sections 512-514)			Yes		K-1 (Form 1065)	Yes	lo
BLUE FOREST CONSERVATION, LLC - 47-5104164, 171 5TH STREET,	INVESTMENT										
	MANAGMENT	OR	N/A	N/A	N/A	N/A		X	N/A		N/A
CALIFORNIA WILDFIRE					- · ·						
INNOVATION FUND I LP -]										
88-3477410, 5960 S. LAND PARK											
DR #1264, SACRAMENTO, CA	FINANCING	DE	N/A	N/A	N/A	N/A		X	N/A	2	N/A
	-										
-										\vdash	
-	-										
	-										
	-										

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

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

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

Part	νl	

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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?

b	Gift, grant, or capital contribution to related organization(s)				1b	X
С	Gift, grant, or capital contribution from related organization(s)				1c	X
d	Loans or loan guarantees to or for related organization(s)				1d	X
е	Loans or loan guarantees by related organization(s)				1e	X
	Dividends from related organization(s)				1f	X
g	Sale of assets to related organization(s)				1g	X
h	Purchase of assets from related organization(s)				1h	X
i	Exchange of assets with related organization(s)				1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X
I	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11	X
	Performance of services or membership or fundraising solicitations by related organ				1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X
0	Sharing of paid employees with related organization(s)				10	X
	Reimbursement paid to related organization(s) for expenses				1p	X
q	Reimbursement paid by related organization(s) for expenses				1q	X
					1r	X
	Other transfer of cash or property from related organization(s)				1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above its "Yes," see the	ho must complete th	is line, including covered re	elationships and transaction thresholds.		
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount in	volved	
		type (a-s)		-		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
232163	09-14-22			Schedule	R (Form 9	90) 2022

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	Dispr tion allocat	opor- late tions?	Genera manag partne Yes	(k) Percentage ownership
	-								
									000) 0000