Form 990

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

2023 Open to Public

Form 990 (2023)

Department of the Treasury

For Paperwork Reduction Act Notice, see the separate instructions. DAA

Iriteri	IN LGAGII	Go to www.irs.gov/rormsso for instructions and the latest in	rormation.		nisbácnóti	200
<u>A</u>	For the	2023 calendar year, or tax year beginning , and ending				
В	Check if ap	plicable: C Name of organization FRIENDS OF THE FOREST PRESERVE		D Employe	ridentification number	
\square	Address cl	DISTRICT OF WILL COUNTY	- 1			
\equiv	Nama aba	Doing business as THE NATURE FOUNDATION OF WILL CTY		**-*	**3713	
Η'	Name cha	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	a number	_
	Initial retur			815-	722-2022	
	Final return terminated					
		JOLIET IL 60433	- 1	G Gross rece	eipts 734,36	9
닏	Amended i	F Name and address of principal officer:				
∐.	Application	pending TARA NEFF	H(a) Is this a grou	up return for su	ubordinates? Yes X	ok
		17540 W LARAWAY ROAD	H(b) Are all subo	ordinates inclu	uded? Yes I	No
		JOLIET IL 60433	If "No."	attach a list.	See instructions	
	Tax-exem		1			
	Website:	32/3				
			H(c) Group exen			_
			ear of formation: 20	ו פטט	M State of legal domicile: I	L
	art I	Summary				
	1 E	riefly describe the organization's mission or most significant activities:				
63		WE WORK TO CREATE A LEGACY OF GIVING THAT SUPPORTS AND	CELEBRATE	S THE		
2	1.1	PRESERVATION, CONSERVATION, EDUCATION, AND RECREATION I				2.5
E	1.0		RIORITIES	OF TI		
9	177	FOREST PRESERVE DISTRICT OF WILL COUNTY IN PERPETUITY.				
Governance	2 (theck this box 🔝 if the organization discontinued its operations or disposed of more than 25%	of its net assets	S.		
od .	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	9	
Activities &	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	9	
Z		otal number of individuals employed in calendar year 2023 (Part V, line 2a)		5	0	Т
cti	r .	otal number of volunteers (estimate if necessary)		6	44	_
~		otal unrelated business revenue from Part VIII, column (C), line 12		7a		0
						ŏ
	יום	let unrelated business taxable income from Form 990-T, Part I, line 11	DelayVan	7b		<u>U</u>
	ا ، ر	Pantally visions and avanta (Plant) (III - III - III)	Prior Year	,232	Current Year 563, 60	0
9		Contributions and grants (Part VIII, line 1h)				
Revenue		rogram service revenue (Part VIII, line 2g)	81	.,028	158,16	_
ě		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		67	12,59	5
	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				<u>0</u>
	12 T	otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	578	3,327	734,36	9
	13 0	Grants and similar amounts paid (Part IX, column (A), lines 1–3)				0
	14 E	lenefits paid to or for members (Part IX, column (A), line 4)				0
LO.		alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)				0
Expenses	l .	rofessional fundraising fees (Part IX, column (A), line 11e)				ō
듄		otal fundraising expenses (Part IX, column (D), line 25)	distribution and st	1.01 1 201		Ť
Ä	l .	traterior transportation and tra	E 4.4	,242	250 46	E
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			250,46	
	i .	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		,242	250,46	
	19 F	levenue less expenses. Subtract line 18 from line 12		1,085	483,90	4
Net Assets or Fund Balances			Beginning of Curr		End of Year	_
3.2	20 1	otal assets (Part X, line 16)		,368	1,020,93	
A P	21 T	otal liabilities (Part X, line 26)		,206	5,87	
<u>≠₽</u>	22 N	let assets or fund balances. Subtract line 21 from line 20	531	.,162	1,015,06	<u>6</u>
P	art II	Signature Block				
Ur	nder pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the be	st of my kn	owledge and belief, it is	Т
tru	ie, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowledge	3,		
				1		_
e:-		Signature of officer		Pate		
Sig				Date		
He	re	TARA NEFF EXECUTIVE 1	DIRECTOR			_
_		Type or print name and title				
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN	
Paid	d	THOMAS R. BERG	09/18/	24 self-em	ployed *******	
Pre	parer	Firm's name Dennis A. Quinn & Associates, Ltd.	1 0	m's EIN	**-***9275	_
Use	Only	16W34383rd St Ste C			λ	_
	-	SOURCE DIAL TT COPOR	1		630-325-033	3
May	the IP	S discuss this return with the preparer shown above? See instructions	į Pi	none no		
ividy	nie irt	a grace of the letters with the brebater shown above to see instructions			X Yes No	

Form	990 (2023) FRIENDS OF THE FOR		**-***3713	Page 2
Pa	rt III Statement of Program Servic Check if Schedule O contains a		ne in this Part III	
4	Briefly describe the organization's mission:	response of note to any in	ne in this refer in	
W	E WORK TO CREATE A LEGAC RESERVATION, CONSERVATIO OREST PRESERVE DISTRICT	N, EDUCATION AND	RECREATION P	
2	Did the organization undertake any significant pro	naram services during the year w	hich were not listed on the	
	prior Form 990 or 990 F72	le O.		Yes X No
	services? If "Yes," describe these changes on Schedule O.			Yes X No
4	Describe the organization's program service accepenses. Section 501(c)(3) and 501(c)(4) organ the total expenses, and revenue, if any, for each	omplishments for each of its three izations are required to report the		-
4a	(Code:) (Expenses \$ 24:	1,402 including grants of \$	OF CASCING SALAR CITY WAS TO) (Revenue \$
4b	(Code:) (Expenses \$	BY RAISING AND A	DMINISTERING	FUNDS.
	· · · · · · · · · · · · · · · · · · ·	*****************************	***************************************	
	* 12.00-14.00-1			
		***************************************		*******************
	(Code:) (Expenses \$	including grants of \$) (Revenue \$
N	/A			***************************************
	* *************************************			

	* (***)			

	* 4840.000.000.000.000.000.000.000.000.000			
	Continues representative delicative continues con	***************************************		
	00			
4d	Other program services (Describe on Schedule C			
4e	(Expenses \$ includi Total program service expenses	ng grants of \$ 241,402) (Revenue \$)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	i	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		00	
	assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III	5		ж
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	_ 8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			0.012
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
b	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 VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	The second secon			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
9	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			**
47-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40.	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	^	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	425		¥
13	le the organization a school described in section 170/bV4VAVIII If #Vee # complete Cabadula C	12b		X
14a	Did the arranjection maintain an office amployage or agents outside of the United State-2	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	145		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		\neg	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_ 0	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			E
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		- 1	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		-	
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2023) FRIENDS OF THE FOREST PRESERVE
Part IV Checklist of Required Schedules (continued)

	The state of the delines of the delines (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		105	140
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	_		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			-
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	6947		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	100-12		
	employee, 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			
20	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule		310	
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).	8,1111	100	
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	00-		v
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28b		
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	(100		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
0	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			**
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
30	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.		x	
Ps	Irt V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	—
	Check if Schedule O contains a response or note to any line in this Part V			
_	Chook in Conceding Containing a response of flote to any lifte th this Fall V	I PERIALISA	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	COSTO	162	140
ь	Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0	6.19		
Ç	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	- Crossing of	
				$\overline{}$

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

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

If "Yes," complete Form 6069.

-*3713

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

			Var	61-
1a	Enter the number of voting members of the governing body at the end of the tax year	1 112	Yes	No
	If there are material differences in voting rights among members of the governing body, or	100	-SI	F
	if the governing body delegated broad authority to an executive committee or similar	12013		
	committee, explain on Schedule O.	is i		
ь	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		le H	1
-	any other officer, director, trustee, or key employee?	2	1.54	x
3	Did the organization delegate control over management duties customarily performed by or under the direct	2	-	┢
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3	x	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	"		<u> </u>
	one or more members of the governing body?	70		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		
	stockholders, or persons other than the governing body?			x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
а	The governing body?	-	v	
b		Ba	X	\vdash
9	Each committee with authority to act on behalf of the governing body?	8b	A	\vdash
3	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			-
305	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Jec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	oae.)		
Λ-	Did the organization have local chapters, branches, or affiliates?	40	Yes	No
		10a		X
U	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1		
14.5	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		77
-	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		E450	11000	104
2a		12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	_
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1.		
-	describe on Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13	X	\vdash
4	Did the organization have a written document retention and destruction policy?	14	X	and the same
5	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?	1		25
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
0 -	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	3.41		
6a	The same are a particular to a sum and a sum and a sum and a sum a	10-14	.01	100
	with a taxable entity during the year?	16a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		133	435
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		1	2017
_	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed IL			
8	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) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
0:0	State the name, address, and telephone number of the person who possesses the organization's books and records. ARA NEFF 17540 W LARAWAY ROAD			

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

X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

(A) Name and title	(B) Average hours per week	ba	ix, unic	(C) Position check more than one ess person is both an and a director/trustee)				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
**************************************	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) JENNIFER GABREN	A			Т		\Box				
	0.00									
CHAIR	0.00			X				0	0	0
(2) MARGARET TYSON		"-				П				
	0.00									
VICE-CHAIR	0.00			X				0	0	0
(3) ANN DRALLE										
	0.00									
DIRECTOR	0.00	X						0	0	0
(4) CYNTHIA A HARN										
	0.00				ĺ					
PROGRAM COORDINATOR	0.00	X						32,900	O	0
(5) RALPH SCHULTZ	0.00									
EX OFFICIO DIRECTOR	0.00	x						o	171,558	14,857
(6) RAGAN PATTISON	0.00	1				\vdash	\dashv		1/1,330	14,651
(3,000000000000000000000000000000000000	0.00	1								
DIRECTOR	0.00	X				1		o	o	0
(7) JACKIE TRAYNERE	0.00	125			_		-			U
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.00									
EX-OFFICIO	0.00	$ \mathbf{x} $						o	o	0
(8) MARCELLA DEMAURO		1	_	\vdash		\vdash		0	- 0	0
	0.00									
SECRETARY	0.00			x				o	o	0
(9) JIM FLAX				-			\neg			
, , , = ===	0.00									
DIRECTOR	0.00	x						o	o	0
(10) LAURA McCARTHY			\vdash	\vdash			\dashv		- 0	
	0.00						ŀ			
TREASURER	0.00			x				o	o	0
(11) COLLEEN LYONS			\vdash		V		-			
	0.00									
DIRECTOR	0.00	$ \mathbf{x} $						o	o	0

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Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	:mpl	oyee	s, a	nd Highest Compensated	l Employees (continued)	
(A) Name and title	(B) Average hours per week	bo	x, unl	Pos check ess pe	nosts	than c is both w/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Kay employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(12) DONNA THEIMER (12) DIRECTOR	0.00	x		2.2				0	0	0
(13) EXECUTIVE DIRECTOR	0.00 0.00	х						35,000	0	0
(14) EX-OFFICIO	0.00	х						0	0	0
(15) EX-OFFICIO	0.00	х						0	0	0
(16)										
(17)									D.	
(18)	((1))									2 1
(19)										Z.
			on A	3.0				67,900	171,558	14,857
			d to O	thos	e lisi	ted a	bov	e) who received more than	\$100,000 of	Yes No
employee on line 1a? If "Yes," For any individual listed on line organization and related organ individual Did any person listed on line 1	complete Scheo a 1a, is the sum dizations greater a receive or acc	dule of re than	J for porta \$15 comp	suci able 0,00	com 0? //	lividu pens f "Ye.	al atio s," c	n and other compensation complete Schedule J for suc	from the ch	3 X X 4 X 5 X
Complete this table for your five compensation from the organization.	e highest compe zation. Report co	ensa	ted i	ndep	end for th	ent c	ontr	lar year ending with or with	in the organization's tax ye	
DIRECTOR (13) TARA NEFF (15) 0.00 X 35,000 0 EXECUTIVE DIRECTOR 0.00 X 35,000 0 (14) JULIE BERKOWICZ (14) 0.00 X 0 0 0 EX-OFFICIO 0.00 X 0 0 0 0 EX-OFFICIO 0.00 X 0 0 0 0 EX-OFFICIO 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(C) Compensation								
			ų.		•••					
2 Total number of independent of	contractors (inclu	dine	but	not I	imite	ed to	thos	se listed above) who		
received more than \$100,000	of compensation	fron	n the	org	aniza	ation	.,,,,,,	Hatter drove) will	0	Form 990 (2023)

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) Related or exempt Unrelated business revenue Revenue excluded from tax under sections 512-514 function revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 10 d Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, 563,608 and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g h Total. Add lines 1a-1f 563,608 Business Code PROGRAM INCOME 158,166 158,166 Program Service f All other program service revenue g Total. Add lines 2a-2f 158,166 Investment income (including dividends, interest, and 12,595 other similar amounts) 12,595 Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (i) Real 6a Gross rents 6a b Less; rental expenses 6b C Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory 7a b Less: cost or other 7b basis and sales exps. c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 86 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous d All other revenue Total. Add lines 11a-11d Total revenue. See instructions 734,369 170,761 0 0

Page 10

Dc -	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
8b, §	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			在 以其	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			***	
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			-	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	-			
10	Payroll taxes				
11	Fees for services (nonemployees):				i i i
а	Management				
b	Legal	1,271	1,271		
C	Accounting	6,798	6,798		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	315			
f	Investment management fees				
g	Other, (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)	226,195	220,535	5,660	
12	Advertising and promotion			A:	
13	Office expenses	4,201	2,598	1,603	
14	Information technology	-/	2,030	2,005	
15	Dougling				
16	Occurred the second sec	12,000	10,200	1,800	
17	Travel	== / 0 0 0	20/200	1,000	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered	STOLEN LANGUAGE EN		CLOSED OF GENERAL	NEW TO SEE HOUSE
	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.)				
а	- A		2754 Poj. 10 to 10	or territorial endanglish professional and pro-	The Part of the Control of
b	**************************************	_			
C	**************************************				
d	[]+14+0++6+0414++12+4+12++++4+4+4+4++++4+14+14+14+14+14+14+14+14				
-	All other expenses				
	Total functional expenses. Add lines 1 through 24e	250,465	241,402	0.053	
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	230,465	241,402	9,063	0
	from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

____ Page 11

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 444,002 Cash-non-interest-bearing 529,901 1 2 575,652 Savings and temporary cash investments 2 5,467 Pledges and grants receivable, net 3 1,283 Accounts receivable, net 4 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 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 Investments—publicly traded securities 11 11 Investments-other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV. line 11 15 535,368 1,020,937 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 4,206 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 4,206 5,871 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 531,162 1,015,066 31 Retained earnings, endowment, accumulated income, or other funds 31 1,015,066 32 Total net assets or fund balances 531,162 32 Total liabilities and net assets/fund balances 535,368 1,020,937

Form 990 (2023)

orn	n 990 (2023) FRIENDS OF THE FOREST PRESERVE **-***3713	35		Pa	ice 1:
P	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			2000	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7:	34,	369
2	Total expenses (must equal Part IX, column (A), line 25)	2	2.	50,	465
3	Revenue less expenses. Subtract line 2 from line 1	3	4	83,	904
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	31,	162
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,0	15,	066
Pa	irt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		F125		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_	5533		TIT
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			2	100
	Schedule O.				
2 a	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		E-10	1533	3HH
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				146
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			Bilan	MED.
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		12.000.00		
	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				100
	Schedule O.			-	1

3a

Form 990 (2023)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

FRIENDS OF THE FOREST PRESERVE DISTRICT OF WILL COUNTY

Employer identification number

	4.0							3713
$\overline{}$	art I			Status. (All organization				ons.
The	orga			se it is: (For lines 1 through 1				
1	Ц	A church, co	nvention of churches, or ass	sociation of churches describ	ed in sectio	on 170(b)(1))(A)(i).	
2	Ц	A school des	scribed in section 170(b)(1)((A)(ii). (Attach Schedule E (F	om 990).)			
3	\sqcup	A hospital or	a cooperative hospital servi	ce organization described in	section 17	0(b)(1)(A)(li	ii).	
4		A medical re	search organization operate	d in conjunction with a hospi	tal describe	d in section	170(b)(1)(A)(iii). Enter the	hospital's name,
		city, and stat						
5		An organizat	ion operated for the benefit	of a college or university own	ed or opera	ited by a go	vernmental unit described in	
	_		(b)(1)(A)(iv). (Complete Part			,		
6	\Box			overnmental unit described i	n section 1	70(b)(1)(A)	(v).	
7		An organizat		substantial part of its suppor				ic
R	П			170(b)(1)(A)(vi). (Complete F	and II \			
9	H			cribed in section 170(b)(1)(deal in each		
3		or university	or a non-land-grant college	of agriculture (see instruction	Aj(IX) opera	neu in conju	inction with a land-grant college	ege
		university:	or a non-land-grant conege	or agriculture (see instruction	is), Enter th	e name, cit	y, and state of the college or	
10		100	ion that normally receives /1) more than 33 1/3% of its si	inned from	contribution	an mambambin form and an	
	ш	receipts from	activities related to its exer	npt functions, subject to certa	ain excentio	ns and (2)	no more than 33 1/3% of its	055
		support from	gross investment income ar	nd unrelated business taxabl	e income (k	ess section	511 tax) from businesses	
		acquired by t	the organization after June 3	0, 1975. See section 509(a)	(2). (Compl	ete Part III.))	
11	П			exclusively to test for public :				
12	X			exclusively for the benefit of,				oses of
		one or more	publicly supported organizat	ions described in section 50	9(a)(1) or s	ection 509((a)(2). See section 509(a)(3)). Check
		the box on lir	nes 12a through 12d that de:	scribes the type of supporting	organizatio	on and com	plete lines 12e, 12f, and 12g	4
	а	X Type I. A	A supporting organization op	erated, supervised, or contro	lled by its s	upported or	ganization(s), typically by giv	ring
		the supp	orted organization(s) the pov	ver to regularly appoint or ele	ect a majoril	y of the dire	ectors or trustees of the	
				omplete Part IV, Sections A				
	b	Type II.	A supporting organization su	pervised or controlled in con	nection with	its support	ed organization(s), by having	9
		control o	r management of the suppor	ting organization vested in the	ne same per	rsons that c	ontrol or manage the suppor	ted
				Part IV, Sections A and C.				
	C	Type III 1 its suppo	functionally integrated. A sorted organization(s) (see ins	upporting organization opera tructions). You must compl	ited in conn ete Part IV,	ection with, Sections A	and functionally integrated v A, D, and E.	vith,
	d	Type III i	non-functionally integrated	I. A supporting organization	operated in	connection	with its supported organization	on(s)
		that is no	it functionally integrated. The	organization generally mus	satisfy a di	istribution re	equirement and an attentiven	ness
				nust complete Part IV, Sec				
	e	X Check th	is box if the organization rec	eived a written determination	from the IF	RS that it is	a Type I, Type II, Type III	
				n-functionally integrated supp	orting orga	nization.		
	f		nber of supported organizati					1
	9	Provide the fe	ollowing information about th	e supported organization(s)			en ar sen XIII. de la Esca el marcha de desenta de Castella de	40.004 E 127
(1)		of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	org	anization		(described on lines 1–10		our governing	support (see	other support (see
				above (see instructions))		ument?	instructions)	instructions)
(4)	EO	DECM DI	ECEDIE DIOMOT	CT OF WILL COU	Yes	No		
(A)	FU	REST PR	**-***6668					
			-*0008	6	X			0
(B)								
	_							
(C)								
(D)								
				1);				
(E)								
Fotal				CORNEL CLASSICS CONTROL OF THE CORNEL OF THE	THE PARTY OF	1 Table 2000		

Form 990) 20:	23	E	RI	ENDS	OF	THE	FOR	REST	PR	ESERVE	
_		 		_	- 4	_		-			

Page 2

Schedule A (F 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.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				1		
2	Tax revenues levied for the organization'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			mulate the			
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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			The leading to the le		less procedure	
2	Gross receipts from related activities, etc.	(see instructions)				12	
3	First 5 years. If the Form 990 is for the on	ganization's first, s	econd, third, fourt	h, or fifth tax year	as a section 501(c)(3)	
	organization, check this box and stop her	a					
Sec	tion C. Computation of Public Su						
4	Public support percentage for 2023 (line 6	, column (f) divided	d by line 11, colum	ın (f))			%
5	Public support percentage from 2022 Scho					15	%
6a	33 1/3% support test — 2023. If the orga				s 33 1/3% or more,	check this	
	box and stop here. The organization quali						
b	33 1/3% support test — 2022. If the orga				15 is 33 1/3% or r	nore, check	
_	this box and stop here. The organization			CE 10 4 10 E FOR 8			
7a	10%-facts-and-circumstances test — 20	_					
	10% or more, and if the organization meet Part VI how the organization meets the fac organization						
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organization in Part VI how the organization meets the	meets the facts-ar	nd-circumstances	test, check this bo	ox and stop here. I	Explain	
	organization	*******					
8	Private foundation. If the organization did instructions	I not check a box o	on line 13, 16a, 16	b, 17a, or 17b, ch	eck this box and se		

Schedule A (Form 990) 2023

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	tion A. Public Support	quality under t	ile lesis listeu t	below, please o	ompiete Part II	.)	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(4) 2013	(5) 2020	(6) 2021	(d) 2022	(6) 2023	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						7
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	20					
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
)aler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	<u></u>			7/		
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		i.				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	IV					
C	Add lines 10a and 10b						
1	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11,						
4	and 12.) Erirst 5 years. If the Form 990 is for the org	annization's 5-t -	noond status for the	- 60h t		(2)	
	organization, check this box and stop here	0.0000		i, or man tax year a	is a section 501(c)	(3)	
	tion C. Computation of Public Su				18172 200028 226-936		Section 1997
5	Public support percentage for 2023 (line 8,	column (f), divide	d by line 13, colum	nn (f))			%
6	Public support percentage from 2022 Sche					16	%
	tion D. Computation of Investmen					1 1	
7 R I	Investment income percentage for 2023 (lin			, column (f))		.101001010	<u>%</u>
8 9a	Investment income percentage from 2022 S			- 44 25		18	%
94	33 1/3% support tests — 2023. If the orga 17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests — 2022. If the orga	anization did not c	heck a box on line	14 or line 19a, and	l line 16 is more th	an 33 1/3%, and	
	line 18 is not more than 33 1/3%, check this	s box and stop he	ere. The organizati	on qualifies as a p	ublicly supported	organization	
.0	Private foundation. If the organization did	not check a box of	on line 14, 19a, or	19b, check this bo	x and see instructi	ons	******

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on 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

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- 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.
- 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the fiting organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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).
- 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.
- 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.
- 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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	x	
		14
		v
2	11657	X
3a		X
1215		
3b	PERIOD	No.
		1
3с		
4a	t-data, all	X
4b	NI LOUIS	MEE
	111	
T	1157	
4c	101410101	unings.
1		
913		
5a	STATE Y	X
5b		LEST
5c		
114		
6	AND REPORTS	X
7		X
		X
8		
	117	
9a		X
9b		X
95		Х
9c		A
	HILL.	
10a	131	X
10b	HAT SEED	

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			Tealth
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	100		
	11c below, the governing body of a supported organization?	11a	DO-D	X
b	A family member of a person described on line 11a above?	11b		Х
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	124		
04	provide detail in Part VI.	11c		X
Sect	ion B. Type I Supporting Organizations			
		10.00 m	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	11.00		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	x	The state of
2	Did the organization operate for the benefit of any supported organization other than the supported	153183		STOLLS
_	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		х
Sect	ion 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	1511	FIRM	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	4:31		icidic.
	or management of the supporting organization was vested in the same persons that controlled or managed	1111		
	the supported organization(s).	1		
Sect	ion 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	-	4 3	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1412	Mind	200
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	-	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI	BARRE		SERVIN
3	how the organization maintained a close and continuous working relationship with the supported organization(s).	2	0.00	b Location is
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	1120	2 is a	100
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	9.5		
	supported organizations played in this regard.	3	REAL PROPERTY.	NUCLEAR OF THE PARTY OF T
Secti	ion 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 instructions	2) ::		
а	The organization satisfied the Activities Test, Complete line 2 below.	y		
Ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instr	ructions)		
2	Activities Test. Answer lines 2a and 2b below.	2	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1211	SULLE	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1311		
	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		41111	
	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	E49		
	have engaged in these activities but for the organization's involvement.	2b	Local	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		UE II	
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		To a second second
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	114	ard look	S. I de la
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust Instructions. All other Type III non-functionally integrated supporting organization.	g Organization of Nov. 20, 19	70 (explain in Part VI).	
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors	21122		Trough and the second
(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		13
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		
Section 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	the district standard	
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	18	I NASATI ATGAM	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally inte	grated Type III s	upporting organization	
(see instructions).	_ *,		

	ule A (Form 990) 2023 FRIENDS OF THE FO	REST PRESERVE	**-**	**3	713 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		
Sect	ion D - Distributions				Current Year
1_	Amounts paid to supported organizations to accomplish exempt purpo	oses		1	
2	Amounts paid to perform activity that directly furthers exempt purpose	es of supported		Π	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		3	
4_	Amounts paid to acquire exempt-use assets			4	
5_	Qualified set-aside amounts (prior IRS approval required—provide de	tails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organiz (provide details in Part VI). See instructions.	ation is responsive		8	
9	Distributable amount for 2022 from Section C, line 6		 -	9	
10	Line 8 amount divided by line 9 amount		<u> </u>	10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	18	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		MALO 写真を発音が変われる。 11年 日本	134	
2	Underdistributions, if any, for years prior to 2023	CONTRACTOR DE PRESENTANTO			
	(reasonable cause required-explain in Part VI). See				
	instructions.	AND ALL PROPERTY.			
3	Excess distributions carryover, if any, to 2023				
	From 2018			10.5412	
	From 2019	ESTATE OF THE PARTY OF T	polyne shifts and since 4 4mm	Tiple or for	All the second second
	From 2020		Later State (principle)	e page	r Witnest in Server Advance Manifold in
	From 2021				RESIDENCE SERVICE SERVICE
	From 2022 Total of lines 3a through 3e	and statements of the same		el de	tite ber seels at the
-	Applied to underdistributions of prior years	DIAMPETER IN CAS		in page	
	Applied to 2023 distributable amount		(SOUTH STREET, SOUTH AND ADDRESS OF	12.	Property and the Control of the Cont
	Carryover from 2018 not applied (see instructions)	2-4-111 - 1 Print Elimina 100-4-10		UE DE	
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		PARTY CAMPAGE AND	SI de	care control to the care
4	Distributions for 2023 from		of a siel of a common	NI B	and the second second
7	Section D, line 7:				
а	Applied to underdistributions of prior years		Copy over the supply of the s	and division	
	Applied to 2023 distributable amount		tor all statute	HE	
	Remainder. Subtract lines 4a and 4b from line 4.		ALESTE MASSICE	111	
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result	circulation.			Carette in the Hi
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			Ziso	
7	Excess distributions carryover to 2024. Add lines 3j			- City	Charles Haller
	and 4c.			41	
8	Breakdown of line 7:	4 1 1 1 1		ist.	
a	Excess from 2019			sPL	
	Excess from 2020	Strawballend 148	në Sandrikasi.	151	Carlotte in the
	Excess from 2021			WE	
	Excess from 2022	erus atjacekspoots engle		1	
	Excess from 2023	1113 SHAPL 18- HE WAY	Charge Single Si	153	

Schedule A (Fon	m 990) 2023	FRIENDS OF	THE FOREST	PRESERVE	**~***3713	Page 8
Part VI	Supplemental Inf III, line 12; Part IV, B, lines 1 and 2; P 3a, and 3b; Part V	ormation. Provide t Section A, lines 1, art IV, Section C, lin Ine 1; Part V, Sect	he explanations re 2, 3b, 3c, 4b, 4c, 5 e 1; Part IV, Secti ion B, line 1e; Par	equired by Part II, line ia, 6, 9a, 9b, 9c, 11a, on D, lines 2 and 3; F	e 10; Part II, line 17a or 1 , 11b, and 11c; Part IV, S Part IV, Section E, lines 1 5, 6, and 8; and Part V, S nstructions.)	7b; Part Section c, 2a, 2b,
				111	,	
* **********						********

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	(**************************************	***************************************				

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						VIIIIIIIIIIIIIII

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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

2023 Open to Public

Name of the organization **Employer identification numbe** FRIENDS OF THE FOREST PRESERVE DISTRICT OF WILL COUNTY **-***3713 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

ichedule D (Form 990) 2023 FRIENDS	OF THE FOR	EST PRESERV	E **-**	*3713	Page 2
Part III Organizations Maintain					(continued)
3 Using the organization's acquisition, acce collection items (check all that apply).					(00111111111111111111111111111111111111
a Public exhibition	d 🗌	Loan or exchange pro	onram		
b Scholarly research	e				
c Preservation for future generations		CONTROL OF THE			
4 Provide a description of the organization's	collections and expla	in how they further the	omanization's evenut or	mose in Part	
XIII.	Tomostono uno expis	and they faither the	organization a exempt pe	iipose iii r ait	
5 During the year, did the organization solic	it or receive donations	of art historical treasu	res or other similar		
assets to be sold to raise funds rather tha					Yes No
Part IV Escrow and Custodial A		part of the organization	13 CONECTION:		I tes No
Complete if the organizati 990, Part X, line 21.		s" on Form 990, Pa	art IV, line 9, or repor	ted an amount	on Form
1a Is the organization an agent, trustee, cust	odian or other interme	diary for contributions	or other assets not		
included on Form 990, Part X7					Yes No
b If "Yes," explain the arrangement in Part X	III and complete the f	ollowing table			
	,	49			Amount
c Beginning balance				1c	
d Additions during the year					
e Distributions during the year	****************			1e	
f Ending balance	***********			1f	
2a Did the organization include an amount or	Form 990 Part X lin	e 21 for escrow or cus	todial account liability?	77.27	Yes No
b If "Yes," explain the arrangement in Part X					les No
Part V Endowment Funds	THE OTHER WILL I	explanation has been p	TOVIDED OIL FAIT XIII	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	romaniyay
Complete if the organizati	on answered "Yes	" on Form 990 Pa	nt IV line 10		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	(4,753.37.)	(0) 100 100	(e) Two yours Deck	(d) med years back	(a) roca years back
b Contributions					
c Net investment earnings, gains, and			-		
losses					
d Grants or scholarships		 		 .	
e Other expenditures for facilities and	·				+
•					
programs					
f Administrative expenses				·	
g End of year balance		47 4 1		·	
2 Provide the estimated percentage of the c	-	ce (line 1g, column (a))	held as:		
a Board designated or quasi-endowment					
b Permanent endowment %	Ď				
c Term endowment %					
The percentages on lines 2a, 2b, and 2c s					
3a Are there endowment funds not in the pos	session of the organiz	ation that are held and	administered for the		
organization by:					Yes No
(i) Unrelated organizations?			TO THE REPORT OF THE PARTY OF T	*********	3a(i)
(II) Related organizations?			****************		3a(ii)
b If "Yes" on line 3a(ii), are the related organ	izations listed as requ	ired on Schedule R?			3b
4 Describe in Part XIII the intended uses of t	the organization's end	owment funds.		STORING TO SEED TO THE	
Part VI Land, Buildings, and Eq			·		
Complete if the organization	on answered "Yes	<u>s" o</u> n Form 990, Pa	rt IV, line 11a. See F	orm 990, Part	X, line 10.
Description of property	(a) Cost or other			umulated	(d) Book value
	(investment) (oth	er) depre	ciation	
1a Land				TEN HERBY	
b Buildings	0.03				
c Leasehold improvements	.05			<u> </u>	
d Equipment	5.0				

e Other

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

Schedule D (F		PRESERVE	**-****3713	Page
Part VII	Investments - Other Securities			
	Complete if the organization answered "Yes" on F		<u>ine 11b. See Form 990, Par</u>	t X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of value	
	(including name of security)		Cost or end-of-year mi	arket value
(1) Financial	**************************************			
	eld equity interests			
(3) Other				
	***************************************	<u> </u>		
(B)				
(C)				·
(D)	-			
(E)	-			
(F)				
(G)				
(H)				
Part VIII	1 (b) must equal Form 990, Part X, line 12, col. (8))			a defend have be a
Part VIII	Investments – Program Related	000 D-41/ 1	44- C F 000 D	LV E 40
	Complete if the organization answered "Yes" on F			
	fat pearshing of miseastricity	(b) Book value	(c) Method of valu	
(1)			Cost of end-on-year ma	II KGI VAIGO
(2)				
(3)				
(4)				
(5)				·
(6)		<u> </u>		
(7)				
(8)				
(9)			-	
	(b) must equal Form 990, Part X, line 13, col. (B))		DESCRIPTION OF THE PROPERTY OF	CRETE III III
Part IX	Other Assets		100000000000000000000000000000000000000	- FOR - 1110-12-141
	Complete if the organization answered "Yes" on F	orm 990 Part IV li	ne 11d See Form 990 Part	X line 15
	(a) Description			(b) Book value
(1)				(-,
(2)				
(3)				
(4)				
(5)				
(6)		· · ·		
(7)		·		
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, line 15, col. (B))		Filled Arrange (1975)	
Part X	Other Liabilities	-	VIEW CONCRETE PROPERTY OF THE	
	Complete if the organization answered "Yes" on Foline 25.	orm 990, Part IV, li	ne 11e or 11f. See Form 99	0, Part X,
	(a) Description of liability	_		(h) Donk veter
(1) Federal i	ncome taxes		-	(b) Book value
1.7 1 COCIBII	THE THE SHOWER			

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
_(7)		
(8)		
(9)		
Total. (Column (b) must equal Form	1 990. Part X. line 25. col. (B))	

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

Pa	edule D (Form 990) 2023 FRIENDS OF THE FOREST PRE		·***3713	Page 4
	Reconciliation of Revenue per Audited Financial S Complete if the organization answered "Yes" on Form		ue per Return	
1	Total revenue, gains, and other support per audited financial statements	990, Part IV, line 12a.	141	734,369
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1 00000	134,303
	Net unrealized gains (losses) on investments	2a	275 13	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c	122	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	734,369
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		The state of the s	,
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3.75	
	Other (Describe in Part XIII.)	4.F.F.4.F.4.3.	235	
	Add lines 4a and 4b	OLIO ENC	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			734,369
	rt XII Reconciliation of Expenses per Audited Financial S			
	Complete if the organization answered "Yes" on Form		•	
1	Total pyropper and topographs availed financial statements		1	250,465
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		53.10	
a	Donated services and use of facilities	2a		
Ь	Prior year adjustments	2b		
	Other losses			
d	Other (Describe in Part XIII.)		5.15	
e	Add lines 2a through 2d		2e	
3			2000025044V 3	250,465
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		William I	
	Investment expenses not included on Form 990, Part VIII, line 7b	.c. a v v . 4a		
	Other (Describe in Part XIII.)		210	
C	Add lines 4a and 4b	11111111	4c	
E				
2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	5	250,465
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 irt XIII Supplemental Information	3)	5	250,465
Pa				250,465
Pa rovi	rt XIII Supplemental Information	; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	250,465
Pa rovi	rt XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	250,465
Pa rovi	rt XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	250,465
Pa rovi	rt XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	250,465
Pa rovi	rt XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	250,465
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Schedule D (F	orm 990) 2023	FRIENDS	OF THE	FOREST	PRESERVE	**-***3713	Page 5
Part XIII	Supplemen	ntal Informati	on (continu	ued)			
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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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. FRIENDS OF THE FOREST PRESERVE DISTRICT OF WILL COUNTY

Employer identification number

-*3713

4 (art i Questions Regarding Compensation		es	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	ista is	63	140
	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	41		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		7	
	Tersonal services (such as fillald, chauteur, cher)			
Ь	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	EZZE ZO	2157	1072
	2	1b	-1/37	estim-
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	SECTION.	1570	and the
~	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1-2	_	- 1	
	187	2	5547	SMale
3	Indicate which if any of the following the executation would be establish the appropriate of the			
3	Indicate which, if any, of the following the organization used to establish the compensation of the		100	
	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		15	
			577	
	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 normal listed on Form 000, Part VIII, Continue & King to with second to the Stinue		43	
~	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		4	
_	organization or a related organization.	200 455	1000	83522
		la	-	X
		lb	\dashv	X
C		lc		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4		
	Only position 504(a)(2) E06(a)(4) and 506(a)(50) annuinting and a second as the second	34 8	鼯	
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.	4	1	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		1	
_	compensation contingent on the revenues of:	374		
	A	ia	-	X
D		b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
_				sin.
ь	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:	234 233		
	— — — — — — — — — — — — — — — — — — —	ia	_	X
b	ALTO ALTO ALTO ALTO ALTO ALTO ALTO ALTO	b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
_				
7	The state of the s			
_		7	_	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
		31	HE I	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9]_		

Schedule J (Form 990) 2023

Part II

Page 2

FRIENDS OF THE FOREST PRESERVE

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

-*3713

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

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. instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

	_	(B) Breakdown of W-2 ar	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC connegosition	9-NFC compensation	(C) Reliment and	aldevation (0)	(E) Total of columns	Contractor (1)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits		in column (B) reported as deferred on prior Form 990
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Schedule J (Form 990) 2023

-3713

Part III Supplemental Information

Schedule J (Form 990) 2023

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.

Part III - Other Additional Information

PART I, LINE 3

ALL MEMBERS OF THE ORGANIZATION ARE VOLUNTEERS AND THEREFORE NO

ALL COMPENSATION IS PAID BY COMPENSATION DETERMINATIONS HAVE BEEN MADE.

THE RELATED ORGANIZATION.

Schedule J (Form 990) 2023

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization FRIENDS OF THE FOREST PRESERVE DISTRICT OF WILL COUNTY

Employer identification number

-*3713

Form 990, Part VI, Line 3 - Management Delegated CYNTHIA HARN (INDEPENDENT CONTRACTOR) - THIS INDIVIDUAL IS AN INDEPENDENT CONTRACTOR FOR THE FRIENDS OF THE FOREST PRESERVE DISTRICT OF WILL COUNTY FOR THE PERIOD JANUARY 1 THROUGH DECEMBER 31, 2023. MS. HARN SERVES AS THE FOUNDATION'S EXECUTIVE DIRECTOR AND PROVIDES PROFESSIONAL CONSULTING SERVICES. WORK CONSISTS OF ORGANIZING AND EXECUTING STRATEGIC PLANNING EFFORTS, POLICY AND PROGRAM IMPLEMENTATION, DEVELOPMENT AND EXECUTION OF FUNDRAISING EVENTS AND CAMPAIGNS, COORDINATION OF OUTREACH EFFORTS. MANAGEMENT AND EXECUTION OF MARKETING AND COMMUNICATIONS, MANAGEMENT OF FINANCES AND BUDGET DEVELOPMENT AND DONOR MANAGEMENT. TOTAL COMPENSATION IN 2023 AS REPORTED IN THE 2023 1099-MISC WAS \$32,900. MATT CAMPBELL (ATTORNEY) - THIS INDIVIDUAL WORKS FOR THE LAW FIRM OF KGG LLC AND SERVES AS THE FOUNDATION'S ATTORNEY. MR. CAMPBELL REVIEWS ALL POLICIES AND PROCEDURES AT THE DIRECTION OF THE

BOARD OF DIRECTORS. IN 2023 MR. CAMPBELL'S WORK INCLUDED LEGAL CORRESPONDENCE, FACILITATING ESTATE GIFTS AND ATTENDING THE FOUNDATION'S ANNUAL MEETING. TOTAL COMPENSATION AS REPORTED IN THE 2023 1099-MISC WAS \$ 1,271.

1a. The Board of Directors includes four Ex-Officio Directors that do not have voting rights as outlined in the Foundations's By-laws.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE WHICH IS LED BY THE FOUNDATION'S TREASURER, FOR REVIEW, PRIOR TO FILING. UPON FILING. THIS

FORM IS PROVIDED TO ALL BOARD MEMBERS ON THE FOUNDATION'S BOARD MEMBER For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 Name of the organization

Employer identification number

FRIENDS OF THE FOREST PRESERVE

-*3713

PORTAL WHICH CONTAINS ALL PERTINENT FINANCIAL REPORTS AND DOCUMENTS,

POLICIES, MEETING MINUTES AND AGENDAS. FORM 990 IS ALSO POSTED ON THE

FOUNDATION'S WEBSITE, WILLCOUNTYNATURE.ORG FOR PUBLIC VIEWING.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
THE FOUNDATION HAS A CONFLICT OF INTEREST POLICY AND REQUIRES EACH BOARD
MEMBER AND THE ED TO FILE AN ANNUAL DISCLOSURE OF CONFLICTS.
SECION C DISCLOSURE, GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY AND FINANCIAL STATEMENTS ARE POSTED ON THE FOUNDATIONS'S WEBSITE AND
ARE AVAILABLE BY REQUEST ANY TIME.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE POSTED ON THE FOUNDATION'S WEBSITE AND ARE AVAILABLE BY REQUEST AT ANY TIME.

Form 990, Part IX, Line 11g - Other Fees for Services
Description

Tot/Prog Service		Mgt & General		Fundraising		
CONTRACTE	LABOR T	TO PLANT SAL		*:	MARTINELLIANDERRAN	**************
* *******************	\$	10,158	\$	0	\$	0
TAXES		***************************************		**************************************		************
	\$	7,888	\$	0	\$	0
CAPITAL PR	OJECTS	- American market		1		FEX
	\$	51,932	\$	0	\$	0
CONSULTING						*******
	\$	29,750	\$	5,250	\$	0

Page 1 of 2

Schedule O (Form 990) 2023 Name of the organization FRIENDS OF THE F	Employer identification number **-***3713				
DONOR STEWARDSHI	P & MARKETING		***************************************	21777711002127177777777777	
\$	2,392	\$	0	\$	0
DUES & SUBSCRIPT	IONS		73 73 7 7 8 7 7 8 8 8 8 8 8 8 8 8 8 8 8	************************	
\$	0	\$	410	\$	0
EVENT EXPENSES -	GOODS			COLORO CONTRACTOR AND	****************
\$	78,033	\$	0	\$	0
EVENT EXPENSES -	SERVICES		1414131414141414141414141414141	*******************	
\$	40,382	\$	0	\$	0
Total	31-1-41-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			**************************	******************
\$	220,535	\$	5,660	\$	0

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