990

Department of the Treasury Internal Revenue Service

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 2021 Open to Public inspection

A	For the	2021 calendar year, or tax year beginning	, and ending						
В	Check if ap	plicable: C Name of organization FRIENDS OF	THE FOREST PRESERVE		D Employer	Identification number			
	Address ch	ange DISTRICT (	OF WILL COUNTY						
$\overline{\sqcap}$	Name char	Doing business as	*			**3713			
H		Number and street (or P.O. box if mail is not delivere	d to street address)	Room/sude	E Telephone	number 722-2022			
片	Initial return		neion postal code		013	IZZ ZVZZ			
Ш	terminated	JOLIET	IL 60433		- 0	3/6 791			
	Amended r		18 00433		G Gross rece	eipts \$ 346,781			
$\overline{\sqcap}$	Application			H(a) Is this a gro	oup return for sa	ubordinates? Yes X No			
_		17540 W LARAWAY ROA	D	H(b) Are all sub	ordinates inclu	ded? Yes No			
		JOLIET	IL 60433			See instructions			
$\overline{}$	-			1					
<u>+</u>	Tax-exemp		(insert no.) 4947(a)(1) or 527						
<u>-</u>	Website:		l on the	H(c) Group exe					
	Form of or Part I		Other ▶ L. Ye	ear of formation; 2	009	M State of legal domicile: IL			
	1	Summary	to office a continuo						
	1 1 8	riefly describe the organization's mission or most s WE WORK TO CREATE A LEGACY OF	***************	TELEPONIE C	TOUTE				
100	1.45								
nai	- 0	PRESERVATION, CONSERVATION, E FOREST PRESERVE DISTRICT OF W		TORITIES	OF THE	*********			
Governance	2 0	- I - C - C - C - C - C - C - C - C - C		***********	*******				
		heck this box  if the organization discontinue	·	or its net assets		9			
තේ		umber of voting members of the governing body (P				9			
ŧ	4 N	umber of independent voting members of the gover	Ting body (Part VI, line 1b)		4	0			
Activities	5 1	otal number of individuals employed in calendar year			0				
Ac	6 1	otal number of volunteers (estimate if necessary)		6	0				
	/a i	otal unrelated business revenue from Part VIII, colu	mii (C), line 12			0			
_	ID N	et unrelated business taxable income from Form 99	υ-1, Pan I, line 11	Prior Yes	7b	Current Year			
	8 6	ontributions and grants (Part VIII, line 1h)			4,618	275,383			
Revenue	9 P	rogram service revenue (Part VIII, line 2g)			7,000	0			
Ş	10 In	evestment income (Part VIII, column (A), lines 3, 4,	and 7d)		1,149	199			
æ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c,		4,129	71,199				
		otal revenue – add lines 8 through 11 (must equal i			9,896	346,781			
		rants and similar amounts paid (Part IX, column (A			7	0			
			paid to or for members (Part IX, column (A), line 4)						
	15 5	alaries, other compensation, employee benefits (Pa				0			
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), lir				0			
8	ьт	otal fundraising expenses (Part IX, column (D), line							
Щ	17 0	ther expenses (Part IX, column (A), lines 11a-11d,		9:	2,083	77,743			
		otal expenses. Add lines 13–17 (must equal Part IX			2,083				
		evenue less expenses. Subtract line 18 from line 1			2,187	269,038			
5				Beginning of Cur	rent Year	End of Year			
Net Assets or	20 T	otal assets (Part X, line 16)		22	8,699	497,737			
Ž,	21 T	otal liabilities (Part X, line 26)			0	0			
Ž	22 N	et assets or fund balances. Subtract line 21 from lin	ne 20	22	8,699	497,737			
_	Part II	Signature Block							
U	Inder pena	alties of perjury, I declare that I have examined this return	n, including accompanying schedules and statement	s, and to the bes	t of my knov	wledge and belief, it is			
	rue, comed	at, and complete Declaration of Greparer (other than office	cer) is based on all information of which preparer ha	s any knowledge	- //	V-100			
		CANTILL A.				1/2/8/ <del>8/</del>			
Sig	- 1	Signature of officer			Date	,			
He	ere	CYNTHIA A HARN	EXECUI	IVE DIP	ECTOR				
_		Type or print name and title		1.		[			
D-1	.	Print/Type preparer's name	Preparer's signature	Date	Check	III PTIN			
Pai		THOMAS R. BERG		10/03	/22 self-emp				
	eparer		N & ASSOCIATES, LTD.	F	irm's EIN	**-***9275			
US	e Only	16W343 83RD ST				COA COE COCC			
_		Firm's address > BURR RIDGE, IL		F	hone no	630-325-0333			
_		discuss this return with the preparer shown above	10			X Yes No			
For	Paperwo	ork Reduction Act Notice, see the separate instruction	ns.			Form 990 (2021)			

Part III Statement of Program Service Accomplishments Check If Schedule O contains a response or note to any line in this Part III  1 Briefy describe the organization mission: WE WORK TO CREATE A LIGACY OF CIVING THAT SUPPORTS AND CELEBRATES THE PRESERVANTION, CONSERVATION, EDUCATION AND RECREATION PRORITIES OF THE PRESERVANTION CONSERVATION, EDUCATION AND RECREATION PRORITIES OF THE PRESERVANTION ON EXPERIENCE DISTRICT OF WILL COUNTY IN PERFETUITY.  2 Dull the organization underlate any significant program services during the year which were not listed on the prior from 900 or 900-22?  3 Dull the organization cases conducting, or make significant changes in how it conducts, any program services?  4 If "Yes," describe these changes on Schedule O. 4 Describe the organization's popular services as service sponding programs services, as measured by expenses. Section 501(cit) and 501(cit) organizations are required to report the amount of grants and allocations to others, the trial expenses, and revenue, if any, for each program services popular the amount of grants and allocations to others, the trial expenses, and revenue, if any, for each program services and revenue is a service program services. Section 501(cit) and 501(cit) organizations are required to report the amount of grants and allocations to others, the trial expenses, and revenue, if any, for each program services are required to report the amount of grants and allocations to others, the trial expenses, and revenue is 32,7711. Including grants of \$ ) (Revenue \$ ) (Revenue \$ )  4b (Code: ) (Expenses \$ 32,7712 including grants of \$ ) ) (Revenue \$ ) (Revenue	om 990 (2021) FRIENDS OF T		**-***3713	Page 2
18 Beily describe the organization's mission:  WE WORK TO CREATE A LEGACY OF GIVING THAT SUPPORTS AND CELEBRATES THE  PRESERVATION, CONSERVATION, EDUCATION AND RECREATION PRIORITIES OF THE  FOREST PRESERVE DISTRICT OF WILL COUNTY IN PERPETUITY.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-527  If "Yes," describe these new services on Schedule O.  3 Did the organization cases conducting, or make significant changes in how it conducts, any program services of 10(5) and 50(6) organization 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 \$ 32,771 including grants of \$ ) (Revenue \$  THE ORGANIZATION SUPPORTS THE FOREST PRESERVE DISTRICT OF WILL COUNTY'S  FUBLIC SERVICE FUNCTIONS BY RAISING AND ADMINISTERING FUNDS.  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$  N/A   4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$  N/A   4d Other program services (Describe on Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )  N/A   4d Other program services (Describe on Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )  N/A   4d Other program services (Describe on Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )  N/A   4d Other program services (Describe on Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )  N/A   4d Other program services (Describe on Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ ) (Revenue \$ )				
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4e Total program service expenses ► 32,771		including grants of \$	) (Revenue \$	)
	4e Total program service expenses	32,771		

#### Form 990 (2021) FRIENDS OF THE FOREST PRESERVE \*\*-\*\*\*3713 Page 3 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X complete Schedule A Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X 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(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, X assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 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 X "Yes," complete Schedule D. Part I. 6 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III 8 X 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 X 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 X 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D. Part VI b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more C of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F., Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G. Part II

If "Yes." complete Schedule G. Part III

X

X

X

18

19

20a

20b

21

18

	art IV Checklist of Required Schedules (continued)				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals	חס				
	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			23	x	
	employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		*****	23		
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24h				
	through 24d and complete Schedule K. If "No," go to line 25a	240		24a		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		************	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ar				
•	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	benefi	1			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-					
	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 cu	urrent				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				1	l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee,	key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee					
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these					
	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 Schedul	e L,				
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			200		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	? If				
	"Yes," complete Schedule L, Part IV			28a	$\vdash$	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			28b		<u> </u>
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			200		x
	Yes, complete Schedule L, Part IV			28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule to Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		**********	Control 23		<del> </del>
30	conservation contributions? If "Yes," complete Schedule M			30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule	N. Par	+1	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		1461149197619	(epression		$\vdash$
JŁ	complete Schedule N, Part II			32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regula	tions				
-	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,	111.				
	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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a					
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable					
	related organization? If "Yes," complete Schedule R, Part V, line 2	******	************	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ation			1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Par	t VI		37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 118	and				l
	19? Note: All Form 990 filers are required to complete Schedule O.			38	X	
P	art 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	44 100	and the second			1 ::
		١.	1 2		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<u>1a</u>	0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	1_0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			4-		
	reportable gaming (gambling) winnings to prize winners?		************	1c	m 99	0

-០ពា	990 (2021) FRIENDS OF THE FOREST PRESERVE **-***371	.3		Р	age 5
Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (continued	)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
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 author	ty over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account	int)?	4a		X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	its (FBAR).			
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?		5b		X
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?		6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				- 3
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a		X
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 to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 889	9 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by to	he			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	a de la companio della companio dell	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	Oa			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0 <u>b</u>			
1	Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders	1a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
		1b			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which	1			
	[[]]	3b			
C	[**************************************	3c			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	**********************	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	or			
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			- 4	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incom-	e?	16		Х
	If "Yes," complete Form 4720, Schedule O.		- 3		2
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		

If "Yes," complete Form 6069.

\*\*-\*\*\*3713 Form 990 (2021) FRIENDS OF THE FOREST PRESERVE Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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 more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, b 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c 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 Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 16a with a taxable entity during the year? 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 Section C. Disclosure IL List the states with which a copy of this Form 990 is required to be filed ▶ 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. X Own website Another's website X Upon request Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records 17540 W LARAWAY ROAD CYNTHIA HARN

815-722-2022

IL 60433

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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, 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.

El 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					3C)	(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 (V4-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(1) ED GARNER	0.00							P [ ]			
	0.00									•	
DIRECTOR	0.00	X	_		<u> </u>		_	0	0	0	
(2) DONALD GOULD	0.00							· · · · · ·	1		
EX -OFFICIO DIRECTOR	0.00	X						0	0	0	
(3) ANN DRALLE						П					
	0.00										
DIRECTOR	0.00	X	V.					0	0	0	
(4) CYNTHIA A HARN				-				-	-		
	0.00		U.								
EXECUTIVE DIRECTOR	0.00	x				)		12,000	0	0	
(5) RALPH SCHULTZ		-									
(0,111111111111111111111111111111111111	0.00										
EX OFFICIO DIRECTOR	0.00	x						0	156,998	28,052	
(6) JAMIE DONOVAN	0.00				$\vdash$				200,000		
(0, 011111	0.00							- 1 300	Processor of the		
CHAIRMAN	0.00			x				0	o	0	
(7) PENELOPE WAKELANI				3.5			$\dashv$		J		
(// I DIVIDUO I DI WILLIAM I	0.00										
DIRECTOR	0.00	x						0	0	0	
(8) MARCY DEMAURO	0.00							Ü			
(0)1111(01	0.00					П					
SECRETARY	0.00			x				О	0	= 0	
(9) JIM FLAX		1	$\vdash$		$\vdash$	$\vdash$	$\dashv$		<u> </u>		
(5) 0 111 1 11111	0.00	=									
TREASURER	0.00			x				0	o	0	
(10) META MUELLER	0.00	1		-	-		$\dashv$		-		
(10) FEET FOREIGN	0.00										
EX-OFFICIO DIRECTOR	0.00	x						0	== 0	0	
(11) RACHEL VENTURA	0.00	+^		_	$\vdash$	1 1			<u> </u>		
(II) PACHEL VENTORA	0.00								=		
EX-OFFICIO DIRECTOR	0.00	x						0	o	0	
EN-OFFICIO DIRECTOR	0.00	12						U	0	Form 990 (2021)	

(A) Name and title	(B) Average hours	bo	x, unli	Pos check ess pe	rson	than or s both	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (ist any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) DONNA THE IMEE	R 0.00 0.00	x						o	0	0
(13) REGAN PATTISC VICE-CHAIR	0.00			x				o	o	o
(14) JEFF TUMINELI DIRECTOR	0.00	x						0	0	0
	2376751212121223									
	***************									
.+	1781131311313									
1b Subtotal c Total from continuation shee d Total (add lines 1b and 1c)							A A A	12,000	156,998	28,052
Total number of individuals (incl reportable compensation from t	the organization	<b>&gt;</b>	0		_			who received more than \$10		Yes No
<ul> <li>Did the organization list any for employee on line 1a? If "Yes," 6</li> <li>For any individual listed on line organization and related organization listed on line 1a</li> </ul>	tomplete Scheduler 1a, is the sum of zations greater to a receive or acci	of rep than :	for s ortal \$150	ble co	indivomp 7 If	idual ensat Yes,	ion a	and other compensation from inplete Schedule J for such unrelated organization or ind		3 X
for services rendered to the org Section B. Independent Contractor		es, * c	отр.	lete 3	Sche	dule	J foi	r such person		5 X
Complete this table for your five compensation from the organization.	ation. Report cor							year ending with or within t	he organization's tax year.	
Name and	(A) business address							Descripti	(B) on of services	(C) Compensation
2 Total number of independent or received more than \$100,000 or								listed above) who	0	
DAA										Form 990 (2021

Form 990 (2021) FRIENDS OF THE FOREST PRESERVE \*\*-\*\*\*3713 Page 9 Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512-514 (C) Unrelated Total revenue function revenue business revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, 1f 275,383 and similar amounts not included above g Noncash contributions included in lines 1a-1f 1g h Total. Add lines 1a-1f 275,383 Business Code Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 199 199 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6a Gross rents 6a b Less: rental expenses 6b C Rental inc. or (loss) 6c 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 Revenue basis and sales exps. 7b c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 71,199 1c). See Part IV, line 18 8a b Less: direct expenses 8b 71,199 71,199 c Net income or (loss) from fundraising events 9a Gross income from garning activities. See Part IV, line 19 9a 9b b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11a Ь C d All other revenue

346,781

199

71,199

0

Total. Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a response			column (A).	x
Do n	not include amounts reported on lines 6b, 7b,	{A}	(B)	(C)	(D) Fundraising
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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		(4)		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16			- Comment	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	004		024	
b	Legal	834		834	<u> </u>
C	Accounting	553		553	
d	Lobbying				
0	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			-	
9		54,941	11,515		43,426
	(A) amount, list line 11g expenses on Schedule O.)	21,019	21,019		43,420
12		396	237	159	
13	Office expenses	390	231	133	
14	Information technology		<u> </u>		
15	Royalties				
16 17	Occupancy Travel	-			
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				
	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.)				
a					
b					
c					
d	*				
0					
25	Total functional expenses. Add lines 1 through 24e	77,743	32,771	1,546	43,426
26	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)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 228,699 497,737 Cash-non-interest-bearing 1 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 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 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 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 11 Investments-publicly traded securities 12 Investments-other securities. See Part IV, line 11 12 Investments-program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 497.737 228,699 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 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 25 0 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here or Fund Balances and complete lines 27, 28, 32, and 33. 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 29 Capital stock or trust principal, or current funds Net Assets 30 Paid-in or capital surplus, or land, building, or equipment fund 30 497,737 228,699 31 Retained earnings, endowment, accumulated income, or other funds 31 497,737 **228,699** 32 Total net assets or fund balances 32 497,737 Total liabilities and net assets/fund balances 228,699|

Form 990 (2021)

orm	990 (2021) FRIENDS OF THE FOREST PRESERVE **-**3713			Pag	ge 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			i kala		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			781	
2	Total expenses (must equal Part IX, column (A), line 25)	2			743_	
3	Revenue less expenses. Subtract line 2 from line 1	3	26	59,6	038	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22	28,0	<u>699</u>	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8 Prior period adjustments						
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	49	97,	<u>737</u>	
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		1 1 1 1 1			
	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 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					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?	.001307347	3a			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				100	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
				000		

### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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

Employer Identification number

Open to Public Inspection

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

FRIENDS OF THE FOREST PRESERVE

he	orgai	nization is not	a private foundation because	it is: (For lines 1 through 12, c	heck only o	ne box.)			
1		A church, co	nvention of churches, or ass	ociation of churches described	in section	170(b)(1)(A)	(i).		
2		A school des	cribed in section 170(b)(1)(	A)(li). (Attach Schedule E (Forr	m 990).)				
3		A hospital or	a cooperative hospital service	ce organization described in se	ction 170(	b)(1)(A)(iii).			
4		A medical re-		l in conjunction with a hospital of	described in	section 17	70(b)(1)(A)(iii). Enter the hos	pital's name,	
5			on operated for the benefit of (b)(1)(A)(Iv). (Complete Part	f a college or university owned	or operated	by a govern	nmental unit described in		
6	П			overnmental unit described in a	section 170	//b)/1)/A)/v).			
7		An organizati		substantial part of its support fro					
8	$\Box$			170(b)(1)(A)(vi). (Complete Part	t II.3				
9	Ħ			cribed in section 170(b)(1)(A)(		d in conjunct	ion with a land-grant college		
	_			f agriculture (see instructions).					vi managari
10	П	100	on that normally receives (1)	more than 33 1/3% of its supp	ort from co	ntributions, n	nembership fees, and gross		
	_			pt functions, subject to certain e					
				d unrelated business taxable in			tax) from businesses		
		acquired by t	he organization after June 30	), 1975. See section 509(a)(2)	. (Complete	Part III.)			
11		_		exclusively to test for public safe			• •		
12	X			exclusively for the benefit of, to p					
				ons described in section 509(a				Check	
	_			scribes the type of supporting or					
	а			erated, supervised, or controlled er to regularly appoint or elect :					
				omplete Part IV, Sections A a		i ine unector	s or musices or me		
	b			pervised or controlled in connec		s sunnarted (	nmanization(s) by having		
				ting organization vested in the s			- 17		
				Part IV, Sections A and C.					
	C			supporting organization operated tructions). You must complete					
	d	Type III	non-functionally integrated	I. A supporting organization ope	erated in co	nnection with	n its supported organization(s	s)	
		requireme		organization generally must sa nust complete Part IV, Section					
	е			eived a written determination from n-functionally integrated support			pe I, Type II, Type III		
	f	Enter the nur	nber of supported organization	ons		**********			1
	g	Provide the fo	ollowing information about th	e supported organization(s).	Contract Contract				
(i		e of supported	(U) EIN	(III) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
	org	ganization	and the same of	(described on lines 1-10 above (see instructions))		our governing iment?	support (see instructions)	other support (see instructions)	6
				anoro (oso messessis)	Yes	No	e iou occorio)	RISECCONIS)	
(A)	FO	REST PE	ESERVE DISTRIC	T OF WILL COUN		140			
(~)		144	**-***6668	6		x	1		1
(B)			0000			A .			
(0)									
(C)									
(0)					- 1				
(D)		_			1 2 5	=< 1		1 = 1101	
(E)									
otai	i						1		1

	art II Support Schedule for C	Organizations E	Described in S	ections 170(b)	(1)(A)(iv) and	170(b)(1)(A)(vi)	under
	Part III. If the organization	n fails to qualify	under the tests	s listed below.	please complete	e Part III.)	didei
Sec	tion A. Public Support						-
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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	Ť					
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						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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					1	
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop her	e	all residence and a second	or fifth tax year as	a section 501(c)(3)		<b>•</b>
Se	ction C. Computation of Public S						
14	Public support percentage for 2021 (line 6			(1)			%
15	Public support percentage from 2020 Sche					15	%
16a					1/3% or more, che	eck this	
	box and stop here. The organization qual			CATALOGICA CALLAND	.,		(5)
b					is 33 1/3% or more	e, check	
	this box and stop here. The organization	•			466 24864		
17a							
	10% or more, and if the organization mee Part VI how the organization meets the fa						
	omenization						▶ [
b		20. If the organizati				line	1101111111
-	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the						, r
	indian						

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Sche	dule A (Form 990) 2021 FRI	ENDS OF	THE FOREST	PRESERVE	**	-***3713	Page
	art III Support Schedule for O						
	(Complete only if you ched					to qualify under	Part II.
	If the organization fails to	qualify under the	he tests listed b	elow, please c	omplete Part II	.)	
Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(4) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			*			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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 fumished 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			12.0			
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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						-1
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						10
С	Add lines 10a and 10b						
11	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the org	janization's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(3)		
	organization, check this box and stop here						
	tion C. Computation of Public Su						
15	Public support percentage for 2021 (line 8,					15	%
16	Public support percentage from 2020 Sched				**************	16	%
	tion D. Computation of Investme					47	9/
17	Investment income percentage for 2021 (lin			column (r))			%
18	Investment income percentage from 2020 S			4 and line 45 is as	oen then 22 4/20/	and line	- %
19a	33 1/3% support tests—2021. If the organ 17 is not more than 33 1/3%, check this box	and stop here. T	The organization qua	alifies as a publicly	supported organiz	ation	
b	33 1/3% support tests—2020. If the organ line 18 is not more than 33 1/3%, check this						

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20

Part IV Supporting Organizations

(Complete only if you checked a box in 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 filing 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.
- 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.)

Χ			
		Van	No
		Yes	No
	1	x	
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	2		X
	è mai	Towns and	
	3a		X
			10 D100
	3b		
			11
	3с		
	4a		X
	4b		
	T		
		7.7	
	4c		
		-	
	5a		X
	5b		
	5c		
	==		15.00
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		-	72
	6	NAME OF THE OWNER, OWNE	X
	7	u I	x
	8		х
	Q.		
	-		
	9a		х
	9b		x
	9c		X
		100	
	10a		X
	10b		
Scho	edule /	A (Form 9	90) 2021

Par	t 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	1		v
-,-	11c below, the governing body of a supported organization?	11a		X
b	A family member of a person described on line 11a above?	11b		_
C	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		x
Secti	ion 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		110	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	100.00	1,00	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
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		X
Secti	on 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	ET.		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on 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	10.19		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) coples of the		_	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have		L-UII	
	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		
	on 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)			
a	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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tions).		
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	-		
	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 these activities but for the organization's involvement.	2b		
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			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	4=	mat 200
DAA	S S	chedule A	. (Form 9	190) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Schedule A (Form 990) 2021

emergency temporary reduction (see instructions).

(see instructions)

Par	t V Type III Non-Functionally Integrated 509(a)(3)		**-**3	713 Page
	ion D - Distributions	Supporting Organizati	ons (continued)	Current Year
Sect				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo			
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets	1 1 da 4 da		
_ 5	Qualified set-aside amounts (prior IRS approval required—provide det	alls in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	-ti !!		
8	Distributions to attentive supported organizations to which the organizations to which the organizations are stated in Secretary to the control of the contr	ation is responsive		
	(provide details in Part VI). See instructions.	<u> </u>		
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			****
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
	From 2017			
	From 2018			
	From 2019			
	From 2020			
f	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
1	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	pp Oran		
4	Distributions for 2021 from			24-1-1-1
	Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
С	Remainder, Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			The fact of the
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.	,		
8	Breakdown of line 7:			
а	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

DAA

Schedule A (Form 990) 2021

## SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete If the organization enswered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.

2021

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public

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

Employer Identification number

DISTRICT OF WILL	COUNTY				**-***37	13
Part I Fundraising Activities. Complet Form 990-EZ filers are not require			ere	d "Yes" on Form	990, Part IV, line	7.
1 Indicate whether the organization raised funds through			Che	ck all that apply.		
a Mail solicitations				mment grants		
b Internet and email solicitations	f Solicitation					
c Phone solicitations	g Special fu					
d  In-person solicitations	g opecar to	Hulasing	evei	its		
2a Did the organization have a written or oral agreemer	et with one individual (i	nakudina a	eff.co	en dienetom taustoon		
or key employees listed in Form 990, Part VII) or end b If "Yes," list the 10 highest paid individuals or entities	ity in connection with	profession	al fu	ndraising services?	draiser is to be	Yes No
compensated at least \$5,000 by the organization.	` ' '	((iii) Did fi				
(i) Name and address of individual or entity (fundraiser)	(II) Activity	raiser ha custody control o	or of	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (I)	(vI) Amount paid to (or retained by) organization
		Yes N	lo			
1						
2						
3		++				
		$\perp \perp$	_			
4						
5						
6						-
7		$\forall \uparrow$	1			
		$\perp \perp$	_			
8					4	
9				-		
10		$\dagger \dagger$	1			
Total	- P 4 A P-1	4.75 . 17				
List all states in which the organization is registered or registration or licensing.	or licensed to solicit co	ntributions	ort	nas been notified it is e	exempt from	

\*\*-\*\*\*3713 FRIENDS OF THE FOREST PRESERVE Schedule G (Form 990) 2021 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events PLANT SALE (add col. (a) through None col. (c)) (event type) (total number) (event type) 71,199 71,199 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 71,199 71,199 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 71,199 11 Net income summary. Subtract line 10 from line 3, column (d) Garning. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Full tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts garning activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	dule G (Form 990)	2021	FRIENDS	OF	THE	FOREST	PRESER	VE	**-***3713		F	age 3
11	Does the organiza										Yes	No
12	Is the organization	-	-				of a partnersh	ip or other entity		Γ	─ T Yes	— □ No
13	Indicate the percei							***************************************		A STATE OF THE STA	165	□ 140
а										13a		%
Ь	An outside facility									13b		%
14	Enter the name ar records:	nd address						ial events books a				
	Name >		************	1010101		intikopioniani.						
	Address ►			Daniel								
15a	Does the organiza				•					Г	¬ <sub>v</sub>	П »-
b	revenue?	omount of	anning myonyo	manhu	ad by th	o oppopiantion			and the	,,,,,,,,, L	Yes	No
c	If "Yes," enter the amount of gaming If "Yes," enter nam	revenue re	tained by the th	ird part		\$	1,141,11		and the			
	*101*1*1		***********		*******	**************	********			,,	***	
	Address >			******				*************			***	
16	Garning manager	information										
	Name >							************				
	Gaming manager	compensati	ion 🕨 S	*****								
	Description of serv	vices provid	ed ►									
	Director/officer	r	Employee	•		Independen	t contractor					
47	Manufatory distribu	diago										
17	Mandatory distributed is the organization		nder state law t	n mako	charital	ale distributions	from the can	ning proceeds to				
а	retain the state ga	•		J IIIdKE	Gianiai	DIE UISUIDUUOIIS	i iiviii tile gali	ing proceeds to		Г	Yes	□ No
h	Enter the amount	_	*********	lor etate	e law to	he distributed	to other even	nt omanizations o				
	spent in the organi							pr organizazona o	•			
Pa	rt IV Suppl Part II	<b>emental</b> I, lines 9,	Information 9b, 10b, 15	ı. Pro	vide th	e explanation	ons require		e 2b, columns (iii) any additional info		and	
	See in	nstruction	5.									
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_									Sa	hedule G (	Form 990	0) 2021

#### 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.

2021

Department of the Treasury Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Part I

FRIENDS OF THE FOREST PRESERVE DISTRICT OF WILL COUNTY

**Questions Regarding Compensation** 

Employer Identification number \*\*-\*\*\*3713

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions 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 1b 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 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? 5a X 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? 6a 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 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 R If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

FRIENDS 10/03/2022 12 46 PM

Schedule J (Form 990) 2021 FRIENDS OF THE FOREST PRESERVE

\*\*-\*\*\*3713

Page 2

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

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

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

	(B) Breekdown of W-	2 and/or 1099-MESC and/or 1	099-NEC compensation	(C) Retrement and	(D) Nonterable	(E) Total of columns	(F) Compensation
(A) Name and Title	(f) Ease compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	sitter deferred compensation	benefits	(B)(I)-{D}	ri column (B) reported as deferred on prior Form 990
	0 4 156,998	0	l-re-lrenewer	01010101010100	0 28,052	0 185,050	0
	(I) (I)		*************	(4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	*************		
	(I) M)	r endered or transplantation	-100-220-1-1-8-41-14			richia inggilancia	
	(1) Ma		**************	. (4 (4 ) (4 ) (4 ) (4 ) (4 )	Maria Andrews and Andrews		
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	(1) NO		Linesessinii	412-1411111141141141141		ommonituri	orenna-tima-
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	(I) (A)	entani rangan men	*****************	namananan			
10	(0) 		**********				ALL THE PROPERTY OF THE PARTY O
11	(1)					\$100 PERSON - CELLER	
12	(0)	Language California	steller steller steller	-1	STREET,	Kidakika ((data))	of the Contractor
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	(1) (4)		***************	econovonisti)	and in times seeked		
18	(1) Mg	Phototron-motor-bu-	verlie had extreme to the	-10-11-1-11-11-11-1-1-1	-matelanariantean)	- Dresents Parkets	(4) (4) (4) (4) (4) (4) (4)
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Schedule J (Form 990) 2021 FRIENDS OF THE FOREST PRESERVE **-***3713	Page 3
Part III Supplemental Information  Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Als for any additional information.	o complete this part
Part III - Other Additional Information	
PART I, LINE 3	
ALL MEMBERS OF THE ORGANIZATION ARE VOLUNTEERS AND THEREFORE NO	
COMPENSATION DETERMINATIONS HAVE BEEN MADE. ALL COMPENSATION IS PAID BY	
THE RELATED ORGANIZATION.	
	Schedule J (Form 190) 2021

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 2021

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, 2021. 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 2021 AS REPORTED IN THE 2021 1099-MISC WAS \$12,000. 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 2021 MR. CAMPBELL'S WORK INCLUDED REVIEWING POLICIES AND ATTENDING THE FOUNDATION'S ANNUAL MEETING. TOTAL COMPENSATION AS REPORTED IN THE 2021 1099-MISC WAS \$ 834.

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

FRIENDS OF THE FOREST PRESERVE

Employer Identification number

\*\*-\*\*\*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/Pro	og Service	Mgt &	General	Fu	ndraising
ONTRACT 1	LABOR					
	\$	7,799	<b>\$</b>	0	\$	0
THER DIRE	CT EXPEN	SES				
	\$		<b>.</b> \$		<b>\$</b>	12,000
ISCELLANE	OUS COMM	ODITIES	-5,			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	¢	0	ŝ	0	\$	31,426

Schedule O (Form	n 990)	2021						<u></u>		Employ	use Idantificati	on number	Page 2
		THE	FORES	T PRE	SERVE								
		\$	THEFT	·			***********	0		\$			
	7	otal											
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FRIENDS OF THE FOREST PRESERVE  Employer identification number  **-**3713			********										
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										Pag	re 2 of	2	

	Fom	990	Two Yea	r Comp	arison Report		2020 & 2021
			For calendar year 2021, or tax year beginni	ng	, ending		
Nam	ie					Taxpaye	r Identification Number
F	RI	ENDS OF	THE FOREST PRESERVE				
D	IS	TRICT OF	WILL COUNTY				**3713
					2020	2021	Differences
		Contributions, gif	***************************************	1.	64,618	275,383	210,7 <u>65</u>
		•	s and assessments	2.			
			ributions and grants	3.			
9 1	4.	Program service	revenue	4.			
C C	5.	Investment incon	ne	5.	1,149	199	-9 <u>5</u> 0
	- 15		x exempt bonds	6.			
5			from sale of assets other than inventory	7.			4- 4-
	8.	Net income or (k	oss) from fundraising events	8.	24,129	71,199	47,070
	9.	Net income or (k	ss) from gaming	9.		-	<u> </u>
	10.	Net gain or (loss)	on sales of inventory	10.			
Ì	11.	Other revenue		11.			
	12.	Total revenue.	Add lines 1 through 11	12.	89,896	346,781	256,885
	13.	Grants and simila	ar amounts paid	13.			
	14.	Benefits paid to	or for members	14.			
b)	15.	Compensation of	officers, directors, trustees, etc.	15.			
n n	16.	Salaries, other co	ompensation, and employee benefits	16.			
9	17.	Professional fund	fraising fees	17.			
Д.	18.	Other profession	al fees	18.	23,693	56,328	32,635
	19.	Occupancy, rent,	utilities, and maintenance	19.			
	20.	Depreciation and	Depletion	20.			<u></u>
			***************************************	21.	68,390	21,415	-46,975
	22.	Total expenses	. Add lines 13 through 21	22.	92,083	77,743	-14,340
	23.	Excess or (Defi	cit). Subtract line 22 from line 12	23.	-2,187	269,038	271,225
$\neg$	24.	Total exempt rev	enue	24.	89,896	346,781	256,885
		Total unrelated r		25.			
		Total excludable		26.	25,278	71,398	46,120
Information	27.	Total assets	124141212141411111111111111111111111111	27.	228,699	497,737	269,038
E		Total liabilities	***************************************	28.			
Ī		Retained earning	<b>IS</b>	29.	228,699	497,737	269,038
-			members of governing body	30.	10	9 '	
_		_	endent voting members of governing body	31.	10	9	
		Number of emplo		32.	0	0	
		Number of volun		33.			

FRIENDS 10/03/2022 12 48 PM

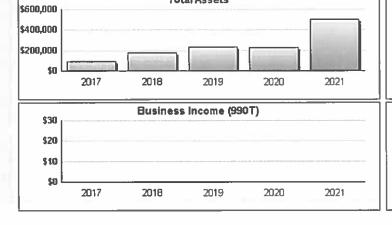
Form 990	1		Tax Re	turn History			2021	
lame	FRIENDS OF DISTRICT O	THE FOREST PRI						
		2017	2018	2019	2020	2021	2022	
Contributions, gifts	s grants —	67,193	74,495	87,859	64,618	275,383		
Membership dues								
Program service i	The broad contract the contract of							
Capital gain or los	_							
Investment incom	18		_	298	1,149	199		
Fundraising reven	nue (income/loss)	37,119	45,001	62,085	24,129	71,199		
	(income/loss)	2,567						
				127				
Total revenue		106,879	119,496	150,369	89,896	346,781		
Grants and similar	r amounts paid				4			
Benefits paid to or	r for members							
Compensation of	officers, etc.							
Other compensati	ion							
Professional fees		36,859	33,813	47,015	23,693	56,328		
Occupancy costs								
Depreciation and	depletion							
Other expenses		10,803	4,592	46,814	68,390	21,415		
Total expenses		47,662	38,405	93,829	92,083	77,743		
Excess or (Defic	:#)	59,217	81,091	56,540	-2,187	269,038		
	_	100 000	110 100	150 260	00.000	246 701 (		
Total exempt reve		106,879	119,496	150,369	89,896	346,781	-	
Total unrelated re		39,686	45.001	60 510	05 070	71 200	_	
Total excludable of		02.075	45,001	62,510	25,278	71,398	-	
Total Assets		93,255	174,346	230,886	228,699	497,737		
Total Liabilities		02.055	224 246	220 006	220 600	407 727		
Net Fund Balance	35	93,255	174,346	230,886	228,699	497,737		

Form 990T		Tax	Return History	/				2021
ame FRIENDS O	F THE FOREST PROOF WILL COUNTY	ESERVE						dentification Number + 3713
* Income shown net of expenses								
	2017	2018	2019		2020	202		2022
Business activity profit/loss	2,567							
Capital gains/losses								
Partner and S Corp gain/loss								
Rental income*								
Debt-financed income*								
Controlled organizations income/interest	240							
investment income, specific organizations*	348			4		_		
Exploited exempt activity income*								
Other income	2,915		<del></del>					
Total trade or business income. Compensation of officers, ect.	2,313							
Other salaries and wages								
Repairs and maintenance				0.00				
Bad debts								
Interest								
Taxes and licenses					_			
Charitable contributions				100				
Depreciation and Depletion								
Deferred compensation plans								
Employee benefit programs	-							
329,000	Contributions		\$412,000 ;		Exempt F	levenue (Los	s)	
			.					
223,000			\$283,000					
117,000			\$154,000					1 back
The second secon				SANTANIA SANTANIA	the state of the state of	C-months		1
\$11,000	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN	equinal and	\$25,000 -	Part of			-4	
2017 2018	2019 20	20 2021		2017	2018	2019	2020	2021
Expe	nses_Deductions		*non enn		Net Exe	mpt Revenue	1	
108,000			\$268,000					A STATE OF THE PARTY OF THE PAR
80,000			\$134,000					in an
		3		letteression, data di	COMPAND OF			
52,000		-	- \$0 -					
24,000			L \$134,000					
			1 4 12 1000		2018	2019		2021

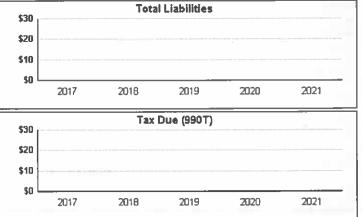
FRIENDS 10/03/2022 12 46 PM

Form 990T	Tax Return History	y	2021
Name	FRIENDS OF THE FOREST PRESERVE DISTRICT OF WILL COUNTY	Employer Id	entification Number *3713

	2017	2018	2019	2020	2021	2022
Other deductions	1,976					
et Income (first ectivity, year 2019 & prior)	939					
BTI from all trades	939	0	0	0	. 0	
naritable contributions						
t operating loss deduction						
ecific deduction	1,000				1,000	
ction 199A deduction (trusts)						
ome after deductions						
ome tax (corporate or trust)						
ner taxes						
tal taxes						
neral business credit						
ner credits						
t tax after credits						
imated tax payments						
ner payments						
lance due/Overpayment						



Total Assets



FRIENDS FRIENDS OF THE FOREST PRESERVE

\*\*-\*\*\*3713

**Federal Statements** 

10/3/2022 12:45 PM

FYE: 12/31/2021

## Form 990. Part IX. Line 11g - Other Fees for Service (Non-employee)

Description	E	Total xpenses		Program Service	Management & General	<u>.                                    </u>	Fund Raising
CONTRACT LABOR OTHER DIRECT EXPENSES MISCELLANEOUS COMMODITIES	ş	7,799 12,000 31,426	\$	7,799	ş	ş	12,000 31,426
TAXES Total	\$	3,716 54,941	\$ <u></u>	3,716 11,515	\$	s	43,426

FRIENDS FRIENDS OF THE FOREST PRESERVE

\*\*-\*\*\*3713

Federal Statements

\*\*-\*\*\*3713

10/3/2022 12:45 PM

FYE: 12/31/2021

PLANT SALE	PL	A	NT	SA	LE
------------	----	---	----	----	----

# Other Direct Fundraising or Gaming Expenses

Description	Amo	ount
BANK CC FEES MARKETING MISCELLANEOUS PLANTS TO SELL SUPPLIES	\$	
Total	\$	0



# Illinois Return Summary

For calendar year 2021, or tax year beginning , and ending

### FRIENDS OF THE FOREST PRESERVE \*\*-\*\*3713 DISTRICT OF WILL COUNTY

Amount you are paying (IL-990T)	_				
Apportionment					
Total sales everywhere					
Total Illinois sales	0				
	00000 %				
- Appointment ladds	,,				
Net income or loss					
Investment credits					
Net replacement tax					
· · · · · · · · · · · · · · · · · · ·					
Income tax credits					
Net income tax					
Credit from prior year overpayment					
Total estimated payments					
Extension payment					
Pass-through withholding payments					
Pass-through entity tax credits					
Gambling withholding					
Total payments	_		•		
Overpayment					
Amount to credit forward					
Refund					
	=	· -		2.5	
Tax due before penalty and interest	710				
Late payment interest					
Failure to pay penalty					
Failure to file penalty					
Total amount due	_				
Next Year's Estimates			Charitable Registra		_
1st quarter		Filing fee			.5
2nd quarter		Return / extende	d due date	06/30/2	2
3rd quarter					
4th quarter					
Total					
Réleccion de la formation					
Miscellaneous information					
Amended return  IL-990T due date /extended date 11/15/22					
IL-990T due date /extended date 11/15/22					

For Office Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNUA			Form AG990-
PMT#	Attorney General KWAME RAOUL State of			Revised 1/1
	Charitable Trust Bureau, 100 West Rando 11th Floor, Chicago, Illinois 60601	OPR CO # 01-0	66032	
AMT		00 H <u> </u>		items attached:
	Report for the Fiscal Period:		Copy of IRS	S Return
	Beginning 01/01/2021	Make Checks Payable to		ancial Statements
INIT		the illinois	Copy of For	rm IFC ual Report Filing Fee
	& Ending <u>12/31/2021</u>	Charity A		te Report Filing Fee
Federal ID #**-***37		_		MO DAY YR
Are contributions to the organi	zation tax deductible? X Yes No	Date Organization was	created:	07/15/2009
LEGAL FRIENDS	OF THE FOREST PRESERVE	Year-end amounts		
100000000000000000000000000000000000000	r of will county			
MAIL		A) ASSETS	A) \$	497,737
	LARAWAY ROAD	B) LIABILITIES	B) \$	0
CITY, STATE JOLIET ZIP CODE 60433	IL.	C) NET ASSETS	C) \$	497,737
ZIF CODE GG 355			fyra	
I. SUMMARY OF AL	L REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	*1	AMOUNT
D) PUBLIC SUPPORT.	CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	100%	D) \$	346,582
	ANTS & MEMBERSHIP DUES	0 %	E) \$	0
F) OTHER REVENUES		0%	F)\$	199
	INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$	346,781
	L EXPENDITURES DURING THE YEAR:			
200	ITABLE PROGRAM EXPENSE	42%	H) \$	32,771
10.5%	RAM SERVICE EXPENSE	%	1) \$	
- 7	LE PROGRAM SERVICE EXPENSE (ADD H & I)	42%	J) \$	32,771
17851	OCATED TO PROGRAM SERVICES (INCLUDED IN J): \$			
,	R CHARITABLE ORGANIZATIONS	%	K) \$	
	LE PROGRAM SERVICE EXPENDITURE (ADD J & K)	42%	L) \$	32,771
1 '	D GENERAL EXPENSE	2%	M) \$	1,546
N) FUNDRAISING EX		56%	N) \$	43,426
	JRES THIS PERIOD (ADD L, M, & N)	100%	0)\$	77,743
	PAID FUNDRAISER AND CONSULTANT ACTIVITIES:	10070		71,125
	port of Individual Fundraising Campaign- Form IFC. One for each PFR.)		I	
P) TOTAL AMOUNT R	AISED BY PAID PROFESSIONAL FUNDRAISERS	100%	P) \$	
Q) TOTAL FUNDRAISE	ERS FEES AND EXPENSES	%	Q) \$	
R) NET RECEIVED BY	THE CHARITY (P MINUS Q=R)	%	R) \$	
PROFESSIONAL FUNI	DRAISING CONSULTANTS:			
S) TOTAL AMOUNT P	AID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$	
IV. COMPENSATION	TO THE (3) HIGHEST PAID PERSONS DURING THE YE	AR:		
T) NAME, TITLE:			T) \$	
U) NAME, TITLE:			U) \$	
V) NAME, TITLE:			V) \$	
V. CHARITABLE PROG	GRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)	CODE CATEGORIES	List on b	eack side of instructions CODE
W) DESCRIPTION: 1	SUPPORT FOREST PRESERVE DISTRICT OF WILL COUNTY		W)#	080
X) DESCRIPTION:			X) #	
Y) DESCRIPTION:			Y)#	

	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:	orm AG99		-
"	THE ARGUER TO ART OF THE POLLOWING IN TES, ATTAON A DETAILED EXPENDENT.		YES	N
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		3
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF,			
	EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR			
	MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		2
	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH			
	ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION			
	IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID			
	ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		2
	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR		1/1/1/20	
•	TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		2
	10 ANY PROPERTY OF THE ORGANIZATION HELD IN THE MANE OF OR COMMINCHED METHATIC			
	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE			Þ
	PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		
	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		2
a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR			
	LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		2
b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$;(ii) THE AMOUNT			
	ALLOCATED TO PROGRAM SERVICES \$ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT			
	AND GENERAL \$ : AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED			
	PURPOSES?	8.		3
	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION			
		9.		2
	SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	22334 J.		
ì,	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION			
	MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		2
	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS			
	THREE LARGEST ACCOUNTS:			
	FIRST MIDWEST BANK, 24509 W LOCKPORT ST., PLAINFIELD, IL 60544			
2.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: CYNTHIA HARN			
		5-722	-20	22

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

# BE SURE TO INCLUDE ALL FEES DUE:

- REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

CYNTHLA HARN		
PRESIDENT OF TRUSTEE (PRINT NAME)  JAMES FLAX  TREASURER OF TRUSTEE (PRINT NAME)  THOMAS R. BERG		DATE
JAMES FLAX	E E E E E	
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
THOMAS R. BERG		
DOEDADED (POINT MAKE)	SIGNATURE	DATE

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

OMB No. 1545-0047 2021 Open to Public Inspection

Dep	partment of the Treas	iry		ocial security numbers on rs.gov/Form990 for instru	•	•		Open to Public Inspection				
A		calendar year, or tax year		, and en								
В	Check if applicable:	C Name of organization		THE FOREST PR			D Employer	Identification number				
$\bar{\sqcap}$	Address change DISTRICT OF WILL COUNTY											
H		**3713										
H	Name change	number										
Щ	Initial return	722-2022										
Ш	Final return/ terminated	246 701										
П	Amended return	eipts \$ 346,781										
Ħ	Application pending  F Name and address of principal officer.  Application pending  CYNTHIA A HARN  H(a) is this a group return for subo											
ш	, special parang	17540 W LAF		n		H(b) Are all sub	ordinates indu	ted? Yes No				
		JOLIET	CAMAI NON	IL 60433				See instructions				
_		100	n(c) ( ) <b>4</b>	(insert no.) 4947(a)(1)	or 527	1						
-	Tax-exempt status Website:	1/A	(C) (	(Risert No.) 4947(a)(1)	Of 321	H(c) Group exe	motion sumber					
2	Form of organizatio	leel l	Association	Other ►	l, v	par of formation: 2		M State of legal domicile: IL				
È		ummary	ASSUJAJOH	Chici	15.19	al or formation.	000	m Ozac di koja dolikaci.				
	1	escribe the organization's r	nission or most si	nificant activities:								
	WE .	VORK TO CREATE A	,	-14441	UPPORTS AND C	ELEBRATES	THE	****************				
2	PRE	ERVATION, CONSE	THE RESERVE OF THE PARTY OF	**********	****************		OF PARTITION AND A PARTY OF	*********				
Governance	FOR	ST PRESERVE DIS			****************							
Š	2 Check t	is box ▶ ☐ if the organia	zation discontinued	I its operations or dispose	ed of more than 25% (	of its net assets		*****************				
<u>ග</u> තේ		of voting members of the g					3	9				
		of independent voting mem	bers of the goven	ning body (Part VI, line 1	b)	**************	4	9				
푷	5 Total nu	mber of individuals employe	ed in calendar year	r 2021 (Part V, line 2a)			5	0				
Activities	6 Total nu	mber of volunteers (estimat						0				
_		elated business revenue fr	om Part VIII, colur			7a	0					
	b Net unre	lated business taxable inco		7b	0							
			Prior Yes		Current Year							
9	8 Contribu	ions and grants (Part VIII,	11111111111			0.	4,618	275,383				
Revenue	9 Program	service revenue (Part VIII,	(4.114.6.4.4.6.7)				1,149	199				
ě	10 Investme	int income (Part VIII, column					4,129	71,199				
	4.50	venue (Part VIII, column (A		9,896	346,781							
_	<del></del>	enue – add lines 8 through nd similar amounts paid (P			12)		9,696	0				
		paid to or for members (Pa		************				0				
	4E Colorino	other compensation, empl				0						
penses	16a Professi	onal fundraising fees (Part						0				
를	b Total fu	draising expenses (Part IX			13,426							
Ä		penses (Part IX, column (A				9:	2,083	77,743				
		penses. Add lines 13-17 (n			***************************************		2,083	77,743				
	19 Revenue	less expenses. Subtract li				-:	2,187	269,038				
Net Assets or	8					Beginning of Cur		End of Year				
8	20 Total as	ets (Part X, line 16)				22	B,699	497,737				
₹.	21 Total lia	ilities (Part X, line 26)					0	405 505				
		ts or fund balances. Subtra	act line 21 from line	e 20	**************	22	B,699	497,737				
		gnature Block										
		perjury, 1 declare that I have complete. Declaration of prepare						viedge and belief, it is				
	100, 00,100, 0,11		(55.6. 515. 516.	.,								
Sig	an	Signature of officer					Date	<del> </del>				
	ere	CYNTHIA A HA	DN		EXECUT	TVE DIE	ECTOR					
116		Type or print name and title	22.01		шист	TVD DII	<u> </u>					
	Print/Ty	e preparer's name		Preparer's signature		Date	Check	if PTIN				
Paid THOMAS R. BERG 10/03/22 self-employed ********												
Pre	parer Firm's n	DENTITO	A. QUIN	N & ASSOCIAT	ES, LTD.		im's EIN	**-***9275				
Us	e Only	16W343		STE C		·						
	Firm's a	. DIMD T		60527-7950		P	hone no.	630-325-0333				
Ма	· · · · · · · · · · · · · · · · · · ·	s this return with the prepa						X Yes No				
For	Paperwork Rec	uction Act Notice, see the s						Form 990 (2021)				
DAA												

DAA

Form 990 (2021) FRIENDS OF TE	IE FOREST PRESERVE	**-***3713	Page 2
Part III Statement of Progran	n Service Accomplishments		
Check if Schedule O co	<u>ontains a response or note to an</u>	y line in this Part III	Construction and Continues
1 Briefly describe the organization's missi			
WE WORK TO CREATE A PRESERVATION, CONSERV FOREST PRESERVE DIST	VATION, EDUCATION AN	D RECREATION PRIORITIES	
THE PERSON NAMED IN THE PE	ACT     ACT		THE PERSON NAMED IN THE PE
Did the organization undertake any sign prior Form 990 or 990-EZ?  If "Yes," describe these new services or		which were not listed on the	Yes X No
	or make significant changes in how it con	nducts, any program	Yes X No
If "Yes," describe these changes on Sci			
-	(4) organizations are required to report the	ee largest program services, as measured by ne amount of grants and allocations to others,	
the total expenses, and levende, it any	ioi eauli piografii service reporteu.		
4a (Code: ) (Expenses \$ THE ORGANIZATION SUPPLIED SERVICE FUNCT		SERVE DISTRICT OF WILL	
PODLIC BENVIOLE PONCI	TOTAL TRANSPORT		
* *************************************			
C 1011000 (CONTROL   101000   10100		entransa e de Ostantina in internationalista	
The state of the s			
			ANALYSI SALAHARAN ANALASAN ANALASAN ANA
4b (Code: ) (Expenses \$	including grants (	of \$ ) (Revenue	S
N/A	and the state of t		***************************************
The state of the s	.,		************
******************************	CONTRACTOR AND		
-34414141414141414141414141414141414	(****,***,****************************	******************	
~		***********	
~	omment beginning mental transfer and the	*********************	
Kanaragian and and an array of the state of			
F state of the control of the contro			**********
* *************************************		***************************************	
4c (Code: ) (Expenses \$	including grants of	of \$ (Revenue	5
N/A			***********
* ,		ALLEGE PROPERTY OF THE CAPITAL PROPERTY OF THE PARTY OF T	
A ************************************		automorphism and the contract of the contract	
4			************
4.00.00.00.00.00.00.00.00.00.00.00.00.00		· · · · · · · · · · · · · · · · · · ·	WARRY TO THE PROPERTY OF THE PARTY OF THE PA
***************************************			
			***************************************
***************************************	The state of the s		Constitution of the last of th
4d Other program services (Describe on S	Schedule O.)		
(Expenses \$	including grants of \$	) (Revenue \$	)
4e Total program service expenses ▶	32,771		
DAA			Form 990 (2021

	oncornst of required defication		T.,	T.,
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	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		х
4	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(h)	3		
	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,	١.		x
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		<u> </u>
0	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,	۲		<u> </u>
·	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, VIII, VIII, IX, or X, as applicable.			
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		Х
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			l
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			l
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1		x
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
16		16		x
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	15		
"-	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			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			47
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	m 996	X

	at 14 Checkist of Required Schedules (Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	$\vdash$
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			x
	through 24d and complete Schedule K. If "No," go to line 25a	24a		_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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	141114		
	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	10400411		
	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		х
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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	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 L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	0		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	_	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			₹.
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	restrict 31	_	
32	complete Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	Address + 1		
•	sections 301.7701-2 and 301.7701-37 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,	200 KL238		
	and and Bod M. Con. A	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	1314/311		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36_		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	1.10		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			-
_	reportable gaming (gambling) winnings to prize winners?	1c	00	n const

	990 (2021) FRIENDS OF THE FOREST PRESERVE **-***3	713			P	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ied)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions,					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auti	•				7.5
	a financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial account, securities account, or other financial account.	count)	THE THE RESERVE OF THE PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUM	4a		X
b	If "Yes," enter the name of the foreign country			14		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounts (	FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-		5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	17		5b		X
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					37
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	45				x
	and services provided to the payor?			7a	-	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.		x
	required to file Form 8282?	74		7c		_
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d			-	x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control of the organization during the year new premiums directly or indirectly on a personal benefit control.	2.5	(******************	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		entrational desirement	1.0		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form if		22121212121	7g 7h		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		LOINI 1080-CL	70		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained be sponsoring organization have excess business holdings at any time during the year?	Jy ule		8		
9	Sponsoring organizations maintaining donor advised funds.	1237.007	Cerestian Cerestian errore			
a	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			30		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	.00				
··a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	**************			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		189601 30411			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.		Demendence Demen	700		
ь	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	136				
C	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		eciano de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la c	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see instructions and file Form 4720, Schedule N.		***************			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	ome?		16		x
	If "Yes," complete Form 4720, Schedule O.		manufacture and the second			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.	797011	WASCONG TO COLD STREET			
DAA				Form	990	(2021)

Form 990 (2021) FRIENDS OF THE FOREST PRESERVE Page 6 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, X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 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 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **7**b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? 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 X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe on Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 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? X The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b

	The state of the control and process of concaute of occurrence.		
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	 2
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 IL		 

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)

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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records CYNTHIA HARN

If "Vas" to line 152 or 15h, describe the process on Schodule O. See instruction

17540 W LARAWAY ROAD

815-722-2022

IL 60433

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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, 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	bo	ox, unde	Pos check ess pe	rson i	than one s both a or/trustee	n	(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) ED GARNER	0.00					П				
DIRECTOR	0.00	x						o	o	0
(2) DONALD GOULD	0.00	1			$\vdash$	$\vdash$				
(-,	0.00									
EX -OFFICIO DIRECTOR	0.00	x		_				0	0	0
(3) ANN DRALLE										
	0.00									
DIRECTOR	0.00	X				Ш		0	0	0
(4) CYNTHIA A HARN										**
	0.00							40.000		
EXECUTIVE DIRECTOR	0.00	X			_	$\vdash$		12,000	0	0
(5) RALPH SCHULTZ	0.00									
EX OFFICIO DIRECTOR	0.00	x						_ 0	156,998	28,052
(6) JAMIE DONOVAN	0.00	1							230,330	20,032
(0,012222	0.00							,		
CHAIRMAN	0.00			x				0	_ 0	0
(7) PENELOPE WAKELAN			П						,	
VIII.	0.00							- 4	1-	-
DIRECTOR	0.00	X						0	0	0
(8) MARCY DEMAURO										
	0.00									_
SECRETARY	0.00	₩		X		$\vdash$		0	0	0
(9) JIM FLAX										-
	0.00			x				0	- о	0
TREASURER (10) META MUELLER	0.00	-		<u> </u>	_					0
(10) FIETA MOETHER	0.00									
EX-OFFICIO DIRECTOR	0.00	x						0	0	0
(11) RACHEL VENTURA		† <u></u>								
CONTRACTOR OF THE PROPERTY OF	0.00		16					the second trans		A STATE OF THE REAL PROPERTY.
EX-OFFICIO DIRECTOR	0.00	X			33			0	0	0

Pa	rt VII Section A. Officers	, Directors, Trus	stee	в, Ке		mplo C)	)yee:	s, ar	nd Highest Compensated	Employees (continued)	
	(A) Name and title	(B) Average hours per week	bo of	ox, unio ficer a	Pos check ess pe nd a r	nora mora inom	than o	an He)	(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
(12		0.00	_								"0
(13		0.00 N 0.00 0.00	Х		x				0	0	0
(14	E-CHAIR ) JEFF TUMINELI ECTOR		x						0	0	0
	ECIOX	2111111111111111							0	O	
(*,(*)											
	******************************	3 (** 1 ) (** 1 ) (** 1 ) (** 1 ) (** 1 ) (** 1 )									
orene	***************************************	N 121-12-11-12-11-11-1									
		************									
1b c	Subtotal  Total from continuation shee	ts to Part VII, S	ectio	on A	****		-3-1	<b>&gt;</b>	12,000	156,998	28,052
2 2	Total (add lines 1b and 1c)  Total number of individuals (increportable compensation from the compensation fro			to th	ose	liste	d abo	ve)	12,000 who received more than \$10	156,998 30,000 of	28,052
3 4	Did the organization list any for employee on line 1a? If "Yes," (For any individual listed on line organization and related organi individual  Did any person listed on line 1a	mer officer, directomplete Schedu 1a, is the sum o zations greater th	ctor, ie J f rep nan :	for s ortal \$150	uch ole co ,0001	indiv ompo ? If "	ridual ensat 'Yes,'	ion :	and other compensation from		Yes No
	for services rendered to the org on B. Independent Contractor	anization? If "Ye									5 X
1	Complete this table for your five compensation from the organization	e highest comper							year ending with or within t		(C) Compensation
	rvaine and	ousiress address							Lescipa	on or services	Compensation
						_					
2	Total number of independent or received more than \$100,000 or	ontractors (includ	ing b	out no	ot lim	nited nizat	to th	ose	listed above) who	0	5 990 ans

	Cneck	ii OCITI	edule O CON	anis a re	sponse or note to		rait VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 1	a Federated car	npaigns		1a					
-	b Membership d			1b					
	Fundraising events		1c						
	d Related organ	izations		1d					
	e Government grants	contributio	ns)	1e					
		not include	d above	1f	275,383				
	g Noncash contribution			1g S					
	ines 1a-11 h Total. Add line					275,383			
	II TOTAL AGG INTO	3 10-11			Business Code	2.0,000			
2					DUSINGSS COOR				
	b	*******	2151441511151411	CARREST DATE	X + C-+1				
	C	******		restrata texa	(120.0)				
	- drawer credition	mun	STREET, STREET	esternos es	11111				
	•				tue-				
	f All other progr		ce revenue						
	g Total. Add line								
3			cluding dividend						
ľ	other similar a				<b>▶</b> [	199	199		
4				bond proc					
5		Income from investment of tax-exemp		Dono proc					-
ľ	110,0100		(i) Real		(ii) Personal	70.11			
R	a Gross rents	6a					-		
ı	b Less: rental expensi								
Ľ	C Rental Inc. or (loss)	6c							
	d Net rental inco		nes)						
	a Gross amount from	The City	(i) Securitie	s T	(ii) Other	- 11			
	sales of assets other than inventory	ales of assets (i) Securities							
١,	b Less: cost or other								
	basis and sales exp	. 7b		1	1				
١.,	c Gain or (loss)	7c							
	d Net gain or (lo								
	a Gross income from		ising events	The same of the sa					
"	(not including	_	_						
	of contributions r		n line						
	1c). See Part IV,		II MINE	8a	71,199				
١,	b Less: direct ex	,		8b	,				
	c Net income or		om fundraising			71,199			71,199
	a Gross income			Vents		,,			12/255
"	activities. See			9a					
١.	b Less: direct ex		ille 13	9b					
	c Net income or		no gamino activ						
	a Gross sales of			lies					
1.0	returns and all			10a					
Ι,	b Less: cost of g			10b					
	c Net income or		10000000000						
	O TACK WICKNIE OF	Most III	Jili adies of ilive	moly	Business Code				
11.	•								
1									
			(errest) (errest)						
	d All other reven		muumm						
	Total. Add line								
_	Total revenue					346,781	199	0	71,199
146	I WHEN A STREET		WHITE IS		CONTRACTOR CONTRACTOR OF THE PARTY OF THE PA				

Page 10

Form 990 (2021) FRIENDS OF THE FOREST PRESERVE
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon		Part IX		X
	not include amounts reported on lines 6b, 7b, lb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				the state of the s
2	Grants and other assistance to domestic				
	Individuals. See Part IV, line 22		and the same of th		
3	Grants and other assistance to foreign				4
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management			201	
þ	Legal	834		834	
C	Accounting	553		553	
d					
6	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	E4 041	11 515		42 426
	(A) amount, list line 11g expenses on Schedule O.)	54,941	11,515		43,426
12	Advertising and promotion	21,019 396	21,019	159	
13	Office expenses	236	231	109	
14	Information technology				
15 16	Royalties				
17	Occupancy Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	terrent terrent				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				- Victoria
	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.)				10.00
а					
b					
C					
d	***************************************				
8	All other expenses				
25	************************	77,743	32,771	1,546	43,426
26	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   following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 228,699 497,737 1 Cash-non-interest-bearing 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 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% 5 controlled entity or family member of any of these persons 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 7 Notes and loans receivable, net 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 10b 10c b Less: accumulated depreciation 11 11 Investments—publicly traded securities 12 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 15 228,699 497,737 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 0 Total Babilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances Net assets without donor restrictions 27 27 28 28 Net assets with donor restrictions 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 30 228,699 497,737 31 31 Retained earnings, endowment, accumulated income, or other funds 228,699 497,737 32 Total net assets or fund balances 32 497,737 228,699 Total liabilities and net assets/fund balances 33

Form 990 (2021)

## SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

DS OF THE FOREST PRESERVE

OMB No. 1545-0047

2021

Open to Public Inspection

DISTRICT OF WILL COUNTY \*\*-\*\*\*3713 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally Integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s).

(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the organization listed in your governing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes No		
(A) FOREST PR	ESERVE DISTRIC	T OF WILL COUNT	Z.	"	
	**-***6668	6	X	1	1
(B)					
(C)					
(D)					
(E)					
Total				1	1

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

orm	990 (2021) FRIENDS OF THE FOREST PRESERVE **-**3713			Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,781
2	Total expenses (must equal Part IX, column (A), line 25)	2		,743
3	Revenue less expenses. Subtract line 2 from line 1	3		,038
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	228	<u>, 699</u>
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	497	<u>,737</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Y	es No
1	Accounting method used to prepare the Form 990:		_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on		100	
	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			
þ	Were the organization's financial statements audited by an independent accountant?	roretro etc	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 Consolidated basis Both consolidated and separate basis		100	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.		10000	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?		3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
			Form	990 (2021)

Schedule A (Form 990) 2021
Part III Support

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 t	he tests listed b	elow, please co	omplete Part II	.)	
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Giffs, grants, contributions, and membership lees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
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			4			
8 8	Add lines 7a and 7b  Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6		(-,	.,(0/ == 10	(-,	(0) 2021	(1) 10121
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop here	anization's first, sec			,		
Sect	tion C. Computation of Public Su	port Percent					THE PERSON AND THE PE
15	Public support percentage for 2021 (line 8, c			f))		15	%
16	Public support percentage from 2020 Schedu		4 =			16	%
Sect	tion D. Computation of Investmen						
17	Investment income percentage for 2021 (line	10c, column (f), o	divided by line 13, o	olumn (f))	Control of the Control	17	%
18	Investment income percentage from 2020 Se	chedule A, Part III,	line 17			18	%
19a	33 1/3% support tests—2021. If the organia					and line	
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests—2020. If the organization 18 is not more than 33 1/3%, check this	zation did not chec	k a box on line 14	or line 19a, and line	16 is more than 3	3 1/3%, and	▶ □
20	Private foundation. If the organization did n						
			<del></del>		_		

Schedule A (Form 990) 2021 Part li

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	Paπ III.)	
	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						100
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
5	Total. Add lines 1 through 3  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						
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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					2	
10	Other income. Do not include gain or toss 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.						
13	First 5 years. If the Form 990 is for the on						▶□
200	organization, check this box and stop here tion C. Computation of Public St						
				(6)		14	
14	Public support percentage for 2021 (line 6, Public support percentage from 2020 Sched		4.4			4.6	%
15 40-	33 1/3% support test—2021. If the organi			and line 14 is 33	1/3% or more, che		
16a	box and stop here. The organization qualif						▶ 🗆
ь	33 1/3% support test—2020. If the organi				is 33 1/3% or more	, check	ierelased ti
	this box and stop here. The organization of						
17a	10%-facts-and-circumstances test—202			oox on line 13, 16a	, or 16b, and line 1	4 is	
.,_	10% or more, and if the organization meets Part VI how the organization meets the fac	s the facts-and-circ	umstances test, che	eck this box and s	top here. Explain in		
	organization						
b	10%-facts-and-circumstances test—202	20. If the organizati	on did not check a	box on line 13, 16a	a, 16b, or 17a, and I	ine	
	15 is 10% or more, and if the organization in Part VI how the organization meets the	meets the facts-ar	nd-circumstances tes	st, check this box a	and stop here. Exp	lain	
						1.4	<b>&gt;</b> 🔲
18	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16b,	17a, or 17b, check	k this box and see		
	instructions	***********		************			A /Form 990) 2021

**Supporting Organizations** Part IV

(Complete only if you checked a box in 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) purposes.
- 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 filing 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.)

	CITE 1	, <u>, , , , , , , , , , , , , , , , , , </u>	
		Yes	No
	1	X	
	2		X
	3a		x
	3b		
	3c		7
	4-		x
	4a	1	A
	4b		
	4c		
			1000
	ш	114	
	5a		X
	5b		
	5c		
	6	11100	X
	7		X
	p		x
	8		A
	9a		x
	9Ь		X
			v
	9c		X
	10a		x
	100		
	10b		
Sch	edule A	(Form 9	90) 2021

Par	t 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		X
b	A family member of a person described on line 11a above?	11b		X
c	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		X
Secti	on 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		111	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
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	100	TUS	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated		100	
	supervised, or controlled the supporting organization.	2		X
Secti	on 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		ing	= ==1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	on 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	11		
	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	Time		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	(mail		
•	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		
Secti	on 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).		•	
a	The organization satisfied the Activities Test. Complete line 2 below.			
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 instruc	tions).		
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	50		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	200		
	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			
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
135	involvement, one or more of the organization's supported organization(s) would have been engaged in? If		-	
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
es.	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	= = 7	
DAA		chedule A	(Form 9	90) 2021

5

Schedule A (Form 990) 2021

Income tax imposed in prior year

(see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organizati	ons (continued)	
Sect	on D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	S		
2				
3	Administrative expenses paid to accomplish exempt purposes of support	ed organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required-provide details	s in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	•		
8	Distributions to attentive supported organizations to which the organization	on is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required-explain in Part VI), See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
	From 2016			
	From 2017			
	From 2018		= -	
	From 2019			
	From 2020			
	Total of lines 3a through 3e	3-2		
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
<del></del>	Carryover from 2016 not applied (see instructions)			
	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7:			
	Applied to underdistributions of prior years			
-	Applied to 2021 distributable amount			
	Remainder, Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.  Breakdown of line 7:			
8				
•	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			

Schedule A (Form	n 990) 2021	FRIENDS	OF TH	E FOREST	PRESERVE	**-**3713	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Part	Information. Prov IV, Section A, line ; Part IV, Section t V, line 1; Part V,	ide the ex s 1, 2, 3b, C, line 1; l Section B	planations red , 3c, 4b, 4c, 5 Part IV, Section , line 1e; Part	quired by Part a, 6, 9a, 9b, 9 on D, lines 2 a V, Section D,	II, line 10; Part II, line 17a or cc, 11a, 11b, and 11c; Part IV, nd 3; Part IV, Section E, lines lines 5, 6, and 8; and Part V, (See instructions.)	17b; Part Section 1c, 2a, 2b,
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### SCHEDULE G (Form 990)

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

Attach to Form 990 or Form 990-EZ.

2021

pen to Public

Internal Revenue Service

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

FRIENDS OF THE FOREST PRESERVE

Employer Identification number

DISTRICT OF WILL C	OUNTY				**-***37	13
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required to				d "Yes" on Form !	990, Part IV, line 1	17.
1 Indicate whether the organization raised funds through ar	ny of the following	activitie	s. Che	ck all that apply.		
a Mail solicitations	e Solicitation	of no	n-gover	mment grants		
b Internet and email solicitations	f Solicitation	of gov	/ernme	nt grants		
c Phone solicitations	g Special fu					
d In-person solicitations	<b>5</b> — 4,		•			
2a Did the organization have a written or oral agreement with	th any individual (i	including	office	rs. directors. trustees.		
or key employees listed in Form 990, Part VII) or entity in b If "Yes," list the 10 highest paid individuals or entities (fur	connection with	professi	onal fu	ndraising services?	draiser is to be	Yes No
compensated at least \$5,000 by the organization.	1	(fill) Di	d fund-		ful Amount poid to	full Amount point to
(ii) Name and address of individual or entity (fundraiser)	(ii) Activity	raiser	have dy or ol of	(tv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
		Yes	_		col. (I)	
1		163	140			
2						
3						
4			$\forall$			
5		+				
6		-				
7		+	$\vdash$			
8						
9						
10						
Fadal	1					
List all states in which the organization is registered or lice registration or licensing.		entributio	ons or I	nas been notified it is e	exempt from	*********************
						**************************************

Schedule G (Form 990) 2021 FRIENDS OF THE FOREST PRESERVE \*\*-\*\*\*3713 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events PLANT SALE None (add col. (a) through ∞l (c)) (total number) (event type) (event type) Revenue 71,199 71,199 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 71,199 71,199 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Expenses 7 Food and beverages Direct 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct garning activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes." explain:

Sched	lule G (Form 990) 2021	FRIENDS	OF TH	E FOREST	PRESERVE	**-**3713	Page 3
11	Does the organization co						Yes No
	Is the organization a gran			rust, or a membe	er of a partnership or other	her entity	
	Indicate the percentage of				****************		I res   No
							13a   %
	A A . 1 . 1						13b %
	Enter the name and add records:					nts books and	, , , , , , , , , , , , , , , , , , ,
	Name -	armanalarun (aur					
	Address >		ornautic.				+1 *** 1 *** 1 *** 1
b	Does the organization has revenue? If "Yes," enter the amount amount of gaming revenu	nt of gaming revenue ue retained by the thi	received by	y the organizatio	n <b>▶ S</b>		Yes No
C							
	Name >						
	Address -				***************************************		
16	Gaming manager inform	ation:					
	Name >					CAMPAGEDAGA	
	Gaming manager compe	ensation > \$					
	Description of services p	provided >					
	Director/officer	Employee		Independe	ent contractor		
	B.B						
а	Mandatory distributions: Is the organization requir retain the state gaming if Enter the amount of distr	icense? ributions required und	er state lav	v to be distribute	d to other exempt orga		Yes No
Par	spent in the organization  t IV Supplement  Part III, line See instruct	ntal Information es 9, 9b, 10b, 15	. Provide	the explana	tions required by F	Part I, line 2b, columns (iii) a provide any additional infon	nd (v); and mation.
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	·					Sche	edule G (Form 990) 2021

## SCHEDULE J

(Form 990)

Compensation Information

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service
Name of the organization

Department of the Treasury

FRIENDS OF THE FOREST PRESERVE

DISTRICT OF WILL COUNTY

Employer identification number \*\*-\*\*3713

P	art   Questions Regarding Compensation			-
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter trave! 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			
	exptain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	100		-
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
		0.00		
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
ь	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
	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:	V.,		
а	The organization?	5a		х
	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:	+		- 0
а	The executation?	6a		ж
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	navments not described on lines 5 and 62 If "Voe " describe in Part III	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			
		8		x
	in Part III	0		45
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

Page 2

Schedule J (Form 990) 2021 FRIENDS OF THE FOREST PRESERVE \*\*-\*\*\*3713

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	endfor 1099-MISC and/or 10		(C) Retrement and	(D) Nonterable	(E) Total of columns (B)(i)-(D)	(F) Compensation
		(I) Base umpersation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits		en column (B) reported as deferred on prior Form 990
RALPH SCHULTZ	(0)	0	0	0	0	0	0	
EX OFFICIO DIRECTOR	(19)	156,998	0	0	0	28,052	185,050	-
	(0)			(	**(******************	**************************************	10 - 10 10	1 1 1 1
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Schedule J (Form 990) 2021

FRIENDS 10/03/2022 12:48 PM

Schedule J (Form 990) 2021 FRIENDS OF THE FOREST PRESERVE **-**3713  Part III Supplemental Information	Page 3
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. for any additional information.	Also complete this part
Part III - Other Additional Information	ingo en o mallo en marigio
PART I, LINE 3	
ALL MEMBERS OF THE ORGANIZATION ARE VOLUNTEERS AND THEREFORE NO	
COMPENSATION DETERMINATIONS HAVE BEEN MADE. ALL COMPENSATION IS PAID BY	nietovinimas enešupias migar
THE RELATED ORGANIZATION.	marine mel mentione de marine de mari
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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. 2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer Identification number

\*\*-\*\*\*3713

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, 2021. 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 2021 AS REPORTED IN THE 2021 1099-MISC WAS \$12,000.

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 2021 MR. CAMPBELL'S WORK INCLUDED REVIEWING POLICIES

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

AND ATTENDING THE FOUNDATION'S ANNUAL MEETING. TOTAL COMPENSATION AS

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

REPORTED IN THE 2021 1099-MISC WAS \$ 834.

Schedule O (Form 990) 2021

Name of the organization

Employer identification number

\*\*-\*\*\*3713

### FRIENDS OF THE FOREST PRESERVE

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	Fu	ndraising
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Schedule O (Form 990) 2021 Name of the organization						Employer ide	Page 2
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Tot	al						
	\$	11,515		\$	0	<b>\$</b>	43,426
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