



# NON-PROFIT STATEMENT OF ORGANIZATION

FOR OFFICE USE ONLY

PLEASE TYPE OR PRINT IN BLACK INK

DATE OF FILING

10/25/06 PM 1:07

Full name and complete mailing address of Non-Profit Organization:

The Conservation Foundation  
105404 Knoch Knolls Rd.  
Naperville, Il. 60565

THIS FORM MAY BE TRANSMITTED BY FAX. THE ORIGINAL MUST BE FORWARDED ON THE DAY OF FAX TRANSMITTAL.

E-MAIL ADDRESS:

c.thompson@theconservationfoundation.org

CHECK HERE IF ADDRESS CHANGE

ORGANIZATION IDENTIFICATION NO.

## SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

1. DATE ORGANIZATION EXCEEDED \$5000 THRESHOLD: 1972

2.  NEW ORGANIZATION

AMENDMENT

(MUST BE FILED WITHIN 10 DAYS OF **ANY** CHANGES.)

3. PURPOSE(S) OF THE ORGANIZATION:

Preservation of natural areas and open space; environmental stewardship and education.

4. REQUIRED ORGANIZATION OFFICERS. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
CHAIRMAN	Bob Hutchinson	ON 745 MARION AVE, WHEATON, IL 60187 312-704-4153 robert@hat@aol.com
TREASURER	Ruth Kirschner	2210345 Crest, medinah, IL 60157 312-394-7195 Ruth.Kirschner@Eveloncorp.com

5. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE ORGANIZATION'S BOOKS AND ACCOUNTS. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
office manager	Carrie Thompson	105404 Knoch Knolls Rd. Naperville, Il. 60565 630-428-4500 cthompson@theconservationfoundation.org

### VERIFICATION

I DECLARE THAT THIS STATEMENT OF ORGANIZATION (INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE STATEMENT OF ORGANIZATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS A BUSINESS OFFENSE SUBJECT TO A FINE OF AT LEAST \$1001 AND UP TO \$5000.

*Robert D. Hutchinson*

PRINTED AND WRITTEN SIGNATURE OF CHAIRMAN OR TREASURER

10/25/06  
DATE

THE STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A NON-PROFIT ORGANIZATION AS OUTLINED UNDER PUBLIC ACT 90-737 AS AMENDED BY PUBLIC ACT 94-645. WILLFUL FAILURE TO FILE OR WILLFUL FILING OF FALSE OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL CONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE OF UP TO \$5000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.

NON-PROFIT ORGANIZATIONS SHALL RETURN THIS FORM TO:  
STATE BOARD OF ELECTIONS  
1020 S SPRING ST  
SPRINGFIELD, IL 62704-2924