# Form **990-EZ**

# **Short Form Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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/Form990EZ for instructions and the latest information.

A F	or the	2021 calenda	ar year, or tax year beginning 01/01/2021 and ending	12	/31/20	21
<b>B</b> c	heck if ap	oplicable:	C Name of organization	D Empl	oyer id	entification number
	Address c	change		3	7-1659003	
	Name cha	•	E Telephone number			
$\overline{}$	nitial retur	rn rn/terminated	PO Box 260		95	1-288-2002
=	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Grou	ір Ехе	mption
=		n pending	Idyllwild, CA 92549	Nun	nber 🕨	•
G A	ccount	ting Method:	Cash ☐ Accrual Other (specify) ►	Check I	▶ 🔲 i	if the organization is <b>not</b>
I W	/ebsite	e: Fores				ach Schedule B
J Ta	ax-exen	npt status (che	ck only one) — 🗹 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527	(Form 9	90).	
KF	orm of	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total			
(Par	t II, col		500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> \$	102,418
Pá	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the			-
		Check if	the organization used Schedule O to respond to any question in this Part I			<u>v</u>
	1	Contribution	ns, gifts, grants, and similar amounts received		1	100,623
	2	Program se	ervice revenue including government fees and contracts		2	1,000
	3	Membersh	ip dues and assessments		3	0
	4	Investment	income		4	1
	5a	Gross amo	unt from sale of assets other than inventory 5a	0		
	b	Less: cost	or other basis and sales expenses	0		
	С 6		ss) from sale of assets other than inventory (subtract line 5b from line 5a) d fundraising events:		5c	0
ne	а		ome from gaming (attach Schedule G if greater than	0		
Revenue	b	from fundr	me from fundraising events (not including \$ 0 of contribution alising events reported on line 1) (attach Schedule G if the	ns		
			h gross income and contributions exceeds \$15,000) 6b	794		
	C		t expenses from gaming and fundraising events 6c	172		
	d	line 6c) .	e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	otract 	6d	622
	7a	Gross sale	s of inventory, less returns and allowances	0		
	b		of goods sold	0		
	С		t or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0
	8		nue (describe in Schedule O)		8	0
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	102,246
	10		similar amounts paid (list in Schedule O)		10	0
	11		id to or for members		11	0
ses	12		ther compensation, and employee benefits		12	31,646
ens	13		al fees and other payments to independent contractors		13	10,260
Expenses	14		/, rent, utilities, and maintenance		14	0
Ш	15		ublications, postage, and shipping		15	22
	16	Other expe	enses (describe in Schedule O) .See Schedule O, Statement 1	<u></u>	16	64,628
	17		enses. Add lines 10 through 16		17	106,556
şts	18 19		deficit) for the year (subtract line 17 from line 9)		18	-4,310
SSE	19		or fund balances at beginning of year (from line 27, column (A)) (must agree rigure reported on prior year's return)		40	
Net Assets	00				19	42,011
Ne	20 21		ges in net assets or fund balances (explain in Schedule O)		20	275
	<b>4</b> 1	ivet assets	or fund balances at end of year. Combine lines 18 through 20	. 🟲	21	37,976

Form 990-EZ (2021)

Page 2

Part II Balance Sheets (see the instructions for Part II)

Pal	Balance Sneets (see the instructions t	•				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		<u>v</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			25,759	22	20,125
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O) See.Sche	edule O, Statement 2.		19,671	24	19,791
25	Total assets			45,430	25	39,916
26	Total liabilities (describe in Schedule O) See Sc	hedule O, Statement.	3	3,419		1,940
27	Net assets or fund balances (line 27 of column			42,011	-	37,976
Par	III Statement of Program Service Accom	plishments (see th	e instructions for F			
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part IÍI 🗌		Expenses
What	is the organization's primary exempt purpose?	See Schedule O, Sta	tement 4			quired for section
	ribe the organization's program service accomplis	shmonts for each of	f ite three largest n	rogram convices		(c)(3) and 501(c)(4) anizations; optional fo
	leasured by expenses. In a clear and concise m				othe	
	ons benefited, and other relevant information for ea		Joi vioca provided	i, the number of		•
28	The following were accomplished during of year of 2		and nublic movie n	rosontations		
	were made available to all. Volunteer services were					
	(Continued on Schedule O, Statement 5)	orovided for local eve	ints, such as the Rot	ary club		
	(Grants \$ 27,376) If this amount	includes foreign gra	nts chack hara	▶ □	28a	33.075
29	· · · · · · · · · · · · · · · · · · ·			now used as	208	33,073
29	In 2016 Forest Folk acquired an additional ancient ve					
	the primary vehicle for our existing shuttle service.	The Shuttle bus is nov	v the backup venicle	but plans are		
	(Continued on Schedule O, Statement 6)	includes foreign are	nto chook have		200	100.1/0
20	(Grants \$ 110,556) If this amount				<b>29</b> a	109,169
30	In 2017, Forest Folk, Inc. continued on with its progr		*			
	with off-hill excursions to the Temecula Farmers' Ma	rket, the Pala Casino	, and Joshua Tree Na	ational Park.		
	(Continued on Schedule O, Statement 7)					
	(Grants \$ 106,629) If this amount				30a	99,699
31	Other program services (describe in Schedule O)				١	
	(Grants \$ 398,548) If this amount				31a	
	Total program service expenses (add lines 28a t				32	
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	'			nstru	ctions for Part IV)
	Officer if the organization used Schedule	O to respond to ai			<del></del>	· · · · <u></u>
		(b) Average	(c) Reportable compensation	(d) Health benefits,	\.\.	
	(a) Name and title	hours per week	(Forms W-2/1099-MISC	contributions to employ benefit plans, and		ther compensation
		devoted to position	1099-NEC) (if not paid, enter -0-)	deferred compensatio		, , , , , , , , , , , , , , , , , , , ,
0	de Oalean	2.00	, , , ,			
	ela Colson	2.00	0		0	0
	ident	10.00	7.000			
	Coulter	10.00	7,200		0	0
	surer	4.00			_	
	ille Brown-Spencer	1.00	0		0	0
	etary		_		_	
	Telles	1.00	0		0	0
Dire						
Jeffr	ey Smith	1.00	0		0	0
Dire	ctor					
					$\perp$	
					$\perp$	

Part '	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	mondations for 1 art v./ officer in the organization assa conteade of to respond to any question in this	J I all	Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	100	<i>'</i>
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		,
	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		,
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
	Did the organization file Form 1120-POL for this year?	37b		~
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		V
39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
b	Section 4911			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		,
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	100		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ► CA			•
42a	The organization's books are in care of ▶ Reba Coulter Telephone no. ▶ General Telephone no. Beneral Telephone	951-28	8-2002	2
_	Located at ► PO Box 260, Idyllwild, CA 92549 ZIP + 4 ►	92	549	
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country	42b	Yes	No 🗸
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		<b>'</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. )	<b>▶</b> □
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>V</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		_
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45h		~

Form 98	10-EZ (21	J21)						1	Page -
								Yes	No
46		ne organization engage, directly or ir							
	to car	ndidates for public office? If "Yes," o	omplete Schedule C,	, Part I			. 46		~
<b>Part</b>	VI	Section 501(c)(3) Organizations	S Only				•	•	
		All section 501(c)(3) organization		stions 47–49b ar	nd 52, and	complete th	e tables	for lin	ies
		50 and 51.	•		,	•			
		Check if the organization used Scl	nadula () to respond	to any question i	n this Part \	/I			
		Officer if the organization used oci	icadic O to respond	to arry question i	T till S T alt v			Yes	No
47	Did ti	as organization angaga in labbying	activities or have a	acation EO1/b) alon	tion in offer	at during the	tov	168	INO
47		ne organization engage in lobbying If "Yes," complete Schedule C, Par				it during the			١,
	-	•					47		<i>V</i>
48		organization a school as described in					. 48		<b>'</b>
49a		ne organization make any transfers to	•	•				1	<b>/</b>
b		s," was the related organization a se							
50		olete this table for the organization's							
	emplo	oyees) who each received more than	\$100,000 of comper	nsation from the or	ganization. I	f there is non	e, enter "	None.'	"
			(b) Average	(c) Reportable	(d) Hea	alth benefits,			
	(a)	Name and title of each employee	hours per week	compensation		ons to employee	(e) Estima		
			devoted to position	(Forms W-2/1099-MIS 1099-NEC)		ns, and deferred pensation	other co	mpensa	llion
None				,					
None									
						İ			
						İ			
						İ			
						İ			
51	Comp	number of other employees paid over plete this table for the organization' 000 of compensation from the organ	s five highest compe	ensated independe	nt contracto	ors who each	n received	d more	e thar
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	service	(c)	) Compensa	tion	
None									
				-					
						+			
				1					
				-					
				<b>A</b>					
		number of other independent contra	•		. ▶				
52		he organization complete Schedu	ile A? <b>Note:</b> All se	ction 501(c)(3) or	ganizations	must attacl		_	
	comp	eleted Schedule A			<u> </u>	<u> </u>	► 🗹 Ye	s 📙	No
		of perjury, I declare that I have examined this r					nowledge ar	nd belief	, it is
true, co	rrect, an	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepar	er has any knov	νledge.			
Sign		Signature of officer				Date			
Here		Reba Coulter, Treasurer							
		Type or print name and title							
<u> </u>		Print/Type preparer's name	Preparer's signature	I	Date		PTIN		
Paid		Trinic Type preparer 3 Harrie	1,			Check L self-emplo	l if		
Prep		<u> </u>					,yeu		
Use	Only	Firm's name			F	Firm's EIN ►			
	Cilly								
N 4		Firm's address ► discuss this return with the preparer		·	F	Phone no.	▶ ∏ Ye		No

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047 2021

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.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

		OLK INC					37-16	59003	
Pa	rt I	Reason for Public Char	rity Status. (All	l organizations mus	t comple	ete this p	oart.) See instruction	ons.	
he	organ	ization is not a private founda	tion because it i	s: (For lines 1 through	12, chec	k only or	ne box.)		
1		A church, convention of church	nes, or associati	on of churches descri	bed in <b>se</b>	ection 17	0(b)(1)(A)(i).		
2		A school described in <b>section</b>	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990)	.)			
3		A hospital or a cooperative hos	spital service org	ganization described i	n <b>sectior</b>	170(b)(1	I)(A)(iii).		
4	_	A medical research organization ospital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in <b>s</b>	section 170(b)(1)(A)	(iii). Enter the	
5		An organization operated for tection 170(b)(1)(A)(iv). (Comp	the benefit of a	college or university	owned o	r operate	ed by a government	al unit descr	ibed in
6	$\Box A$	A federal, state, or local govern	nment or govern	mental unit described	in <b>sectio</b>	on 170(b)	(1)(A)(v).		
7	V	An organization that normally described in <b>section 170(b)(1)</b>	receives a subs	tantial part of its sup				the general	public
8		A community trust described in	n <b>section 170(b)</b>	(1)(A)(vi). (Complete	Part II.)				
9	C	An agricultural research organi or university or a non-land-gra university:							
10	_ r	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exèmpt fur income and uni	nctions, subject to ce related business taxal	rtain exce ole incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	$33^{1/3}\%$ of its	oss
11		An organization organized and	operated exclus	sively to test for public	safety.	See <b>sect</b> i	ion 509(a)(4).		
12	C	An organization organized and one or more publicly supported the box on lines 12a through 12	I organizations d	escribed in section 5	0 <b>9(a)(1)</b> o	r <b>section</b>	509(a)(2). See secti	on 509(a)(3).	
а	ı [	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	ijority of t	• , , ,		giving
t	• [	Type II. A supporting organ control or management of to organization(s). You must o	the supporting o	rganization vested in	the same				
c	; [	Type III functionally integrits supported organization(						ally integrated	d with,
c	I [	Type III non-functionally i that is not functionally integrequirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an		
e	• [	Check this box if the organ functionally integrated, or T					, , , , , , , , , , , , , , , , , , , ,	e II, Type III	
f	En	ter the number of supported o	organizations .						
ç	Pro	ovide the following information	about the supp	orted organization(s).					
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amoun other suppor instruction	t (see
					Yes	No			
A)									
В)									
C)									
D)									
E)									
	_								

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 61,908 66,405 62,594 60,011 70,276 321,194 Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf . . . . 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 39,713 40,121 30,336 30,672 31,347 172,189 Total. Add lines 1 through 3. . . . 4 101,621 106,526 92,930 90,683 101,623 493,383 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) . . . . Public support. Subtract line 5 from line 4 493,383 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 . . . . . . 101,621 101,623 106,526 92,930 90,683 493,383 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . 73 50 309 358 791 Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 5.195 2,786 1.999 1.075 622 11,677 **Total support.** Add lines 7 through 10 11 505,851 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . . 97.54 % Public support percentage from 2020 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

<u> </u>	in the organization rails to quality	under the te	sts listed beit	Jw, piease co	inplete Fait	11.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 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						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> 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						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from						
Coot:	on B. Total Support						
		(-) 0047	(1-) 0040	(-) 0010	(-I) 0000	(-) 000d	(6) T-+-1
	dar year (or fiscal year beginning in)  Amounts from line 6	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
9							
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	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'	s first. second	. third. fourth.	or fifth tax ve	ar as a sectic	n 501(c)(3)
	organization, check this box and stop he	J			•		` ` ` `
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8	3, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2020 Sch					16	%
Secti	on D. Computation of Investment In					-	
17	Investment income percentage for 2021 (	line 10c, colur	nn (f), divided b	by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2020					18	%
19a	331/3% support tests-2021. If the organ	ization did not	check the box	on line 14, a	nd line 15 is m	ore than 331/39	%, and line
	17 is not more than $33^{1}/_{3}\%$ , check this box	and <b>stop here</b>	. The organization	on qualifies as	a publicly supp	orted organizat	ion . 🕨 🗌
b	331/3% support tests-2020. If the organize						
	line 18 is not more than 331/3%, check this I	oox and <b>stop h</b>	nere. The organi	ization qualifies	as a publicly s	upported orgar	nization 🕨 🗌
20	Private foundation If the organization di	d not check a	hay on line 1/	10a or 10h	shock this hov	and cap inetru	ctions -

### 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

CCII	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	F		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
_	designated in the organization's organizing document?	5b		
6	<b>Substitutions only.</b> 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 <b>Part VI.</b>	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	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 <b>Part VI.</b>	9c		
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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b 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 **Section B. Type I Supporting Organizations** Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 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 trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a 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.

Schedule A (Form 990 or 990-EZ) 2021

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_ 5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	ntegrated Type III suppo	rting organization

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continue	d)	
Sect	ion D-Distributions				Current Year
1 2	Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		rted	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in <b>Part</b>	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(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 <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	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 <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
	Excess from 2021				

Part VI

III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	2b,
Schedule A, Part II, Line 10 - Yard sale proceeds of donated items.	

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

#### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number
FOREST FOLK INC	37-1659003
Form 990-EZ, Part I, Line 20 - Error on cash balances on the previous year.	

Schedule O, Statement 1 FOREST FOLK INC

Form: **Form 990-EZ (2021)** EIN: **37-1659003** 

Page: 1 Part I, Line 16

#### Other Expenses Structured Explanation

Description	Amount
Advertising	7,062
Promotion	1,279
Auto Insurance	3,796
Directors and Officers Liability	900
General Liability	750
Registration Fees	390
Bank Charges	82
Books Subscriptions Reference	517
Public Relations	217
Shuttle van use	31,347
Conference Convention Meeting	90
Mileage	118
Internet Connections	243
Supplies	37
Telephone Telecommunications	1,151
Gasoline	4,692
Repair and Maintenance	11,284
Volunteer Appreciation	473
Special Events	200
Total:	64,628

Schedule O, Statement 2 FOREST FOLK INC

Form: Form 990-EZ (2021) EIN: 37-1659003

Page: 2 Part II, Line 24

#### Other Assets Structured Explanation

Description	EOY Amount
Furniture and Equipment	2,184
1999 Ford Van with Wheel Chair Lift	13,385
2002 Dodge Van	4,000
Due from DMV	38
Loans	184
Total:	19,791

Schedule O, Statement 3 FOREST FOLK INC

Form: Form 990-EZ (2021) EIN: 37-1659003

Page: 2 Part II, Line 26
Other Liabilities Structured Explanation

Description	EOY Amount
Citicard charges	586
Form 941 US Treasury	876
Form DE 9 EDD	478

Total: 1,940

Schedule O, Statement 4 FOREST FOLK INC

Form: **Form 990-EZ (2021)** EIN: **37-1659003** 

Page: 2 Part III

#### **Primary Exempt Purpose**

#### **Primary Exempt Purpose**

The primary purpose of Forest Folk, Inc. is to serve the Seniors of Idyllwild and the surrounding communities by providing recreational programs, events, and transportation services to the elderly, disabled, and economically disadvantaged residents in the area.

Schedule O, Statement 5 FOREST FOLK INC

Form: Form 990-EZ (2021)

Page: 2

EIN: 37-1659003

Part III, Line 28

First Program Service Accomplishments Description

#### Description

sponsored 4th of July Parade, the Lemon Lily Festival, and the Tree Lighting Ceremony. The primary accomplishment was the procurement of an ancient shuttle bus in order to provide a free transportation service to the elderly, disabled, and economically disadvantaged members of the community, however, none who wish to participate are excluded. Aside from this limited service, there is no public transportation service available to the area. Idyllwild is a small mountain village with limited health care and shopping services. The closest metropolitan area is more than an hour's drive away down a steep mountain highway and many do not have the physical or financial means to provide their own transportation.

Schedule O, Statement 6 FOREST FOLK INC

Form: Form 990-EZ (2021)

Page: 2

EIN: 37-1659003

Part III, Line 29

Second Program Service Accomplishments Description

#### Description

in place to use if for upcoming local events, the Lilac Festival, the Beer Fest, and the Lemon Lily Festival. It is also available for private events such as wedding receptions or excursions off the hill. In addition to our existing programs, Forest Folk adopted families in need for the Thanksgiving and Christmas holidays and for a family emergency. Forest Folk also partnered with Riverside County's Community Action Partnership and made it possible for four local children to receive bicycles for Christmas.

Schedule O, Statement 7 FOREST FOLK INC

Form: Form 990-EZ (2021)

Page: 2

EIN: 37-1659003

Part III, Line 30

Third Program Service Accomplishments Description

#### Description

In addition, the group also offered assistance to elderly members of the community wishing to explore the benefits of BEMER Therapy. The shuttle service, with its focus on the elderly, disabled, and low-income members of the community, continued to operate with two weekly trips off-the-hill for medical appointments, shopping, or other services that are unavailable locally. The same door-to-door service was offered locally as well. Forest Folk made charitable donations to a needy family for the Thanksgiving and Christmas holidays and provided transportation for the annual Master Choral Christmas Program.

FOREST FOLK INC

Form: Form 990-EZ (2021) EIN: 37-1659003

Page: 2

Description

Part III, Line 31

Program

Service

111,042

**Expenses** 

Includes

Foreign

**Grants** 

**Grants And** 

**Allocations** 

109,083

#### Other Program Service Accomplishments

In 2018, the Idyllwild Area Shuttle Service was temporarily interrupted by the Cranston Fire that forced the

evacuation of Idyllwild for four days. The Project Manager spent those four days in a shelter in Banning with the shuttle riders who were unable to return to their homes. Road closures kept the shuttle service	,	,-
from operating for several more days. When we were able to resume operations, we continued to offer two		
off-the-hill trips weekly and two days on-the-hill shuttling elderly, disabled, and limited income persons to		
needed services. For our charitable donation this year, we chose to assist a local cleaning lady with paying		
for her much-needed dental treatments.		
2019 was a very difficult year for the village of Idyllwild, its surrounding communities, and especially for the	95,037	84,327
Idyllwild Area Shuttle Service operated by Forest Folk, Inc. Following the Cranston Fire in 2018, severe		
weather highway damages on Valentine's Day 2019 and the subsequent closures of Hwy 74 and Hwy 243		
had a disastrous effect upon the already suffering economy of the mountain communities. Forest Folk, Inc.		
kept the free shuttle service in operation even though it necessitated taking a much longer route to Hemet		
on Wednesdays. Forest Folk participated in the 4th of July Parade and, with the sponsorship of The Rotary		
Club of Idyllwild, provided shuttle service for the Summer Concerts. Forest Folk hosted a gathering of local		
volunteer organization representatives in an effort to promote greater cooperation. They also assisted in		
promoting a local informational presentation by the County of Riverside. Severe snow weather prevented		
the Memorial Day yard sale and then again, the booth sales at the Tree Lighting Festival following		
Thanksgiving, both had always been major fundraisers for the organization. However, the year ended on a		
positive note. We had a white Christmas.		
2020, the year of the COVID 19 pandemic with its accompanying lockdowns, was a disastrous year for the	92,182	88,484
tiny mountain community of Idyllwild. Some small shops closed never to reopen again. Forest Folk, Inc.		
had to suspend all of its programs except the shuttle service. As the only means of public transportation in		
the area, it was too vital to the community to discontinue. But there were necessary changes to the		
service. Mondays and Wednesdays, only those with medical appointments can be transported off the		
mountain to where needed medical services are available. Local shuttle services remained the same		
except that now all who step aboard the van must wear masks, use hand sanitizers, and submit to a		
temperature check. At least, the service remained in operation so that those without transportation could		
access essential services, such as visiting the food banks, the grocery stores, the pharmacy, and the post		
office. These changes remain in operation today.		
The only change during the past year is that now the shuttle service accepts all passengers, but the	102,246	106,556
masks, hand sanitizers, and temperature checks remain in place. The ridership numbers dropped		
drastically during the past two years of the pandemic, but the shuttle service remains in operation. The		
special tax-funded Measure A grant obtained through the Riverside County Transportation Commission		
makes this possible. The grant period ends June 30, 2024.		
Total:		390,409