			EXTENDED TO M	1AY 15, 2 t <b>Form</b>	023			OMB No. 1545-0047
Form <b>990-EZ</b>			<b>Return of Organization E</b>	0001				
			Under section 501(c), 527, or 4947(a)(1) of the Int	ternal Revenue	Code (except private	found	lations)	2021
			Do not enter social security numbers	s on this form, a	s it may be made pu	blic.		Open to Public
		of the Treasury enue Service	► Go to www.irs.gov/Form990EZ for	instructions and	I the latest information	on.		Inspection
			year, or tax year beginning JUL 1,	2021	and ending JU	N 3	0, 2	022
Ba	Check it opplicat	ole: C Na	me of organization			D Em	ployer id	entification number
	Ξ	ess change	VECTNE NAMUDE DDECEDVE				7 24	0000
-		Num	DKOSING NATURE PRESERVE ber and street (or P.O. box if mail is not delivered to street	address)	Room/suite			82300
	Final	n - Au un /	9 CHASE AVENUE	uuuroooy	noonii/suite			27-5181
	5		or town, state or province, country, and ZIP or foreign post	tal code			oup Exem	
	Applic	cation pending <b>G</b> A	MBIER, OH 43022			Nu	mber 🕨	
		nting Method:	☐ Cash X Accrual Other (specify) ►					X if the organization is
			CON.EDU/KOKOSING-NATURE-PRE			1		I to attach Schedule B
		cempt status (ch of organization:	eck only one) — 501(c)(3) X 501(c) ( 13 )◀ X Corporation Trust Association		4947(a)(1) or 527	(Fo	rm 990).	
			b to line 9 to determine gross receipts. If gross receipts are	Sec. 1. Sec. 1				
		n (B)) are \$500.0	00 or more, file Form 990 instead of Form 990-EZ				▶ \$	62,185.
Pa	art I	Revenue	, Expenses, and Changes in Net Assets	or Fund Bal	ances (see the instr	uctions	for Part	l)
-			organization used Schedule O to respond to any question in					X
	1		gifts, grants, and similar amounts received				1	59,590.
	2		e revenue including government fees and contracts				2	59,590.
	4		ies and assessments ome				4	506.
	5a		from sale of assets other than inventory		1,5	89.	1	
	b		ther basis and sales expenses					
	C		rom sale of assets other than inventory (subtract line 5b fr	om line 5a)			5c	1,589.
	6		ndraising events:					
ani	a	A . =	rom gaming (attach Schedule G if greater than	6a				
Revenue	b	, , ,	rom fundraising events (not including \$	·····	 ontributions			
ň		from fundraising events reported on line 1) (attach Schedule G if the sum of such						
		gross income a	nd contributions exceeds \$15,000)	<u>6b</u>				
			enses from gaming and fundraising events					
			loss) from gaming and fundraising events (add lines 6a an				6d	
	7a b	Less: cost of g	nventory, less returns and allowances					
	C C		oods sold (loss) from sales of inventory (subtract line 7b from line 7a				7c	
	8	Other revenue (	describe in Schedule O)	SEE S	SCHEDULE O		8	500.
53	9	Total revenue.	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	62,185.
	10	Grants and sim	ilar amounts paid (list in Schedule O)				10	and the boat of the second
	11		or for members				11	40,633.
ses	12 13		es and other payments to independent contractors				12 13	12,928.
Expenses	14	Occupancy, ren	t, utilities, and maintenance	SEE S	SCHEDULE O		14	6,802.
Ĕ	15	Printing, public	ations, postage, and shipping				15	
	16		(describe in Schedule O)	SEE S	SCHEDULE O		16	10,546.
	17	the second se	Add lines 10 through 16				17	70,909.
ts	18		it) for the year (subtract line 17 from line 9)				18	-8,724.
Net Assets	19		nd balances at beginning of year (from line 27, column (A) h end-of-year figure reported on prior year's return)				19	-47,055.
et A	20		in net assets or fund balances (explain in Schedule O)	SEE S	SCHEDULE O		20	-14,642.
z	21		ind balances at end of year. Combine lines 18 through 20				21	-70,421.
LHA	For	Paperwork Red	uction Act Notice, see the separate instructions.	CONTRACTOR OF STREET	DNEY VOTNY LLC			Form <b>990-EZ</b> (2021)
1321	71 12-	08-21	그는 그 것 같은 것 같은 것 같은 것 같이 많이 있다.	Clier	at Copy			

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Client Copy

Form 990-EZ (2021) KOKOSING NATURE PRESERVE		4	47-24823	00 Page 2
Part II Balance Sheets (see the instructions for Part II)				
Check if the organization used Schedule O to resp	ond to any question	in this Part II		X
	(	A) Beginning of year		nd of year
22 Cash, savings, and investments		144,914.		0.
23 Land and buildings		140,083.		280,026.
<ul> <li>23 Land and buildings</li> <li>24 Other assets (describe in Schedule 0) SEE SCHEDULE O</li> </ul>		95,567.		76,291.
25 Total assets		380,564.		356,317.
26 Total liabilities (describe in Schedule 0) SEE SCHEDULE O		427,619.	26	426,738.
				-70,421.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III Statement of Program Service Accomplishment	ts (see the instructi	ons for Part III)		penses
Check if the organization used Schedule O to resp	ond to any question	in this Part III	(Required	for section
What is the organization's primary exempt purpose? NATURE PRESERVE				and 501(c)(4) ons; optional for
Describe the organization's program service accomplishments for each of its three largest program ser	rvices, as measured by expenses.	In a clear and concise	others.)	ino, optional for
manner, describe the services provided, the number of persons benefited, and other relevant information				
28 SEE SCHEDULE O				
			_	
			_	
(Grants \$ ) If this amount includes foreign gr	rants check here	•	28a	52,498.
29				
			-	
			-	
(Grants \$ ) If this amount includes foreign gr	rants check here		29a	
30			2.3a	
			-	
			-	
(Grants \$ ) If this amount includes foreign gr	ranta abaak bara			
			30a	
			31a 32	52,498.
32         Total program service expenses (add lines 28a through 31a)           Part IV         List of Officers, Directors, Trustees, and Key En	nplovees attack		. 32	52,490.
Check if the organization used Schedule O to resp			se the instructions for	Part IV)
		T T	(d) Health benefits,	(a) Estimated
(-) Nome and title	(b) Average hours per week devoted to	compensation (Forms	contributions to	(e) Estimated amount of other
(a) Name and title	position	W-2/1099-MISC/ 1099-NEC)	employee benefit plans, and deferred	compensation
LISA SCHOTT		(if not paid, enter -0-)	compensation	
TRUSTEE	1.00	0.	0.	0.
AMY HENRICKSEN	1.00	0.	0.	
TRUSTEE	1.00	0.	0.	0
PETER WHITE	1.00	0.	0.	0.
TRUSTEE	1 00	0.	0.	0
IKUSIEE	1.00	0.	0.	0.
		120 20 20 20 20		
		1857 B 1877		
			533356	
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		<ul> <li>Comparison of the second s</li></ul>	and the dark from	

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Form	1 990-EZ (2021) KOKOSING NATURE PRESERVE 47-2482	2300	1.1	Page 3				
Pa	Irt V Other Information (Note the Schedule A and personal benefit contract statement requirements			2.5 T.				
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V					
			Yes	No				
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each	2.5						
	activity in Schedule 0	33		X				
34	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							
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			100				
	on lines 2, 6a, and 7a, among others)?	35a		X				
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A				
	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		X				
36	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		X				
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			1. A. A.				
b	Did the organization file Form 1120-POL for this year?	37b		X				
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			a fair a				
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X				
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A							
39	Section 501(c)(7) organizations. Enter:							
a	Initiation fees and capital contributions included on line 9 39a N/A			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
b			1.2.0					
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			1. Stall				
	section 4911 N/A ; section 4912 N/A ; section 4955 N/A		and a start					
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
	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	N/	A				
C		1.20		1 dia				
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A							
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed							
	by the organization N/A							
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	and the second		1 Cont				
	transaction? If "Yes," complete Form 8886-T	40e		X				
41	List the states with which a copy of this return is filed 🕨 NONE							
42 a	The organization's books are in care of $\blacktriangleright$ NICHOLAS NEUERER Telephone no. $\blacktriangleright$ 740-42							
	Located at ► 209 CHASE AVENUE, GAMBIER, OH ZIP + 4 ► 4	302	2					
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		24					
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No				
	account)?	42b		X				
	If "Yes," enter the name of the foreign country	- 1. 						
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X				
	If "Yes," enter the name of the foreign country							
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨					
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A						
			Vaa	No				
23-			res	No				
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		(and and	v				
1	Form 990-EZ	44a		X				
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		1.2.10	v				
	of Form 990-EZ	44b	1	X				
	Did the organization receive any payments for indoor tanning services during the year?	44c		X				
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		1.00					
	in Schedule 0	44d		v				
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X				
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	451		a start				
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b						

Form 990-EZ (2021)

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Form 9	990-EZ (2	021)	KOKOSING NATURE	PRESERVE		42.C		47-2482	300		Page 4
			on engage, directly or indirectly, in pol Schedule C, Part I	itical campaign activitie		A 10 1 1 1 1 1	and a second		46	Yes	No X
Par			on 501(c)(3) Organizations						40		
			on 501(c)(3) organizations must a								
4	(	Check if	the organization used Schedule	O to respond to any	question in this	s Part VI					
										Yes	No
		•	on engage in lobbying activities or hav						47		1.5
48 I	s the ora	anization	Sch. C, Part II a school as described in section 170	(b)(1)(A)(ii)? If "Yes " ci	omplete Schedule	 P F			47		
			on make any transfers to an exempt no					and the second	49a		
bl	f "Yes," w	as the re	lated organization a section 527 organ	nization?					49b		
50 (	Complete	this tabl	e for the organization's five highest co	mpensated employees	(other than office				ich rea	ceived r	nore
t	han \$100		compensation from the organization. I	f there is none, enter "N			1	1 ( 1)	-		
			(a) Name and title of each employee		(b) Average per week de		(C) Reportable compensation (Forms	(d) Health benefits contributions to	am	) Estim ount of	
			N/A		por wook do		W-2/1099-MISC/ 1099-NEC)	employee benefit plans, and deferred compensation		mpens	
				•				compensation			
4 G		Sec. 1									
-											
-		-									
									-		
-											
			e for the organization's five highest co		it contractors who	o each rece	ived more than \$100,0	000 of compensa	ion fro	om the	
			re is none, enter "None." N/A				N Tomo of comico				
-	(a) N	anne anu	business address of each independer			(L	) Type of service	(C)	Jointe	ensatio	<u>n</u>
		2									
											1
-											
d T	otal num	ber of ot	her independent contractors each rec	eiving over \$100,000				I			
			n complete Schedule A? Note: All sec	. ,							2.4
0	completed	d Schedu	MALONEY					🕨 🗌	Ye		No
			y, Holdslare that Havelexamined this						je and	belief,	it is
true, co	orrect, an		ete Declaration of preparer (other ha	n officer) is based on al	I information of v	which prepa	irer has any knowledge		1 10	-	-1
Sign		Signatur		pt ervi				Date	4	10	15
Sign Here		TEE		MPRESIDENT							
		Type or	<b>F BOWMAN , INTERI</b>	M INBOIDENI							
199		Print/T	ype preparer's name	Preparer's signature	<u></u>	Date	Check	if PTIN			10.00
Paid		CHRI	STOPHER B.				self- emplo	yed			
Prep			RSON					P002			
Use			name MALONEY + NO				Firm's EIN	▶ 34-06			
		Firm's	address ► 1111 SUPERI				Phone no.	(216) 3	863	-01	00
	IDC		CLEVELAND,		540			<u> </u>	7		
iviay th	e IRS dis	cuss this	s return with the preparer shown abov	er See Instructions					Ye		<u>No</u> (2021)
								a de ser de la de	01111 9	00-EZ	(2021)

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1. S. B. B.

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questions of Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		OMB No. 1545-0047
Name of the organization			identification number
FORM 990-EZ,	PART I, LINE 4, OTHER INVESTMENT INCOME:		
DESCRIPTION (	OF PROPERTY:		AMOUNT :
DIVIDENDS & 3	INTEREST		506.
FORM 990-EZ,	PART I, LINE 8, OTHER REVENUE:		
DESCRIPTION (	OF OTHER REVENUE:		AMOUNT:
OTHER INCOME			500.
FORM 990-EZ,	PART I, LINE 14, OCCUPANCY, RENT, UTILITIES,	AND MA	INTENANCE :
DESCRIPTION (	OF EXPENSES:		AMOUNT:
DEPRECIATION			6,802.
FORM 990-EZ,	PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION (	OF OTHER EXPENSES:		AMOUNT :
OTHER EXPENS	ES		717.
INTEREST			4,257.
OFFICE EXPEN	SES		1,190.
LAND MAINTEN	ANCE		3,340.
PROMOTIONAL	ACTIVITIES		1,042.
TOTAL TO FORM	M 990-EZ, LINE 16		10,546.
FORM 990-EZ,	PART I, LINE 20, CHANGES IN NET ASSETS:		
CHANGES IN NI	ET ASSETS OR FUND BALANCES:		AMOUNT :
UNREALIZED LO	OSS ON INVESTMENTS		-14,642.
FORM 990-EZ,	PART II, LINE 24, OTHER ASSETS:		
LHA For Paperwork Re	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	dule O (Form 990) 202

6

Schedule O (Form 990) 2021		Page 2
Name of the organization KOKOSING NATURE PRESERVE		er identification number 2482300
DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENTS - SECURITIES	95,567.	75,821.
OTHER ASSETS	0.	470.
TOTAL TO FORM 990-EZ, LINE 24	95,567.	76,291.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	781.	0.
NOTE PAYABLE: PHILANDER CHASE CONS.	426,838.	426,738.
TOTAL TO FORM 990-EZ, LINE 26	427,619.	426,738.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THE KOKOSING NATURE PRESERVE IS A CONSERVATION BURIAL

GROUND LOCATED IN THE PICTURESQUE COUNTRYSIDE OF GAMBIER,

OHIO. A PROJECT OF THE PHILANDER CHASE CONSERVANCY, KENYON

COLLEGE'S LAND TRUST, THE PRESERVE OFFERS A NATURAL BURIAL OPTION ON 23

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ACRES OF RESTORED PRAIRIES AND WOODLANDS.

Schedule O (Form 990) 2021

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## Form **8868**

(Rev. January 2022)

## Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-0047

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

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	Name of exempt organization or other filer, see instructions.				Taxpayer identification number (TIN)			
print KOKOSING NATURE PRESERVE				47-2482300					
File by the due date for filing your				01000					
return. See instructions	6	oreign add	ress, see instructions.						
Enter the	e Return Code for the return that this application is for (file	e a separat	te application for each return)			0 1			
Applicat	ion	Return	Application						
Is For		Code	Is For			Code	Code		
Form 99	0 or Form 990-EZ	01	Form 1041-A			08			
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	09		
Form 99	0-PF	04	Form 5227			10	10		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 99	0-T (trust other than above)	06	Form 8870			12			
Form 99	0-T (corporation)	07			- Carlos and				
<ul> <li>If the</li> <li>If this box</li> <li>1</li> <li>I return</li> <li>the</li> </ul>	hone No. ► 740-427-5945 organization does not have an office or place of business is for a Group Return, enter the organization's four digit ( 	Group Exe and atta <u>MAX</u> anization's	mption Number (GEN) I ch a list with the names and TINs of $\underline{X \ 15, \ 2023}$ , to file return for: d ending JUN 30, 2022	f this is fo all memb	r the whole g ers the exter npt organiza	group, check thi	s		
	his application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0			
	his application is for Forms 990-PF, 990-T, 4720, or 6069 timated tax payments made. Include any prior year overp			3b	\$	0			
	lance due. Subtract line 3b from line 3a. Include your pa ing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0			
Caution: instruction	If you are going to make an electronic funds withdrawal ons.	(direct deb	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	-TE for payment	c		
LHA I	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ctions.		Form 8	3868 (Rev. 1-202	22)		