** PUBLIC DISCLOSURE COPY ** Short Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Form **990-EZ**

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

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

_	Ear th	2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUL	T 2	^	2016	
R	Check it	O Name of accomination			2016	
_	applicat	C Name of organization	n Ewt	oloyer	identification number	
L	Addr	ess change				
L	Nam	change KOKOSING NATURE PRESERVE	47-2482300			
	Initia		E Telephone number			
	Final	return/ 209 CHASE AVENUE	7	740-427-5181		
	Ame	nded return City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exe	mption	
	Applic	ation pending GAMBIER, OH 43022		nber 🕨		
G	Accou	nting Method: Cash X Accrual Other (specify)	H Che	ck 🕨	if the organization is	
		e: ▶ <u>N/A</u>	not	require	ed to attach Schedule B	
J	Tax-ex	empt status (check only one) — 501(c)(3) X 501(c) (13)◀(insert no.) 4947(a)(1) or 527	(Fo	rm 990	, 990-EZ, or 990-PF).	
K	Form o	f organization: X Corporation Trust Association Other				
L	Add lin	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,				
	columi	(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$	26,144.	
P	art I	(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	ctions	for Pai	rt I)	
		Check if the organization used Schedule O to respond to any question in this Part I			X	
	1	Contributions, gifts, grants, and similar amounts received		1	9,634.	
	2	Program service revenue including government fees and contracts		2	15,500.	
	3	Membership dues and assessments		3		
	4	Investment income SEE SCHEDULE O		4	996.	
	5a		4.	2000	7,500	
	Ja					
	"				14.	
	°	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
	6	Gaming and fundraising events	Ì			
e	a	Gross income from gaming (attach Schedule G if greater than				
enr		\$15,000)				
Revenue	b	Gross income from fundraising events (not including \$ of contributions				
щ		from fundraising events reported on line 1) (attach Schedule G if the sum of such				
		gross income and contributions exceeds \$15,000)				
	C	Less; direct expenses from gaming and fundraising events 6c 6c				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d		
	7a	Gross sales of inventory, less returns and allowances 7a	200000000000000000000000000000000000000			
	Ь	Less; cost of goods sold				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
	8	Other revenue (describe in Schedule O)		8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	I	9	26,144.	
	10	Grants and similar amounts paid (list in Schedule O)		10		
	11	Benefits paid to or for members		11		
"	12	Salaries, other compensation, and employee benefits		12		
ses	13	Professional fees and other payments to independent contractors		13	9,147.	
en	14	Occupancy, rent, utilities, and maintenance		14	3/11/0	
Expense	15	Bridge and Bridge State of the Control of the Contr	···	15	1,343.	
		Other expenses (describe in Schedule 0) SEE SCHEDULE O	···· }	16	32,481.	
	16		:: I		42,971.	
_	17	Total expenses. Add lines 10 through 16		17		
ģ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-16,827.	
Se	19	Net assets or fund balances at beginning of year (from line 27, column (A))		4/3/8	21 055	
t As	1	(must agree with end-of-year figure reported on prior year's return)		19	-31,865.	
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0) SEE SCHEDULE O		20	-849.	
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	-49,541.	
1 4	A F	Department Deduction Act Notice and the congrete instructions			Form QQN_F7 (2015)	

532171 12-02-15

	art II	•	•				
		Check if the organization used Schedule O to	respond to any question	on in this Part II			X
				(A) Beginning of year		(B) E	nd of year
22	Cash,	, savings, and investments		24,551.			2,161.
23				165,581.	23		174,390.
24	Other	and buildings assets (describe in Schedule 0) SEE SCHEDUL	E O	38,345.	24		49,996.
25				228,477.			226,547.
26	Total	assets liabilities (describe in Schedule 0) SEE SCHEDUL	E O	260,342.	26		276,088.
27		ssets or fund balances (line 27 of column (B) must agree with lin	e 21)	-31,865.	27		-49,541.
Pa	art III	Statement of Program Service Accomplish	ments (see the instruc	ctions for Part III)		Ex	penses
		Check if the organization used Schedule O to	respond to any question	on in this Part III	X		for section
Wha	at is the c	organization's primary exempt purpose? NATURE PRES	ERVE CEMETERY				and 501(c)(4) ons; optional for
Desc	ribe the or	rganization's program service accomplishments for each of its three largest pro	gram services, as measured by expens	es. In a clear and concise		others.)	
man	ner, descril	ibe the services provided, the number of persons benefited, and other relevant i	nformation for each program title.				
28	SEE	SCHEDULE O					
	(Grants	s \$) If this amount includes for	eign grants, check here	>		28a	26,967.
29							
	(Grants	s \$) If this amount includes for	eign grants, check here	>		29a	
30							
	(Grants	s \$) If this amount includes for	eign grants, check here	>		30a	
31	Other p	program services (describe in Schedule O)		•••••			
	(Grants					31a	
32	Total p	orogram service expenses (add lines 28a through 31a) List of Officers, Directors, Trustees, and Ke			. ▶	32	26,967.
Pa	art IV	4			e the i	nstructions for	Part IV)
		Check if the organization used Schedule O to	respond to any question	on in this Part IV			
			(b) Average hours		(d) He	alth benefits,	(e) Estimated
					· contr	ibutions to	(c) Louinatou
		(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	emplo	ibutions to eyee benefit	amount of other
			per week devoted to position	W-2/1000-MISC)	emplo plans, a		· ·
_		SCHOTT	position	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other
_	SA S	SCHOTT	· '	W-2/1099-MISC)	emplo plans, a	yee benefit and deferred	amount of other
TR AM	USTE Y HE	SCHOTT SE ENRICKSEN		W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other compensation
TR AM	USTE	SCHOTT SE ENRICKSEN	position	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other compensation
TR AM TR PE	USTE LY HE USTE TER	SCHOTT SE SNRICKSEN SE WHITE	1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other compensation
TR AM TR PE	USTE IY HE USTE	SCHOTT SE SNRICKSEN SE WHITE		W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other compensation
TR AM TR PE	USTE LY HE USTE TER	SCHOTT SE SNRICKSEN SE WHITE	1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other compensation 0 .
TR AM TR PE	USTE LY HE USTE TER	SCHOTT SE SNRICKSEN SE WHITE	1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other compensation 0 .
TR AM TR PE	USTE LY HE USTE TER	SCHOTT SE SNRICKSEN SE WHITE	1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other compensation 0 .
TR AM TR PE	USTE LY HE USTE TER	SCHOTT SE SNRICKSEN SE WHITE	1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other compensation 0 .
TR AM TR PE	USTE LY HE USTE TER	SCHOTT SE SNRICKSEN SE WHITE	1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other compensation 0 .
TR AM TR PE	USTE LY HE USTE TER	SCHOTT SE SNRICKSEN SE WHITE	1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other compensation 0 .
TR AM TR PE	USTE LY HE USTE TER	SCHOTT SE SNRICKSEN SE WHITE	1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other compensation 0 .
TR AM TR PE	USTE LY HE USTE TER	SCHOTT SE SNRICKSEN SE WHITE	1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other compensation 0 .
TR AM TR PE	USTE LY HE USTE TER	SCHOTT SE SNRICKSEN SE WHITE	1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other compensation 0 .
TR AM TR PE	USTE LY HE USTE TER	SCHOTT SE SNRICKSEN SE WHITE	1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other compensation 0 .
TR AM TR PE	USTE LY HE USTE TER	SCHOTT SE SNRICKSEN SE WHITE	1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other compensation 0 .
TR AM TR PE	USTE LY HE USTE TER	SCHOTT SE SNRICKSEN SE WHITE	1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other compensation 0 .
TR AM TR PE	USTE LY HE USTE TER	SCHOTT SE SNRICKSEN SE WHITE	1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other compensation 0 .
TR AM TR PE	USTE LY HE USTE TER	SCHOTT SE SNRICKSEN SE WHITE	1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other compensation 0 .
TR AM TR PE	USTE LY HE USTE TER	SCHOTT SE SNRICKSEN SE WHITE	1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other compensation 0 .
TR AM TR PE	USTE LY HE USTE TER	SCHOTT SE SNRICKSEN SE WHITE	1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other compensation 0 .
TR AM TR PE	USTE LY HE USTE TER	SCHOTT SE SNRICKSEN SE WHITE	1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other compensation 0 .
TR AM TR PE	USTE LY HE USTE TER	SCHOTT SE SNRICKSEN SE WHITE	1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	oyee benefit and deferred pensation	amount of other compensation 0 .
TR AM PE	USTE LY HE USTE TER	SCHOTT EE ENRICKSEN EE WHITE EE	1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, a	yee benefit and deferred pensation 0.	amount of other compensation 0 .

Page 3

1 6	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part \	í	
	modulono for full ty encount in the enganization deed both o to respect to any queens in the			No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		100	140
	activity in Schedule O	33		Х
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			
	on lines 2, 6a, and 7a, among others)?	35a	N/	X
b	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			
C	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
	Enter amount of political expenditures, direct or indirect, as described in the instructions 137a 0.			**
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			37
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a N/A Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	The state of the s			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A			
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
U	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	40ь	N/	A
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	100		B a
•	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A	A STATE OF		
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			
е	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		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 ► SHIRLEY O'BRIEN Telephone no. ► 740-42	7-5	035	
	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	1		
	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:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	40	5355	v
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		_X_
40	If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		_	\Box
43	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	and enter the amount of tax-exempt interest received of accrued during the tax year	14/17		
		1	Yes	No
44 2	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	# (E) (E)		Walter Street
774	Form 990-EZ	44a		х
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			WE
-	of Form 990-EZ	44b		Х
c	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		E-0-4	
-	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	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)	45b		X
		Form 9	90-EZ	(2015)

Schedule B (Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

or 990-PF)

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

2015

OMB No. 1545-0047

Name of the organization

Employer identification number

47-2482300 KOKOSING NATURE PRESERVE Organization type (check one): Filers of: Section: X 501(c)(13) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

VOVOCTNO	ים כתוות גוג	PRESERVE	
DITTEOUN	NATURE	PRESERVE	

47-2482300

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$9,634.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

KOKOSING NATURE PRESERVE

47-2482300

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		<u> </u>	
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
-		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
-			
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
·			
3453 10-28-1		\$	

Name of organization Employer identification number KOKOSING NATURE PRESERVE 47-2482300 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047 Open to Public Inspection

Name of the organization KOKOSING NATURE PRESERVE	at www.iis.govii	Employer identification number 47-2482300
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCO	OME:	
DESCRIPTION OF PROPERTY:		AMOUNT:
DIVIDENDS & INTEREST		996.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
LAND MAINTENANCE		21,201.
PROMOTIONAL ACTIVITIES		907.
OTHER EXPENSES		4,607.
DEPRECIATION		5,766.
TOTAL TO FORM 990-EZ, LINE 16		32,481.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSET	rs:	
CHANGES IN NET ASSETS OR FUND BALANCES:		AMOUNT:
UNREALIZED LOSS ON INVESTMENTS		-849.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF Y	EAR END OF YEAR
INVESTMENTS - SECURITIES	38,3	45. 49,996.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:		
DESCRIPTION	BEG. OF Y	EAR END OF YEAR
ACCOUNTS PAYABLE	12,9	12. 63.
NOTE PAYABLE: PHILANDER CHASE CONS.	247,4	30. 276,025.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

276,088.

260,342.

TOTAL TO FORM 990-EZ, LINE 26

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

QMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization

KOKOSING NATURE PRESERVE

Employer identification number 47-2482300

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				
ACRES OF RESTORED PRAIRIES AND WOODLANDS.				