EXTENDED TO MAY 17, 2021

Form 990-EZ
Short Form
Return of Organization Exempt From Income Tax

Under section 501(c)(3), 527, or 4947(a)(19) (except private foundations)
Do not enter social security numbers on this form. They may be made public.
Go to www.irs.gov/Form990 for a latest information.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
KOKOSING NATURE PRESERVE

D Employer identification number
47-2482300

E Telephone number
740-427-5181

F Group Exemption Number

G Accounting Method: ☑ Accrual ☐ Cash ☐ Other (specify) □

H Check ☑ if the organization is not required to attach Schedule B
(FORM 990, 990-EZ, or 990-PF).

I Website: □ N/A

J Tax-exempt states (check only one) ☑ 501(c)(3) ☐ 501(c)(13) (insert no.) 4947(a)(1) ☐ 527

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 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, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ.

$ 35,370.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances
(see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, gifts, grants, and similar amounts received
2 Program service revenue including government fees and contracts
3 Membership dues and assessments
4 Investment income
5a Gross amount from sale of assets other than inventory
5b Less; cost or other basis and sales expenses
5c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)

$ 1,935.

6 Gaming and fundraising events:
   a Gross income from gaming (attach Schedule G if greater than $15,000)
   b Gross income from fundraising events (not including $ of contributions
      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
   d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)
7a Gross sales of inventory, less returns and allowances
7b Less; cost of goods sold
7c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)
8 Other revenue (describe in Schedule O)

SEE SCHEDULE O

$ 2,150.

9 Total revenue. Add lines 1, 2, 3, 4, 5a, 6, 7c, and 8

$ 35,370.

10 Grants and similar amounts paid (list in Schedule O)
11 Benefits paid to or for members
12 Salaries, other compensation, and employee benefits
13 Professional fees and other payments to independent contractors
14 Occupancy, rent, utilities, and maintenance
15 Printing, publications, postage, and shipping
16 Other expenses (describe in Schedule O)

SEE SCHEDULE O

$ 21,856.

17 Total expenses. Add lines 10 through 16

$ 38,593.

18 Excess or (deficit) for the year (subtract line 17 from line 9)

$ -3,223.

19 Net assets or fund balances at beginning of year (from line 27, column (A))
   (must agree with end-of-year figure reported on prior year's return)

$ -41,950.

20 Other changes in net assets or fund balances (explain in Schedule O)

SEE SCHEDULE O

$ -561.

21 Net assets or fund balances at end of year. Combine lines 18 through 20

$ -45,734.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

932171 12-11-19

09260509 138919 12197.24

2019.05094 KOKOSING NATURE PRESERVE 12197.21
<table>
<thead>
<tr>
<th>Part II</th>
<th>Balance Sheets (see the instructions for Part II)</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part III</th>
<th>Statement of Program Service Accomplishments (see the instructions for Part III)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the organization's primary exempt purpose? <strong>NATURE PRESERVE CEMETERY</strong></td>
<td></td>
</tr>
<tr>
<td>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</td>
<td></td>
</tr>
</tbody>
</table>

28 **SEE SCHEDULE O**

(Grants $ 0 ) If this amount includes foreign grants, check here \(28a\) \(10,488.\)

29 

(Grants $ ) If this amount includes foreign grants, check here \(29a\)

30 

(Grants $ ) If this amount includes foreign grants, check here \(30a\)

31 Other program services (describe in Schedule O) \(31a\)

(Grants $ ) If this amount includes foreign grants, check here \(31a\)

32 Total program service expenses (add lines 28a through 31a) \(32\) \(10,488.\)

<table>
<thead>
<tr>
<th>Part IV</th>
<th>List of Officers, Directors, Trustees, and Key Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check if the organization used Schedule O to respond to any question in this Part IV</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>LISA SCHOTT</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMY HENRICKSEN</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PETER WHITE</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 933172 12-11-19 |

Form 990-EZ (2019) 47-2482300 Page 2

**KOKOSING NATURE PRESERVE**

09260509 138919 12197.24 2019.05094 KOKOSING NATURE PRESERVE 12197.21
### Part V: Other Information

- **33** 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
  - **Yes**:  
  - **No**: X

- **34** Were any significant changes made to the organizing or governing documents? If "Yes," attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
  - **Yes**: X

- **35a** 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)?
  - **Yes**: X

- **35b** If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
  - **Yes**: X

- **35c** Was the organization a section 501(c)(4), 501(c)(6), or 501(c)(29) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
  - **Yes**: 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
  - **Yes**: X

- **37a** Enter amount of political expenditures, direct or indirect, as described in the instructions
  - **Yes**:  
  - **No**: X

- **37b** Did the organization file Form 1120-POL for this year?
  - **Yes**: X

- **38a** Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
  - **Yes**: X

- **39** Section 501(c)(7) organizations. Enter:
  - **Yes**:  
  - **No**: X

- **40a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
  - **Yes**:  
  - **No**: X

- **41** List the states with which a copy of this return is filed
  - **Yes**:  
  - **No**: X

- **42a** The organization's books are in care of
  - **Yes**:  
  - **No**: X

- **42b** Telephone:
  - **Yes**:  
  - **No**: X

- **42c** Located at
  - **Yes**:  
  - **No**: X

- **43** See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
  - **Yes**:  
  - **No**: X

- **44a** Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
  - **Yes**: X

- **44b** Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
  - **Yes**: X

- **44c** Did the organization receive any payments for indoor tanning services during the year?
  - **Yes**: X

- **44d** If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
  - **Yes**:  
  - **No**: X

- **45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?
  - **Yes**:  
  - **No**: X

- **45b** 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 H may need to be completed instead of Form 990-EZ. See instructions
  - **Yes**:  
  - **No**: X
### Part VI: Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
Check if the organization used Schedule O to respond to any question in this Part VI.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization, if there is none, enter "None."

<table>
<thead>
<tr>
<th>Name and title of each employee</th>
<th>Average hours per week devoted to position</th>
<th>Reportable compensation (Form W-2/1099-MISC)</th>
<th>Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of other employees paid over $100,000

Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>Name and business address of each independent contractor</th>
<th>Type of service</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of other independent contractors each receiving over $100,000

Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

**SEAN DECATUR, PRESIDENT**

Type or print name and title

**Date**

11/12/21

<table>
<thead>
<tr>
<th>Print/Type preparer's name</th>
<th>Preparer's signature</th>
<th>Date</th>
<th>Check if self-employed</th>
<th>PTIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHRISTOPHER B. ANDERSON</td>
<td></td>
<td>5/11/21</td>
<td></td>
<td>P00226559</td>
</tr>
</tbody>
</table>

Firm’s name: MALONEY + NOVOTNY LLC

Firm’s address: 1111 SUPERIOR AVE, SUITE 700

CLEVELAND, OH 44114-2540

Phone no. (216) 363-0100

May the IRS discuss this return with the preparer shown above? See instructions.

**[X]** Yes  
**No**
**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

<table>
<thead>
<tr>
<th>DESCRIPTION OF PROPERTY</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIVIDENDS &amp; INTEREST</td>
<td>885</td>
</tr>
</tbody>
</table>

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

<table>
<thead>
<tr>
<th>DESCRIPTION OF OTHER REVENUE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER INCOME</td>
<td>2,150</td>
</tr>
</tbody>
</table>

**FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:**

<table>
<thead>
<tr>
<th>DESCRIPTION OF EXPENSES</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPRECIATION</td>
<td>7,752</td>
</tr>
</tbody>
</table>

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

<table>
<thead>
<tr>
<th>DESCRIPTION OF OTHER EXPENSES</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROMOTIONAL ACTIVITIES</td>
<td>434</td>
</tr>
<tr>
<td>OTHER EXPENSES</td>
<td>599</td>
</tr>
<tr>
<td>INTEREST</td>
<td>17,325</td>
</tr>
<tr>
<td>OFFICE EXPENSES</td>
<td>1,173</td>
</tr>
<tr>
<td>LAND MAINTENANCE</td>
<td>2,325</td>
</tr>
<tr>
<td>TOTAL TO FORM 990-EZ, LINE 16</td>
<td>21,856</td>
</tr>
</tbody>
</table>

**FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:**

<table>
<thead>
<tr>
<th>CHANGES IN NET ASSETS OR FUND BALANCES</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNREALIZED LOSS ON INVESTMENTS</td>
<td>-561</td>
</tr>
</tbody>
</table>
INVESTMENTS - SECURITIES

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

ACCOUNTS PAYABLE 1,100. 600.

NOTE PAYABLE: PHILANDER CHASE CONS. 272,161. 272,061.

TOTAL TO FORM 990-EZ, LINE 26 273,261. 272,661.

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

▲ File a separate application for each return.
▲ 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 print

Name of exempt organization or other filer, see instructions.

KOKOSING NATURE PRESERVE

Taxpayer identification number (TIN)

47-2482300

Number, street, and room or suite no. If a P.O. box, see instructions.

209 CHASE AVENUE

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

GAMBIER, OH 43022

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For

Form 990 or Form 990-EZ

01 Form 990-T (corporation)

07

Form 990-BL

02 Form 1041-A

08

Form 4720 (individual)

03 Form 4720 (other than individual)

09

Form 990-PF

04 Form 5227

10

Form 990-T (sec. 401(a) or 408(a) trust)

05 Form 5069

11

Form 990-T (trust other than above)

06 Form 8870

12

SHIRLEY O'BRIEN

Telephone No. 740-427-5035

Fax No.

• The books are in the care of 209 CHASE AVENUE - GAMBIER, OH 43022

• If the organization does not have an office or place of business in the United States, check this box □

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _________ . If this is for the whole group, check this box □ . If it is for part of the group, check this box □ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

□ calendar year _______ or

► tax year beginning JUL 1, 2019, and ending JUN 30, 2020

2 If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return

□ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3a $ 0.

3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3b $ 0.

3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c $ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 3453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA  Form 8868 (Rev. 1-2020)