### Form 990-EZ

**Return of Organization Exempt From Income Tax**

**Short Form**

**For the 2020 calendar year, or tax year beginning** JUN 1, 2020, **and ending** JUN 30, 2021

---

**Department of the Treasury**

**Internal Revenue Service**

**Client Copy**

**Open to Public Inspection**

---

**Extended to May 16, 2022**

---

**Check if applicable:**

- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return

**Name of organization:** KOKOSING NATURE PRESERVE

**Employer identification number:** 47-2482300

**Number and street (or P.O. box if mail is not delivered to street address):** 209 CHASE AVENUE

**City or town, state or province, country, and ZIP or foreign postal code:** GAMBERT, OH 43022

**Telephone number:** 470-427-5181

**Group Exemption Number:**

**Website:** N/A

**Accounting Method:**

- [ ] Cash
- [x] Accrual
- [ ] Other (specify)

**Tax-exempt status:** (check only one)

- [x] 501(c)(3)
- [ ] 501(c)(13) (insert no.)
- [ ] 4947(a)(1) or 527

**Form of organization:**

- [x] Corporation
- [ ] Trust
- [ ] Association
- [ ] Other

---

**Revenue, Expenses, and Changes in Net Assets or Fund Balances**

(see the instructions for Part I)

---

**Part I**

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

- [x]

**Revenue**

1. Contributions, gifts, grants, and similar amounts received ........................................... 1

2. Program service revenue including government fees and contracts ....................................... 2

3. Membership dues and assessments ......................................................................................... 3

4. Investment income .................................................................................................................. 4

5a. Gross amount from sale of assets other than inventory ......................................................... 5a

   b. Less: cost or other basis and sales expenses ......................................................................... 5b

   c. Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) .... 5c

6. Gaming and fundraising events:

   a. Gross income from gaming (attach Schedule G if greater than $15,000) .......... 6a

   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) .................................................. 6b

   c. Less: direct expenses from gaming and fundraising events ........................................... 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

    b. Less: cost of goods sold ........................................................................................................ 7b

   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, 5a, 6a, 7a, and 8 ................................................................. 9

   SEE SCHEDULE O

**Expenses**

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

13. Professional fees and other payments to independent contractors ....................................... 13

14. Occupancy, rent, utilities, and maintenance ........................................................................... 14

15. Printing, publications, postage, and shipping ........................................................................ 15

16. Other expenses (describe in Schedule O) ............................................................................... 16

   SEE SCHEDULE O

17. Total expenses. Add lines 10 through 16 ............................................................................. 17

   SEE SCHEDULE O

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

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) ........................................ 19

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

   SEE SCHEDULE O

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

   SEE SCHEDULE O

---

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

---

**Form 990-EZ (2020)**

---

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

---

**2020.05094 KOKOSING NATURE PRESERVE 12197.21**
**Part II**  Balance Sheets (see the instructions for Part II)

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>3,057</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>148,845</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>SEE SCHEDULE O</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>226,927</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>SEE 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>
<td>-45,734</td>
</tr>
</tbody>
</table>

**Part III**  Statement of Program Service Accomplishments (see the instructions for Part III)

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

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others)

What is the organization's primary exempt purpose? **NATURE PRESERVE CEMETERY**

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.

28  **SEE SCHEDULE O**

(Grants $ 0) If this amount includes foreign grants, check here □ 28a 48,905

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)

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

32  Total program service expenses (add lines 28a through 31a) □ 32 48,905

**Part IV**  List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

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

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (if earned 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>
<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>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990-EZ (2020)
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.  

34. Were any significant changes made to the organization’s governing documents that reflect a change to the organization’s name?  

35. 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 4, 6a, and 7a, among others)? 

35a. If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation on 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.  

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.  

37a. Enter amount of political expenditures, direct or indirect, as described in the instructions.  

37b. Did the organization file Form 1120-POL for this year?  

38. 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?  

38a. If "Yes," complete Schedule I, Part II, and enter the total amount involved.  

39. Section 501(c)(7) organizations. Enter:  

39a. Initiation fees and capital contributions included on line 9.  

39b. Gross receipts, included on line 9, for public use of club facilities.  

40a. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  

40b. Did Section 4955 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 I, Part I.  

40c. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  

40d. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 35c reimbursed by the organization.  

40e. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T.  

41. List the states with which a copy of this return is filed.  

42a. The organization’s books are in care of  

42b. 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)?  

42c. 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.  

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

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.  

44c. Did the organization receive any payments for indoor tanning services during the year?  

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.  

45a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?  

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 R may need to be completed instead of Form 990-EZ. See instructions.
### 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>46</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II
- Yes | No |
- 47   |    |

#### 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- Yes | No |
- 48   |    |

#### 49a Did the organization make any transfers to an exempt non-charitable related organization?
- Yes | No |
- 49a  |    |

#### 49b If "Yes," was the related organization a section 527 organization?
- Yes | No |
- 49b  |    |

#### 50 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>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</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>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

#### 51 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>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(e) 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

#### 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.
- Yes | No |
- 52   |    |

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**

Paid Preparer Use Only

<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>5/9/22</td>
<td></td>
<td>P00226559</td>
</tr>
</tbody>
</table>

Firm's name ➤ MALONEY + NOVOTNY LLC
Firm's EIN ➤ 34-0677006
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
### 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.

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

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>KOKOSING NATURE PRESERVE</td>
<td>47-2482300</td>
</tr>
</tbody>
</table>

#### 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>524</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>900</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>6,802</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>250</td>
</tr>
<tr>
<td>OTHER EXPENSES</td>
<td>363</td>
</tr>
<tr>
<td>INTEREST</td>
<td>3,607</td>
</tr>
<tr>
<td>OFFICE EXPENSES</td>
<td>738</td>
</tr>
<tr>
<td>LAND MAINTENANCE</td>
<td>2,658</td>
</tr>
<tr>
<td>TOTAL TO FORM 990-EZ, LINE 16</td>
<td>7,616</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 GAIN ON INVESTMENTS</td>
<td>14,780</td>
</tr>
</tbody>
</table>

#### FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEG. OF YEAR</th>
<th>END OF YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>INVESTMENTS - SECURITIES</td>
<td>75,025.</td>
<td>95,567.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEG. OF YEAR</th>
<th>END OF YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCOUNTS PAYABLE</td>
<td>600.</td>
<td>781.</td>
</tr>
<tr>
<td>NOTE PAYABLE: PHILANDER CHASE CONS.</td>
<td>272,061.</td>
<td>426,838.</td>
</tr>
<tr>
<td>TOTAL TO FORM 990-EZ, LINE 26</td>
<td>272,661.</td>
<td>427,619.</td>
</tr>
</tbody>
</table>

**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.
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.

<table>
<thead>
<tr>
<th>Type of print</th>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Taxpayer identification number (TIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>KOKOSING NATURE PRESERVE</td>
<td>47-2482300</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

**SHIRLEY O’BRIEN**

Telephone No: ✶ 740-427-5035 ✶ Fax No. ✶

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 ✶ 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 16, 2022, 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, 2020, and ending JUN 30, 2021.

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 8453-EO and Form 8879-EO for payment instructions.

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