## Form 990-EZ

**Return of Organization Exempt From Income Tax**

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

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### Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contributions, gifts, grants, and similar amounts received</td>
<td>59,590.</td>
</tr>
<tr>
<td>2</td>
<td>Program service revenue including government fees and contracts</td>
<td>506.</td>
</tr>
<tr>
<td>3</td>
<td>Membership dues and assessments</td>
<td>1,589.</td>
</tr>
<tr>
<td>4</td>
<td>Investment income</td>
<td>500.</td>
</tr>
<tr>
<td>5a</td>
<td>Gross amount from sale of assets other than inventory</td>
<td>1,589.</td>
</tr>
<tr>
<td>5b</td>
<td>Less: cost or other basis and sales expenses</td>
<td></td>
</tr>
<tr>
<td>5c</td>
<td>Gain or (loss) from sale of assets other than inventory</td>
<td>1,589.</td>
</tr>
<tr>
<td>6</td>
<td>Gaming and fundraising events;</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Gross income from gaming (attach Schedule G if greater than $15,000)</td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>Less: direct expenses from gaming and fundraising events</td>
<td></td>
</tr>
<tr>
<td>6c</td>
<td>Gain or (loss) from gaming and 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)</td>
<td></td>
</tr>
<tr>
<td>6d</td>
<td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Gross sales of inventory, less returns and allowances</td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>Less: cost of goods sold</td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Other revenue (describe in Schedule O)</td>
<td>500.</td>
</tr>
<tr>
<td>9</td>
<td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td>
<td>62,185.</td>
</tr>
<tr>
<td>10</td>
<td>Grants and similar amounts paid (list in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Benefits paid to or for members</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Salaries, other compensation, and employee benefits</td>
<td>40,633.</td>
</tr>
<tr>
<td>13</td>
<td>Professional fees and other payments to independent contractors</td>
<td>12,928.</td>
</tr>
<tr>
<td>14</td>
<td>Occupancy, rent, utilities, and maintenance</td>
<td>6,802.</td>
</tr>
<tr>
<td>15</td>
<td>Printing, publications, postage, and shipping</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Other expenses (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Total expenses. Add lines 10 through 16</td>
<td>70,909.</td>
</tr>
<tr>
<td>18</td>
<td>Excess or (deficit) for the year (subtract line 17 from line 9)</td>
<td>-8,724.</td>
</tr>
<tr>
<td>19</td>
<td>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)</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Net assets or fund balances at end of year. Combine lines 18 through 20</td>
<td></td>
</tr>
</tbody>
</table>

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**Footer Information**

- **Form 990-EZ (2021)**
- **MALONEY + NOVOTNY**
- **Client Copy**
- **14070505 138919 12197.24 2021.05080 KOKOSING NATURE PRESERVE 12197.21**
### Part II Balance Sheets

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td>(B)</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Beginning of year</td>
<td>End of year</td>
</tr>
<tr>
<td>Cash, savings, and investments</td>
<td>144,914.</td>
<td>22</td>
</tr>
<tr>
<td>Land and buildings</td>
<td>140,083.</td>
<td>23</td>
</tr>
<tr>
<td>Other assets (describe in Schedule O)</td>
<td>SEE SCHEDULE O</td>
<td>95,567.</td>
</tr>
<tr>
<td>Total assets</td>
<td>380,564.</td>
<td>25</td>
</tr>
<tr>
<td>Total liabilities (describe in Schedule O)</td>
<td>SEE SCHEDULE O</td>
<td>427,619.</td>
</tr>
<tr>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>-47,055.</td>
<td>27</td>
</tr>
</tbody>
</table>

### Part III Statement of Program Service Accomplishments

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

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

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 $ ) If this amount includes foreign grants, check here ............................ ► 28a 52,498.

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 52,498.

### Part IV List of Officers, Directors, Trustees, and Key Employees

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 (Forms W-2/1099-MISC/1099-NEC) (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>
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 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

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)?

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

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

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

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

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?

b If "Yes," complete Schedule L, Part II, and enter the total amount involved

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

a Initiation fees and capital contributions included on line 9

b 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:

section 4911 N/A; section 4912 N/A; section 4955 N/A

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 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

c 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

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

40b N/A

e 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

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

42a The organization's books are in care of

b 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

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

42c 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

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

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

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

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 X

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

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

45b 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.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

Yes | No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?

Yes | No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If “Yes,” complete Schedule E.

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If “Yes,” was the related organization a section 527 organization?

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.”

(a) Name and title of each employee

(b) Average hours per week devoted to position

(c) Reportable compensation (Form W-2/1099-MISC or 1099-NEC)

(d) Health benefits, contributions to employee benefit plans, and deferred compensation

(e) Estimated amount of other compensation

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.”

(a) Name and business address of each independent contractor

(b) Type of service

(c) Compensation

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

Yes | No

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

JEFF BOWMAN, INTERIM PRESIDENT

Date: May 10, 2023

Preparer's signature

Print/Type preparer's name

CHERSTOFER B. ANDERSON

Preparer's address

MALONEY + NOVOTNY LLC

Firm's EIN

34-0677006

Phone no.

(216) 363-0100

Print/Type name of firm

1111 SUPERIOR AVE, SUITE 700

CLEVELAND, OH 44114-2540

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

Yes | No

Form 990-EZ (2021)
### FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

**DESCRIPTION OF PROPERTY:**

**AMOUNT:** 506.

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

**DESCRIPTION OF OTHER REVENUE:**

**AMOUNT:** 500.

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

**DESCRIPTION OF EXPENSES:**

**AMOUNT:** 6,802.

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

**DESCRIPTION OF OTHER EXPENSES:**

**AMOUNT:**

- **OTHER EXPENSES:** 717.
- **INTEREST:** 4,257.
- **OFFICE EXPENSES:** 1,190.
- **LAND MAINTENANCE:** 3,340.
- **PROMOTIONAL ACTIVITIES:** 1,042.

**TOTAL TO FORM 990-EZ, LINE 16** 10,546.

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

**CHANGES IN NET ASSETS OR FUND BALANCES:**

**AMOUNT:**

- **UNREALIZED LOSS ON INVESTMENTS** -14,642.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
KOKOSING NATURE PRESERVE

Name of the organization

Employee identification number

KOKOSING NATURE PRESERVE

INVESTMENTS - SECURITIES

95,567.  75,821.

OTHER ASSETS

0.  470.

TOTAL TO FORM 990-EZ, LINE 24

95,567.  76,291.

ACCOUNTS PAYABLE

781.  0.

NOTE PAYABLE: PHILANDER CHASE CONS.

426,838.  426,738.

TOTAL TO FORM 990-EZ, LINE 26

427,619.  426,738.

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 Name of exempt organization or other filer, see instructions.

Taxpayer identification number (TIN)

KOKOSING NATURE PRESERVE 47-2482300

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

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

209 CHASE AVENUE GAMBIER, OH 43022

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</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>
<tr>
<td>Form 990-T (corporation)</td>
<td>07</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NICHOLAS NEUERER

Telephone No. 740-427-5945 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. 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 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

   - calendar year (check one of the boxes below)
   - tax year beginning JUL 1, 2021 and ending JUN 30, 2022

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-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

   $ 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.

   $ 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.

   $ 0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Form 8868 (Rev. 1-2022)