EXTENDED TO MAY 15, 2020 Short Form

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)

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A	For the	2018 calendar year, or tax year beginning JUL 1, 2018	a	nd ending JU	N 30, 2	019
	Check if applicab			•		lentification number
٦	_	ass change				
F	╕	sos change KOKOSING NATURE PRESERVE			47-24	182300
F	=	Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	E Telephone r	
F	Final	return/ nated 209 CHASE AVENUE			740-4	127-5181
F	=	City or town, state or province, country, and ZIP or foreign postal code			F Group Exen	
	=	ation pending GAMBIER, OH 43022			Number >	•
G		nting Method: Cash X Accrual Other (specify)				X if the organization is
		e: ►N/A				d to attach Schedule B
		empt status (check only one) — 501(c)(3) X 501(c) (13) ◀(insert no	.) 4947	(a)(1) or 527		990-EZ, or 990-PF).
		f organization: X Corporation Trust Association	Other	(-)(-)		
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,00		if total assets (Part I	l.	
						61,629.
V2471.72403	art I	n (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Ful	nd Balanc	es (see the instru	ictions for Part	1)
		Check if the organization used Schedule 0 to respond to any question in this Part				
	1	Contributions, gifts, grants, and similar amounts received	•			
	2	Program service revenue including government fees and contracts				58,400.
	3	Membership dues and assessments				
	4	Investment income	SEE SC	HEDULE O	4	1,679.
	5a	Gross amount from sale of assets other than inventory				
	Ь	Less: cost or other basis and sales expenses				
	l c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5			50	
	6	Gaming and fundraising events:	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
4.	l a	Gross income from gaming (attach Schedule G if greater than				
nge		\$15,000)	6a			
Revenue	Ь	Gross income from fundraising events (not including \$	of contri	butions		
ď		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			
	l d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and		6c)	6d	
	7a	Gross sales of inventory, less returns and allowances				
	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 0)	SEE SC	HEDULE O	8	1,550.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶ 9	61,629.
	10	Grants and similar amounts paid (list in Schedule 0)			10	
	11	Benefits paid to or for members				
Ś	12	Salaries, other compensation, and employee benefits			12	
nse	13	Professional fees and other payments to independent contractors			13	3,483.
Expenses	14	Occupancy, rent, utilities, and maintenance	SEE SC	HEDULE O	14	7,752.
ш	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe in Schedule 0)	SEE SC	HEDULE O	16	28,063.
	17	Total expenses. Add lines 10 through 16	<u></u>		▶ 17	39,298 .
رم	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	22,331.
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))				
As	l	(must agree with end-of-year figure reported on prior year's return)			19	-66,616.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)	SEE SC	HEDULE O	20	2,335.
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20			▶ 21	-41,950.
1.1.17	A F	Description of Description Ask Markey and the company instructions				Earm 990-F7 (2018)

7,090.

155,231.

231,311.

273,261.

-41,950.

34,471.

34

471

68,990.

(B) End of year

Expenses

(a) Name and title	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employee benefit plans, and deferred compensation	amount of other compensation
LISA SCHOTT				
TRUSTEE	1.00	0.	0.	0.
AMY HENRICKSEN				
TRUSTEE	1.00	0.	0.	0.
PETER WHITE				
TRUSTEE	1.00	0.	0.	0.
11,714				
		 		
and the second s				
		1		000 F7 (20.45)

Forn	990-EZ (2018) KOKOSING NATURE PRESERVE 47-2482			Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part '		
			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			ĺ
	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)	34		X
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	_		77
	on lines 2, 6a, and 7a, among others)?	35a	N/	X
	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	14/	<u> </u>
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	35c		х
96	requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	336		
36	complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	SASSESSAILSES		
	Did the organization file Form 1120-POL for this year?	37Ь		х
	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	14(1/15)11(10)(10)(10)	х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright ; section 4912 \blacktriangleright ; section 4955 \blacktriangleright N/A			
þ	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			Ĺ
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	A
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 N/A			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40-		Х
	transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ► NONE The organization's books are in care of ► SHIRLEY O'BRIEN Telephone no. ► 740-42	7-5	035	
42 a	Located at \triangleright 209 CHASE AVENUE, GAMBIER, OH			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	. 5 6 2		
b	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ļ	Yes	No
	account)?	42b		х
	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).			
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 \(\bigs\)	N/A		
		,		
		Total and the second	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a	100000000000000000000000000000000000000	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			- T
	of Form 990-EZ	44b		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	444		
45 -	in Schedule 0	44d		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	45a		_ A
D	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
	VIZ(V/) 10/1 11 100, 1 01111 000 απο σοπουσίο τι παχ ποσο το σο σοπιριστού πιστούο στι στι 1 σου-LZ, σσο πιστούο ποσουσίο πο	Form 9	90-F7	(2018)
			~~	(10)

If "Yes," co	omplete Schedule C, Part I						<u></u>	46	
	Section 501(c)(3) Organizations								
,	All section 501(c)(3) organizations must a	nswer questions 47-4	19b and 52, and	complete the tab	les for lines	50 and	51.		
•	Check if the organization used Schedule	O to respond to any	question in this	Part VI					T
							_	Ye	s No
47 Did the or	ganization engage in lobbying activities or hav	/e a section 501(h) elect	ion in effect during	the tax year? If "Y	es," complete	Sch. C, P	art II	47	
48 Is the org	anization a school as described in section 170	(b)(1)(A)(ii)? If "Yes," co	omplete Schedule	E			_	48	
	ganization make any transfers to an exempt n						·····	49a	
b If "Yes," w	as the related organization a section 527 orga	nization?					L	49b	
50 Complete	this table for the organization's five highest co	ompensated employees	(other than officer	s, directors, trustee	s, and key en	nployees)	who eac	h received	l more
than \$100	,000 of compensation from the organization.	If there is none, enter "N	one."	γ		I			
	(a) Name and title of each employee		(b) Average		Reportable isation (Forms	(d) Health contribu	benefits, lions to	(e) Esti	
	n= / n		per week dev positio	0100 W-2/	1099-MISC)	employee plans, and	deferred	comper	
	N/A	1	position			comper	sation	Compo	

	W-1								
	- 22-37-								
						ŀ			
						<u> </u>		<u> </u>	
	ber of other employees paid over \$100,000			anah ransiyad mar	. than \$100 C	100 of ann	nonosti	on from th	
	this table for the organization's five highest co		it contractors who	each received mor	e than \$ 100,0	ioo oi con	ipensau	ni nom u	e
	on. If there is none, enter "None." N/A			(h) Tuno of	oon doo	<u> </u>	/a\ C	omponent	ion
(a) N	ame and business address of each independe	nt contractor		(b) Type of	Service		(6) (ompensati	1011
									····
						-			
	CONTRACTOR								
									-
d Total num	ber of other independent contractors each rec	ceiving over \$100,000							
	ganization complete Schedule A? Note ; All se	-			**************************************				
	d Schedule A	otion so itolog organize	ations must attach	u			•	Yes	No
	of perjury, I declare that I have examined this	return including accon	npanying schedule	s and statements a	and to the hes	et of my k	nowleda		
	nd complete. Declaration of preparer (other that						ion,oag.	, and some	,,,
trac, correct, ar	Some of property (other the	ari omeory to sacou on a	II III OTTI III OTTI II		,	l			
Sign	Signature of officer					Date			
Here	SEAN DECATUR, PRESI	DENT					7/8/	20	
	Type or print name and title		······						
<u> </u>	Print/Type preparer's name	Preparer's signature		Date	Check	if P	TIN		
Daid	CHRISTOPHER B.	ClapBh		6/30/2020	self- emplo	yed			
Paid	ANDERSON	Cogilia		0,30,2020			P002	2655	9
Preparer	Firm's name ► MALONEY + NO	VOTNY LLC			Firm's EIN			7006	
Use Only	Firm's address > 1111 SUPERI		ITE 700		Phone no.			63-0	100
	CLEVELAND,					,			
May the IRS die	scuss this return with the preparer shown abo						▶ 🗓	Yes	No
may and mid th	Sales the forest that the property enount abo							orm 990-E	
									,,

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Employer identification number 47-2482300

Name of the organization KOKOSING NATURE PRESERVE	Employer identification number 47-2482300
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
DIVIDENDS & INTEREST	1,679.
	D1014448880000
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
OTHER INCOME	1,550.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES,	AND MAINTENANCE:
DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	7,752.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
PROMOTIONAL ACTIVITIES	437.
OTHER EXPENSES	587.
INTEREST	15,841.
OFFICE EXPENSES	907.
LAND MAINTENANCE	10,291.
TOTAL TO FORM 990-EZ, LINE 16	28,063.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED GAIN ON INVESTMENTS	2,335.

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

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Form **8868**

(Rev. January 2019)

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

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service 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 https://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.

				Enter file	er's identifying	j number
Type or	Name of exempt organization or other filer, see instruct	tions.		Employe	ridentification	number (EIN) or
print	NONOGING NAMIDE DEGEDIE				47-248	2200
File by the	KOKOSING NATURE PRESERVE		•	<u> </u>		
due date for filing your return, See	Number, street, and room or suite no. If a P.O. box, see 209 CHASE AVENUE	e instruct	ions,	Social se	curity number	(SSN)
instructions.	City, town or post office, state, and ZIP code. For a fore GAMBIER, OH 43022	eign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	a separat	e application for each return)			0 1
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (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 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
• The he	voles are in the care of - 209 CHASE AVENTII	E - C	AMRTER OH 43022			
Teleph If the c If this i box ▶ [1 I red the ▶ [quest an automatic 6-month extension of time until organization named above. The extension is for the organ	in the Uni roup Exe and atta MAN nization's	Fax No. ted States, check this box mption Number (GEN)	If this is for	r the whole gro	on is for.
Teleph If the c If this i box ▶ [1 rec the ↓ [2 If th 3a If th any	one No. ▶ 740-427-5035 organization does not have an office or place of business in s for a Group Return, enter the organization's four digit Group. If it is for part of the group, check this box ▶ □ quest an automatic 6-month extension of time until organization named above. The extension is for the organization or calendar year or JUL 1, 2018 The tax year entered in line 1 is for less than 12 months, check the control of the properties of the propertie	m the Unitroup Exerand atta MAS inization's , an eck reasc or 6069, 6	Fax No. ted States, check this box mption Number (GEN) ch a list with the names and EINs of to file return for: d endingJUN_30_,2019 enter the tentative tax, less	If this is fo f all membe e the exem	r the whole gro	on is for.
Teleph If the co If this is box ▶ [1 rec the ▶ [2 If the 3a If the b If the b If the any b If the If the	one No. ▶ 740-427-5035 organization does not have an office or place of business in some for a Group Return, enter the organization's four digit Group. If it is for part of the group, check this box ▶ □ quest an automatic 6-month extension of time until organization named above. The extension is for the organization calendar year or Tuning Tull 1, 2018 The tax year entered in line 1 is for less than 12 months, check the control of the proof of	m the Unitroup Exerand atta MAS inization's , an eck reasc or 6069, e	Fax No. ted States, check this box mption Number (GEN) ch a list with the names and EINs of to file return for: d endingJUN_30_,2019 enter the tentative tax, less refundable credits and	If this is for all members the exem	r the whole gro	on is for.
Teleph If the c If this i box ▶ I I rec the I I fth I I rec the I I I I I I I I I I I I I	one No. ▶ 740-427-5035 organization does not have an office or place of business in s for a Group Return, enter the organization's four digit Group. If it is for part of the group, check this box ▶ □ quest an automatic 6-month extension of time until organization named above. The extension is for the organization or calendar year or JUL 1, 2018 The tax year entered in line 1 is for less than 12 months, check the control of the properties of the propertie	m the Unitroup Exe and atta MAN inization's , an eck reason or 6069, eenter any yment all ment with	ted States, check this box mption Number (GEN) to file the list with the names and EINs of the	If this is for all members the exemental returns and all members are the exemental returns and all all all all all all all all all al	r the whole gro	on is for. n return for

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

Form 8868 (Rev. 1-2019)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045