			** PUBLIC DISCLOSURE COPY **		OMB No. 1545-0047				
Forr	_	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e	xcept private foundations)	0040				
Depa	rtment	uary 2020) of the Treasury	Do not enter social security numbers on this form as it may		Open to Public Inspection				
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
B C a	heck if pplicab	le:	forganization	D Employer identificat	ion number				
	Addre chang Name	ge THOM	AS IRVINE DODGE NATURE CENTER						
	chang	ge Doing b	usiness as	41-6081794	Ł				
	return Final return	Number	and street (or P.O. box if mail is not delivered to street address) Room/sui MARIE AVE. W.	te E Telephone number 651 455 -	4531				
	termi ated	<sup>n-</sup> City or t	own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	10,583,930.				
	Amer returr	N MEDI	ST. PAUL, MN 55118	H(a) Is this a group retu	rn				
	Appli tion	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: JASON SANDERS	for subordinates?	Yes X No				
	pend	365 M	ARIE AVE. W., WEST ST. PAUL, MN 55118	H(b) Are all subordinates inclue	ded? Yes No				
		empt status: [		27 If "No," attach a list	t. (see instructions)				
			DODGENATURECENTER.ORG	H(c) Group exemption n					
			X Corporation	ar of formation: 1967 M S	tate of legal domicile: MN				
Ра	art I								
Ð	1		e the organization's mission or most significant activities: <b>PROVIDING</b>						
Governance		EXPERIE	NCES IN NATURE THROUGH ENVIRONMENTAL EI	DUCATION.					
srne	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or disposed of mo	re than 25% of its net assets					
0V6	3	Number of vo		24					
	4		lependent voting members of the governing body (Part VI, line 1b)		24				
es	5	Total number	of individuals employed in calendar year 2019 (Part V, line 2a)		70				
viti	6		of volunteers (estimate if necessary)		227				
Activities &			d business revenue from Part VIII, column (C), line 12		-2,918.				
_	b	Net unrelated	business taxable income from Form 990-T, line 39		-2,918.				
			_	Prior Year	Current Year				
e	8		and grants (Part VIII, line 1h)	1,442,166.	7,324,994.				
Revenue	9	•	ce revenue (Part VIII, line 2g)	1,290,818.	867,281.				
Sev	10		come (Part VIII, column (A), lines 3, 4, and 7d)	653,803.	1,309,141.				
-	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,588.	-8,158.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,434,375.	9,493,258.				
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	41,105.	41,159.				
	14		to or for members (Part IX, column (A), line 4)		0.				
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,775,547.	1,773,169.				
Expenses	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.				
ă	b		ing expenses (Part IX, column (D), line 25)  306, 396.	040 770	050.010				
ш	11		es (Part IX, column (A), lines 11a-11d, 11f-24e)	940,772.	952,218.				
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,757,424.	2,766,546.				
	19	Revenue less	expenses. Subtract line 18 from line 12	676,951.	6,726,712.				
t Assets or d Balances				Beginning of Current Year	End of Year				
sset 3ala	20	Total assets (F		21,776,126.	28,289,424.				
Net A	1		(Part X, line 26)	383,986.	245,190.				
	art II		fund balances. Subtract line 21 from line 20	21,392,140.	28,044,234.				
				and a subtrate to the test	and a data and the Physics Physics				
	-		I declare that I have examined this return, including accompanying schedules and state		owiedye and Dellet, it is				
uue,	corre	ci, and complete	. Declaration of preparer (other than officer) is based on all information of which prepar	EI HAS AILY KILOWIEUGE.					

Sign Here	Signature of officer         JASON SANDERS, EXECUTI         Type or print name and title	VE DIRECTOR	Date
Paid	Print/Type preparer's name WENDY HARDEN, CPA	Preparer's signature WENDY HARDEN, CPA	Date Check PTIN o4/27/21 self-employed P00956490
Preparer	Firm's name 🕒 SDK CPA		Firm's EIN ▶ 41-1680240
Use Only	Firm's address 100 WASHINGTON A		<u></u>
	MINNEAPOLIS, MN	55401	Phone no. 612 - 332 - 5500
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes 🗌 N
			- 000 (co. (

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		∟
•	THE MISSION OF THE THOMAS IRVINE DODGE NATURE CENTER IS P	ROVIDING	
	EXCEPTIONAL EXPERIENCES IN NATURE THROUGH ENVIRONMENTAL E		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XN
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XN
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.	, , ,	
4a	(Code:) (Expenses \$1, 412, 780. including grants of \$26, 753. ) (Revenue	e\$ 632,	922.
	DODGE NATURE PRESCHOOL HAS BEEN A NATIONALLY RECOGNIZED L	EADER AND	
	INNOVATOR IN EARLY CHILDHOOD ENVIRONMENTAL EDUCATION SINC	E ITS FOUND	ING
	IN 2000. NATURE-BASED CURRICULUM IS DRIVEN BY THE INTERES	STS OF CHILD	REN
	AND FRAMED BY THE NATURAL CYCLE OF THE SEASONS. IN DODGE'		
	CLASSROOMS, CHILDREN CAN EXPLORE, THRIVE, AND BECOME THE		
	GENERATION OF ENVIRONMENTAL STEWARDS. RESEARCH STUDIES SH		
	SPENDING TIME OUTSIDE IS ESSENTIAL TO CHILDREN'S HEALTHY	DEVELOPMENT	l
	AND THE FORMATION OF ENVIRONMENTAL ETHICS.		
	(Code:) (Expenses \$760,727. including grants of \$14,406. ) (Revenue	216	110
	(Code: ) (Expenses \$ / 60 , / 2 / • including grants of \$ 14,406 • ) (Revenue		
40			440.
40	DODGE NATURE CENTER SERVED MORE THAN 60,000 PEOPLE OF ALL	AGES BY	440.
40	DODGE NATURE CENTER SERVED MORE THAN 60,000 PEOPLE OF ALL PROVIDING QUALITY NATURE PROGRAMS, SCHOOL FIELD TRIPS, CA	AGES BY	440.
4b	DODGE NATURE CENTER SERVED MORE THAN 60,000 PEOPLE OF ALL PROVIDING QUALITY NATURE PROGRAMS, SCHOOL FIELD TRIPS, CA COMMUNITY EVENTS. THESE EDUCATIONAL EXPERIENCES IN THE OU	AGES BY MPS, AND TDOORS	
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Form	990	(2019)	١

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
5	during the tax year? <i>If "Yes," complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<b>–</b>		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		77	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI			
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
Ь	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	126		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18	~	<u> </u>
19		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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			Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current					
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete					
	Schedule J	23		<u> </u>		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the					
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete					
	Schedule K. If "No," go to line 25a	24a		X		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	01-				
Ы	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>		
		24u				
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x		
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		- 23		
D D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete					
	Schedule L. Part I					
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		<u>x</u>		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,					
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled					
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV					
	instructions, for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If					
	"Yes," complete Schedule L, Part IV	28a		X		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X		
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If					
	"Yes," complete Schedule L, Part IV	28c		X		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation					
	contributions? If "Yes," complete Schedule M	30		X		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete					
	Schedule N, Part II	32		X		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and					
	Part V, line 1	34		X		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51				
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x		
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36				
37		37		x		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	57				
00	Note: All Form 990 filers are required to complete Schedule O					
Pa		38	Х	<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part V			$\square$		
			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11			_		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0					
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?	1c	Х			
932004	4 01-20-20	Form	990	(2019)		

Form 990 (2019)		IRVINE				
Part V Statements	Regarding C	ther IRS F	ilings and	l Tax Comp	oliance <sub>(d</sub>	continued)

2a         Inter the number of employees reported on from W3, Transmittal of Wage and Tax Statements, 2a         70           b         If a test one is reported on line 2a, did the organization file all required federal employment tax roturns?         2a         70           3a         Dot the organization have unrelated business gross income of \$1,000 or more during the year?         2a         3a         X           3a         D of the organization have unrelated business gross income of \$1,000 or more during the year?         3a         X           3a         A tary time during the cadenty are, did the organization have an interest in or a signature or other autototy over, a financial account in a treegin country (such as a bark account, securities account, or other financial account?         4a         X           b         If "ves, "inst in the area of the organization far of more 886-7?         5a         X           b         Was the organization in For 886-7?         5a         X           cent be organization far of more 886-7?         5a         X         1b         7a         X           cent be organization far of matable contributions?         7a         X         5a         X           cent be organization far of matable contributions?         5a         X         5a         X           cent be organization far of matable contributions?         5a         X         5a         X						Yes	No
b         If a least one is reported on line <sup>2</sup> a, diff the organization field and equired federal employment tax nturns?         25         X           Mote:         If the sum of lines 1 and 2a is greater than 250, you may be required to e <sub>1</sub> /lg (see instructions)         3a         X           3a         Did the organization have unrelated business gross income of \$1,000 or more during the yealend year, did the organization have an interest in, or a signature or other nuthority over, a financial account in a foreign country.         3a         X           4         At any time during the calendary year, did the organization have an interest in, or a signature or other nuthority over, a financial account?         3b         X           5         Wis the organization have into region country.         If 'Yes,' is during requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAP), 5a         X           6         Wis the organization have annual gross mocipits that are normally greater than \$100,000, and did the organization solid: any contributions that way requires the value of the solid or solid any toxabe party notify the organization have annual gross mocipits that are normally greater than \$100,000, and did the organization network way solid takion a spress statement that such contributions or gifts were not tax deductible?         Yes, 'idd the organization network annual gross mocipits that are normally greater than \$100,000, and services provided to the party?         Yes, 'idd the organization network and the value of the good or services provided?         Yes, 'idd the organization network any the value of the good or services provided?         Ye	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note: If the sum of lines 1 and 2 a is greater than 250, you may be required to e-this (see instructions)         Image: Section 2000           3a         Did the organization have unrelated business gross income of \$1,000 or more during the year?         3a         X           4a         A ray time during the calendar year, dot the organization have an interest in, or a signature or other attichtly over, a financial accounts of this in greating and the count sections and the count section and the section and the section and the count section and the		filed for the calendar year ending with or within the year covered by this return	2a	70			
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         b       H 'Yes, '' has if field a Form 990-T for this year? If 'Wo'to fore 3b, provide an explanation on Schedule O       3b       X         c       At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country is business of the organization and the organization and the organization and the organization financial account in a foreign country.       4a       X         b       H 'Yes, '' near the mane of the foreign country is exclusive a superity to a prohibited tax shelter transaction?       5a       X         b       Was the organization in the organization financial exclusive a superity to a prohibited tax from 9880-17       5a       X         b       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization financial were near tax diductible?       5a       X         c       Does the organization include with every superity as a contribution and parity for groots and services provided to the parent?       5a       X         c       Did the organization financial exclusive a superity for which it was required to the form 0282?       7a       X         c       Organization service a particle antice, were avery and directly, or parsonal benefit contract?       7a       X         d       H 'Yes, ''	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?		2b	Х	
b       1 (****), 'has if lifed a form 990-T for this year' <i>B</i> * /ho'to <i>fane 3b, provide an explanation on Schedule O</i> 30       X         4a       At any time during the calendar year, <i>did the organization have an interest in, or a signature or other authority over, a financial account</i> ?       4a       X         b       T'se,' enter the name of the foreign country >       b       5a       X         b       T'se,' enter the name of the foreign country >       b       5a       X         b       D dar y taxable party notify the organization that two or is a party to a prohibited tax shelfer transaction?       5a       X         b       D dar y taxable party notify the organization have an aparty to a prohibited tax shelfer transaction?       5c       5c         c       D dar y taxable party notify the organization have anally goas certain \$100,000, and did the organization solid any contributions that were not tax deductible contributions?       7a       X         f       T'ves,' did the organization notify the donor of the value of the goads or services provide?       7a       X         c       D did the organization and were solication an express statement that such contributions or gifts       6b       V         dift to reganization notify the donor of the value of the goads or services provide?       7a       X       C         dift to reganization seleve apy themaus, directly or indirectly, to pay premuma on a personal benefit contrac		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)				
4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a transcal account in the origin country (such as a bank account, securities account, or other financial accounts?       4a       X         bit if "ves," net the name of the toreign country (such as a bank account, securities account, or other financial accounts?       5a       X         bit if "ves," net the name of the toreign country (such as a bank account, securities account, or other financial accounts?       5a       X         bit any transite party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c) if "ves," in the say orbig did the organization financial account provided tax shelter transaction?       5a       X         c) if "ves," if did the organization netwer solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         c) Organizations that may acceive deductible account provides and services provided to the party?       7a       X         d) if "ves," if did the organization notify the donor of the value of the goods or services provided to the party?       7a       X         d) if "ves," indicate the number of forms 8222 filed during the year       Zd       7d       X         d) if "ves," indicate the number of forms 8222 filed during the year?       7a       X         d) bit the organization netwer as nup, taxis, dinsetty or indirectly, to pay presimation file form 82	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		
fmancial account in a foreign country (such as a bank account, securities account, or other financial account)?       4a       X         b       If "Yes," enter the name of the foreign country Securities account, or other financial accounts (FBAR).       Sec         56       Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?       Sec       X         61       Did any taxabib party notify the organization file Form 8886-17.       Sec       X         62       Does the organization analy goes receipts that are normally greater than \$100,000, and did the organization solidit any contributions that were not tax deductible contributions?       Sec       X         b       If "Yes," did the organization include with every solidation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       Sec       X         c       Did the organization newise approxement in excess of 155 made party as contribution and party for goeds and services provided to the part?       To       X         d       Did the organization newise approxement in excess of 155 made party as contribution of quarts and party for goeds and services provided?       To       X         d       Did the organization newise approxement tax secs of 155 made party as contribution of quarts and party for goeds and services?       To       X         d       Did the organization newise approxement tax secs of 10 madified intelectual property, did the organization fave					3b	X	
b If "Yes," enter the name of the foreign country  → Bee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 56 Was the organization have schelter transaction at any time during the tax yea? 56 U any taxable party notify the organization that It was or is a party to a prohibited tax shelter transaction? 56 U any carable party notify the organization finite form 88867. 57 U and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 57 Organizations that were not tax deductible as charitable contributions? 58 U T 'vs, 'idt the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 59 O To Granizations that may receive deductible contributions under section 170(c). 50 U the organization notide with every solicitation an express statement that such contributions or gifts were not tax deductible? 50 U the organization notify the donor of the value of the goods or services provided? 50 U the organization notify the donor of the value of the goods or services provided? 51 U '''ss, 'idt the organization notify the donor of the value of the goods or services provided? 52 U the organization receive a any funds, directly or indirectly, to pay premiums on a personal benefit contract? 53 O to the organization receive a any funds, directly or indirectly, to pay premiums on a personal benefit contract? 54 D to the organization neceived a contribution of qualified intelectual property (ar which it was required) 55 O the soponsoring organization marks and ytable distributions under section 4966? 54 Sponsoring organization make any stable distributions under section 4966? 55 Section 501(c)(2) organizations. Enter: 50 O the soponsoring organization make any stable distributions under section 4966? 59 Section 501(c)(2) organizations. Enter: 50 O the soponsoring organization make any stable distributions under section 4966? 59 Secti	4a			•			
See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),       5a         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         5a       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c         c       If 'Yes' to line 5a or 5b, did the organization that evan or is a party to a prohibited tax shelter transaction?       5c         6       Does the organization new annual gross necesity that are normally greater than \$100,000, and did the organization solit any contributions that were not tax deductible contributions?       6a       X         b       If 'Yes,'' did the organization notify the donor of the value of the goods or services provided?       7c       X         c       Did the organization review apayment in excess of 35' made party as a contribution or gins and services provided?       7c       X         c       Did the organization review apayment in excess of 35' made party as a contribution of quartication review apayment in excess 05 (35' made party as a contribution or quartication review apayment in excess 05 (35' made party as a contribution or quartication review apayment in excess 02' file during the year       7d       X         d       Ves, 'indi the organization review apayment in excess 02' file during the year       7d       X       X         d       Ves, 'indithe organization review apayment in excess 10' diffect y	_		ccour	nt)?	4a		X
5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5a     X       c     Il "Yes" to line 5a or 5b, did the organization file Form 886b T?     5a     X       c     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b     7       7     Organizations that may receive deductible contributions?     7a     X     7a       d     If the organization notify the done of the value of the goods or services provided?     7a     X       c     Did the organization notify the done of the value of the goods or services provide?     7a     X       d     If the organization receive any funds, directly or indirectly, on a personal benefit contract?     7a     X       d     Did the organization motify the done or advised funds. Did a done advised fund maintained by the sponsoring organization maintaing door advised funds. Did a done advised fund maintaine by the sponsoring organization make any taxable distributions under section 3966?     9a     9a       d     If the organization maintaing door advised funds	b						
b       Def any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       55       X         c       If Yes' to line 5a or 5b, did the organization file Form 8886 T?       5c       5c       5c         d       Desces the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation and party for goods and services provided to the party of the organization include with every solicitation and party for goods and services provided to the party of the donor of the value of the goods or services provided?       7c       X         0       If the organization necelve apyment in excess of \$76 made party as a contribution and party for goods and services provided to the party?       7c       X         0       If the organization necelve apyment in excess of \$76 made party as a contribution and party for goods and services provided to the party?       7c       X         0       If the organization necelve apy funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         10       If the organization neceves a contribution of case, boats, anjpanes, or other vehicles, did the organization file Form 88920       7d       7d         11       the organization neceved a contribution or advised funds.       Did the organization neceved a contribution or advised funds.       1d advor advised fund maintained by the sponsoring organization make any taxable distributifons under section 4966?       9 <th>-</th> <th colspan="6"></th>	-						
c     If "Yes" to line 5a or 5b, did the organization file Form 8886-T?     5c       d     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible is achintable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b     X       7     Organizations that may receive deductible contributions under section 170(c).     7a     X       b     If "Yes," idid the organization notify the donor of the value of the goods or services provided?     7a     X       c     Did the organization notify the donor of the value of the goods or services provided?     7a     X       c     Did the organization notify the donor of the value of the goods or services provided?     7a     X       d     If "the organization notify the donor of the value of the goods or services provide?     7a     X       d     Did the organization notify the donor of the value of the goods or services provide?     7a     X       d     If the organization notify the donor advised funds. Did a donor advised fund maintained by the services, did the organization file Form 8089 are required?     7a     X       f     H     the organization maximing door advised funds. Did a donor advised fund maintained by the services adpatation file Form 8089 are required?     9a     9b       <							
6a       Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         b       If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       7a       X         c       Organizations that may receive deductible contributions under section 170(c).       a       Bit the organization network the every solicitation and partly for goods and services provided to the payor?       7a       X         b       If 'Yes,' indicate the number of Forms 8282?       Tag is the organization network is directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       Did the organization network a contribution of cars, boats, aiplanes, or other vehicles, did the organization file Form 8282?       7d       X         f       Did the organization make any taxable distributions under section 43065       7d       X         g       If the organization make any taxable distributions under section 43067       9a       9a       9a         g       Section 501(c)(7) organizations maintaining doorn advised funds. Did a doner advised fund maintained by the sponsoring organization make any taxable distributions under section 43067       9a       9a       9a       9a       9a       9a       9a       9a       9a       9a<							
any contributions that were not tax deductible as charitable contributions?     6a     X       b     if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     7a     X       a     Did the organization notify the donor of the value of the goods or services provided?     7a     X       b     If "Yes," did the organization notify the donor of the value of the goods or services provided?     7a     X       c     Did the organization notify the donor of the value of the goods or services provided?     7a     X       c     Did the organization notify the donor of the value of the goods or services provided?     7a     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     7a     X       f     Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?     7t     X       g     If the organization maintaining donor advised funds.     Did the organization maintaining donor advised funds.     Did the organization maintaining donor advised funds.     Did the sponsoring organization maintaining donor advised funds.     Ba       a     Did the sponsoring organization. Enter:     10a     10a     9a     9a       f     Section 501(c)(12) organizations. Enter:     11a							
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       6b         a       Did the organization state may receive deductible contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization notify the donor of the value of tangbite personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," did the organization receive a contribution of qualified intelectual property, of did the organization file Form 8282?       7c       X         d       If the organization received a contribution of qualified intelectual property, of did the organization file Form 8289 as required?       7t       X         f       If the organization received a contribution of cars, basts, airplanes, or other vehicles, did the organization file Form 8289 as required?       7d       X         f       If the organization maximing donor advised funds.       Id a donor advised fund maintained by the sponsoring organization make at listributions under section 4966?       9a       9a         g       Section 501(c)(7) organizations included on Part VIII, line 12       10a       10a       10a <th>Ua</th> <th></th> <th>sorge</th> <th>anzation solicit</th> <th>62</th> <th></th> <th>x</th>	Ua		sorge	anzation solicit	62		x
were not tax deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     7a       8 Did the organization neelix exchange, or otherwise dispose of tangible personal property for which it was required to the form 282?     7c       2 Did the organization neelix exchange, or otherwise dispose of tangible personal property for which it was required to the organization neelix exchange, or otherwise dispose of tangible personal property for which it was required to the organization neelix exchange, or otherwise dispose of tangible personal poperty for which it was required to the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       4 Did the organization neelix ex any taxibs, directly or indirectly, on a personal benefit contract?     7r     X       9 Did the organization receive at contribution of qualified intellectual property, did the organization form 8899 as required?     7h     X       9 Hit hor organization maintaining door advised funds.     7h     X       9 Sponsoring organization maintaining door advised funds.     8       9 Did the sponsoring organization make any taxable distributions under section 4966?     9a       9 Did the sponsoring organization nake any taxable distributions under section 4966?     9a       9 Did the sponsoring organization. Enter:     10b       10 bit the sponsoring organization. Enter:     10a       10 bit the sponsoring organization. Enter:     10a       11 Section 501(c)(12) organizations. Enter:     10a </th <th>h</th> <th>•</th> <th> </th> <th>r aifts</th> <th>u</th> <th></th> <th></th>	h	•	 	r aifts	u		
7       Organizations that may receive deductible contributions under section 170(c).       a) bit the organization neceive a payment in excess of \$5 made party as a contribution and party for goods and services provided to the payor?       7a       X         b) bit 'Yes, 't did the organization notity the donor of the value of services provided?       7b       X         c) bit the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?       7c       X         d) th' ves, 't indicate the number of Forms 8282 filed during the year       Td       7d       X         d) the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f) Did the organization received a contribution of qualified intellectual property (did the organization file a Form 1098-C?       7h       X         g) If the organization maintaining donor advised funds.       Did a donor advised funds.       7a       9a         g) Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         g) Did the sponsoring organizations. Enter:       a list organization make asystemic subset of the organization file a form members or shareholders       11a       10a         l) Gross income from members or shareholders       11a       10a       10a       10a         l) Gross income from members or shareholders       11a       1	~			giito	6b		
a       Did the organization network a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X       7c       X         f       Did the organization receives any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d       X       7f       X         g       If the organization neave access business holdings at any time during the year?       8       8       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9c       9c <th>7</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	7						
b       If "Yes," did the organization netify the donor of the value of the goods or services provided?       7b       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7e       X         d       Did the organization integrity or indirectly, to pay premiums, on a personal benefit contract?       7ft       X         g       If the organization integrity or indirectly or indirectly, on a personal benefit contract?       7ft       X         g       If the organization incerved a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       X         Sponsoring organization make axcess business holdings at any time during the year?       8       2       2         9       Sponsoring organization make a distribution to a donor, donor advised funds.       9a       2       2         10       the sponsoring organization make a distribution to a donor, donor advised?       9a       2       2         10       the sponsoring organization make a distribution or advisor, or related person?       9b       2         10       the sponsoring organization makes. Enter:       10a       10b       10b       10b         11       Section 501(6	а	• • • • • • • • • • • • • • • • • • • •	vices p	provided to the payor?	7a	X	
to file Form 8282? to file Form 8282? to file Yes, "Indicate the number of Forms 8282 filed during the year Text of the organization receive any funds, directly or indirectly, on ap premiums on a personal benefit contract? Text of Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1096-C? Text of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C? Text of Bonsoring organization make any taxable distributions under section 4966? Seponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised runds. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(2) organizations. Enter: Gross income from members or shareholders H "Yes," enter the amount of tax exempt interest received or accrued during the year Section 501(c)(2) organization fuel the insurance issuers. Section 501(c)(2) qualified nealth plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. H "Yes," enter the amount of reserves on hand H "Yes," see instructions for additional information the organization must report on Schedule O. H "Yes," see the instructions for additional information the organization must report on Schedule O. H "Yes," see the instructions for additional information the organization must report on Schedule O. H "Yes," see instructions for additional information the organization must report on Schedule O. H "Yes," see instructions and file Form 720 to report these payments? If "No," provid	b			[			
d if "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1096-C?       Tf       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C?       Th       X         g Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       B       Section 501(c)(7) organizations. Enter:       8         9 Sponsoring organizations. Enter:       Initiation fees and capital contributions included on Part VIII, line 12       Initiation fees and capital contributions included on Part VIII, line 12       Initiation for ferm 990, Part VIII, line 12, for public use of club facilities       Initiation for sources (Do not net amounts due or paid to other sources against amounts due or received form them.)       12a         12a       Section 501(c)(12) organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?       12a       12a         12a       Section 501(c)(12) organizations. Enter:       Initia       Initia       Initia         12a       Section 501(c)(12) organization included to marinatin by the states in whic	с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s req	uired			
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         8       Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a         10       the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11b       12a       12a         12       Gross income from members or shareholders       11a       11b       12a       12a         13       Section 501(c)(12) organizations. Enter:       12b       12a							Х
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       7n         Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       8       9         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         0       Did the sponsoring organization make any taxable distributions of advisor, or related person?       9a       9b       10b	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds.       0       0         9       Sponsoring organization nave excess business holdings at any time during the year?       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organizations. Enter:       10a       10a         10b       10b       10b       9b       9c         11       Section 501(c)(7) organizations. Enter:       10a       10b       10b         12       Section 501(c)(12) organizations. Enter:       10b       11a       10b       11a         12       Section 501(c)(12) organizations. Enter:       10b       11b       12a       10b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       11b       12a       12a       12a       12a       12a       12a       13a	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organization maintaining door advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a         11       Section 501(c)(12) organizations. Enter:       10a         a       Gross income from members or shareholders       11a         b       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         13       Section 501(c)(29) qualified nonprofit health plans       13b       13c         13a       13a <td< th=""><th>f</th><th>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra</th><th>act?</th><th></th><th>7f</th><th></th><th>Х</th></td<>	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         0       Bid the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a       10a         11       Initiation fees and capital contributions. Enter:       10a       10b         12       Section 501(c)(12) organizations. Enter:       10a       10b         13       Section 501(c)(12) organizations. Enter:       10a       10b         14       Gross income from members or shareholders       11a       10b         15       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         15       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         16       Enter the amount of reserves the organization in more than one state?       14a       X         16       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14a       X         16       If "Yes," see instructions and file Form 4920 tax on payment(s) of more than \$1	g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 88	99 as required?	7g		
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organizations. Enter:       9b         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(7) organizations. Enter:       10a         a Gross income from members or shareholders       11a         b Gross income from members or shareholders       11a         b Gross income from ther. sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         13a       13a       13a         14a       13a       13a         15       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13a         15       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation o	h			1	7h		
9       Sponsoring organizations maintaining donor advised funds.       a         a       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9a         b       Did the sponsoring organizations. Enter:       a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       a         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       a       13a         13a       Note: See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves on hand       13a         14a       X       14a       X         15       Is the organization subject to the section 4960 tax on payments? If "No," provide an explanation on Schedule O       14a       X	8		by th	e			
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       11a         a Gross income from members or shareholders       11a         b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 501(c)(29) qualified nonprofit health insurance issuers.       12a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves on hand       13a         c Enter the amount of reserves on hand       13a         14a       X         b If "Yes," has if filed a Form 720 to report these payments? <i>It "No," provide an explanation on Schedule O</i> 14a         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	_				8		
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11b         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         3       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a       13a         c       Enter the amount of reserves on hand       13c       13a       13a					0.		
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11       Section 501(c)(12) organizations. Enter:       11a       11a         a Gross income from members or shareholders       11a       11b         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c         c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c Enter the amount of reserves on hand       13c       14a       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15 </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>							
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13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       15         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Image: See the instructions for additional information the organization must report on Schedule O.         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c       14a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
Note: See the instructions for additional information the organization must report on Schedule O.       Image: Constraint of the serves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
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c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	b						
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X							
b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X				1	44-		v
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X							
excess parachute payment(s) during the year?							
If "Yes," see instructions and file Form 4720, Schedule N.         16       X         16       X	13				15		x
16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X					15		
······································	16		incor	ne?	16		х
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Form **990** (2019)

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Form 990	(2019)
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## THOMAS IRVINE DODGE NATURE CENTER

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

			_	. —	Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any o	other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct sup	pervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was file	d?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one	or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?	-	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev					
			0./		Yes	N
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha			100		
2	and branches to ensure their operations are consistent with the organization's exempt purposes?	•	-	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	belore ini	ng the form.	114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$			120		
C		,		12c	x	
2	in Schedule O how this was done			13	X	
3	Did the organization have a written desument retention and destruction policy?			14	X	
4	Did the organization have a written document retention and destruction policy?			14	Λ	
5	Did the process for determining compensation of the following persons include a review and approval	by indepe	endent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	v	
	The organization's CEO, Executive Director, or top management official			15a	X X	
b	Other officers or key employees of the organization			15b	Δ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
68	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem					.,
	taxable entity during the year?			<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		ipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright MN$					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (S	ection 501(c)(	3)s only	) availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of int	erest policy, a	nd finar	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and rec	ords 🕨 🔄			
	JASON SANDERS - 651-789-5209					
	365 WEST MARIE AVE. WEST ST., PAUL, MN 55118					
-					n <b>990</b>	(00)

Form 990 (2019)	THOMAS IRV	NE DODGE NAT	URE CENTER	41-6081794	Page 7
Part VII Compens	ation of Officers, Dire	ctors, Trustees, K	ey Employees, Highes	t Compensated	
Employee	es, and Independent C	ontractors			
Check if Sch	edule O contains a response	or note to any line in th	is Part VII		
Section A. Officers, D	irectors, Trustees, Key Em	loyees, and Highest C	ompensated Employees		
1a Complete this table f	or all persons required to be	isted. Report compensa	tion for the calendar year en	ding with or within the organization's	s tax year.
<ul> <li>List all of the organ</li> </ul>	ization's <b>current</b> officers, di	ectors, trustees (whethe	er individuals or organizations	), regardless of amount of compens	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not cl		ition		ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	ı an	compensation	compensation	amount of
	week		cer an	dad	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		yolqr	st con	_			organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ADAM EHRMANTRAUT	1.00		_	0	-					
DIRECTOR	0.00	х						0.	0.	0.
(2) ALAN R. JOHNSTON	1.00									
DIRECTOR	0.00	х						0.	Ο.	0.
(3) ALLAN KLEIN	1.00									
PRESIDENT	0.00	х		х				0.	Ο.	0.
(4) AMY BLOOMQUIST	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(5) ANDY FREEMAN	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(6) ANN SCHWICHTENBERG	1.00									
PAST PRESIDENT	0.00	Х		Х				0.	0.	0.
(7) ANN WINSOR	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(8) CAROL BOUW	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(9) CHAD DAYTON	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(10) ERIN OLSON	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(11) JAMES PUTMAN	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(12) JENNIFER KELLOGG	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(13) KARI ANDERSON	1.00									_
DIRECTOR	0.00	Х						0.	0.	0.
(14) KIM AUSTRIAN	1.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(15) LINDA SILRUM	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(16) LITTON E.S. FIELD JR.	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(17) PEGGY NOVAK	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
032007 01-20-20										Form <b>990</b> (2019)

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Form 990 (2019)

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Form	990	(2019)
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THOMAS IRVINE DODGE NATURE CENTER 41-6081794 Page 8

Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(-1-			itior			Reportable	Reportable	E	stimate	ed
	hours per	box,	unles	s per	rson i	than d is both	n an	compensation	compensation	a	mount o	of
	week		cer and	d a di	irecto	or/trus <sup>.</sup>	tee)	from	from related		other	
	(list any	ector						the	organizations		npensa	
	hours for related	or dir	e			ated		organization	(W-2/1099-MISC)		rom the	
	organizations	ustee	trust		e	bens		(W-2/1099-MISC)			ganizati Id relate	
	below	lual tr	tional		n ploye	st con	_				anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				amzan	0110
(18) PETER GARRETSON	1.00		_	0	×	1 0	-			+		
TREASURER	0.00	х		Х				0.	0.			0.
(19) RACHEL WAND	1.00									-		
DIRECTOR	0.00	х						0.	0.			0.
(20) RON GOLDSER	1.00									1		
DIRECTOR	0.00	х						0.	0.			0.
(21) SARA BECKSTRAND	1.00											
PRESIDENT ELECT	0.00	х		х				0.	0.			0.
(22) SHEHLA TAUSCHER	1.00											
DIRECTOR	0.00	Х						0.	0.	,		0.
(23) STEPHEN DYGOS	1.00											
DIRECTOR	0.00	Х						0.	0.	,		0.
(24) SUE POWELL	1.00											
DIRECTOR	0.00	Х						0.	0.			0.
(25) JASON SANDERS	40.00							0.5. 5.0.4	•			• •
EXECUTIVE DIRECTOR	0.00			X		-		97,794.	0.	·	5,29	90.
(26) BEVERLY SARGENT	40.00			x				0	0			0
FINANCE DIRECTOR (JAN-MAY '19)	0.00			A				0.97,794.	0.		5,29	$\frac{0}{0}$
1b Subtotal									0.			26.
c Total from continuation sheets to Part VI								28,963. 126,757.	0.		5,61	
d Total (add lines 1b and 1c)						·····			-		5,01	10.
2 Total number of individuals (including but no	ot limited to th	ose	listeo	d ab	ove	e) wn	o re	eceived more than \$100,	UUU of reportable			0
compensation from the organization											Yes	No
• Did the second institute list and former officer											165	NU
<b>3</b> Did the organization list any <b>former</b> officer,									oyee on	3		Х
<ul><li>line 1a? If "Yes," complete Schedule J for st</li><li>For any individual listed on line 1a, is the su</li></ul>								or comparentian from th		3		21
and related organizations greater than \$150								-	-	4		х
5 Did any person listed on line 1a receive or a										-		
rendered to the organization? If "Yes," com								0		5		х
Section B. Independent Contractors		<u>, 0 /(</u>	<u> </u>		5613	011 .					<u> </u>	
1 Complete this table for your five highest cor	mpensated ind	epe	nden	t cc	ontra	actor	rs th	nat received more than \$	100.000 of compens	ation fr	om	
the organization. Report compensation for t												
(A)								(B)		(	C)	
Name and business	address	NC	ONE					Description of s	ervices	Compe	ensatior	n
2 Total number of independent contractors (ir	ncludina but na	ot lin	nited	to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz					(			,				
SEE PART VII, SECTION		IN	UA'	<b>TI</b>	ON	S	HE	ETS		Form	<b>990</b> (2	2019)

SEE PART VII, SECTION A CONTINUATION SHEETS 932008 01-20-20

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	IRVINE DO								41-608	1794
		mplo	yee			lighe	est (	Compensated Employe		(=)
(A) Name and title	(B) Average hours	(c		Pos		app	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
27) SHERI ZIGAN	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) SHERI ZIGAN	40.00									
FINANCE DIRECTOR	0.00			X				28,963.	0.	326
otal to Part VII, Section A, line 1c								28,963.		326

932201 04-01-19

12200427 310044 68605.0

Part WI         Statement of Revenue         (a)         (b)         (c)         (c) <th></th> <th></th> <th></th> <th></th> <th>RVINE</th> <th>DODGE NA</th> <th>ATURE CENTE</th> <th>ER</th> <th>41-6081</th> <th>794 Page 9</th>					RVINE	DODGE NA	ATURE CENTE	ER	41-6081	794 Page 9
under the second seco	Pa	rt VII	Statement of Re	evenue						
Total revonue         Reduct or exempt Inction revenue         Uncells revenue Inction revenue         Description Inction revenue         Revenue of the index inction revenue           1 a b         A         1 a b         1 a b <th></th> <td></td> <td>Check if Schedule O</td> <td>contains a i</td> <td>response</td> <td>or note to any lin</td> <td>(</td> <td></td> <td></td> <td></td>			Check if Schedule O	contains a i	response	or note to any lin	(			
Sector         Function         <										
and building         tal         tal         tal         tal           b         Membership dues         10         <							l otal revenue			
B         Membership dues         Ib         Ib           c         Pote Addising events         Id										
By Membership dues         Ib         Ic	S S	1 a	Federated campaigns		1a					
Busines Code	un an	b			1b					
Business Code         Section           b         NATURE / ENVIRON EDUC         632,922,0           c         WORLING PARE PROGRAM         712190           d         17,919         17,919,0           d         1100m         17,919,0           g         Total. Add lines 2a2f         867,281,00           g         Total. Add lines 2a,2f         521,612,00           g         Total. Add lines 2a,2f         521,612,00           g         Cores rents         56,23,693,-2,918,00           b         Less: rental excempt bond proceeds         20,775,00,75,00           g         Cores anount from sals of asses other than inventory release         70,000           a dise sepreses         70,1,023,656,0         70,000           g         Cores salse of inverting any advites         -30,885,000           g         Grass income from salse of an ing activities, See         -30,885,000           g         Grass income from saning activities, See         -30,885,000 <th>ΩĘ</th> <td>~ C</td> <td></td> <td></td> <td></td> <td>205,304.</td> <td></td> <td></td> <td></td> <td></td>	ΩĘ	~ C				205,304.				
Business Code         Section           b         NATURE / ENVIRON EDUC         632,922,0           c         WORLING PARE PROGRAM         712190           d         17,919         17,919,0           d         1100m         17,919,0           g         Total. Add lines 2a2f         867,281,00           g         Total. Add lines 2a,2f         521,612,00           g         Total. Add lines 2a,2f         521,612,00           g         Cores rents         56,23,693,-2,918,00           b         Less: rental excempt bond proceeds         20,775,00,75,00           g         Cores anount from sals of asses other than inventory release         70,000           a dise sepreses         70,1,023,656,0         70,000           g         Cores salse of inverting any advites         -30,885,000           g         Grass income from salse of an ing activities, See         -30,885,000           g         Grass income from saning activities, See         -30,885,000 <th>rAs,</th> <td>ь Ч</td> <td></td> <td></td> <td></td> <td>/ -</td> <td></td> <td></td> <td></td> <td></td>	rAs,	ь Ч				/ -				
Business Code         Busines	i Gi	u				338 600				
Business Code         Section           b         NATURE / ENVIRON EDUC         632,922,0           c         WORLING PARE PROGRAM         712190           d         17,919         17,919,0           d         1100m         17,919,0           g         Total. Add lines 2a2f         867,281,00           g         Total. Add lines 2a,2f         521,612,00           g         Total. Add lines 2a,2f         521,612,00           g         Cores rents         56,23,693,-2,918,00           b         Less: rental excempt bond proceeds         20,775,00,75,00           g         Cores anount from sals of asses other than inventory release         70,000           a dise sepreses         70,1,023,656,0         70,000           g         Cores salse of inverting any advites         -30,885,000           g         Grass income from salse of an ing activities, See         -30,885,000           g         Grass income from saning activities, See         -30,885,000 <th>Sins</th> <td>-</td> <td></td> <td></td> <td>le</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Sins	-			le					
Business Code         Section           b         NATURE / ENVIRON EDUC         632,922,0           c         WORLING PARE PROGRAM         712190           d         17,919         17,919,0           d         1100m         17,919,0           g         Total. Add lines 2a2f         867,281,00           g         Total. Add lines 2a,2f         521,612,00           g         Total. Add lines 2a,2f         521,612,00           g         Cores rents         56,23,693,-2,918,00           b         Less: rental excempt bond proceeds         20,775,00,75,00           g         Cores anount from sals of asses other than inventory release         70,000           a dise sepreses         70,1,023,656,0         70,000           g         Cores salse of inverting any advites         -30,885,000           g         Grass income from salse of an ing activities, See         -30,885,000           g         Grass income from saning activities, See         -30,885,000 <th>er utio</th> <td>T</td> <td></td> <td></td> <td></td> <td>6 791 000</td> <td></td> <td></td> <td></td> <td></td>	er utio	T				6 791 000				
Business Code         Section           b         NATURE / ENVIRON EDUC         632,922,0           c         WORLING PARE PROGRAM         712190           d         17,919         17,919,0           d         1100m         17,919,0           g         Total. Add lines 2a2f         867,281,00           g         Total. Add lines 2a,2f         521,612,00           g         Total. Add lines 2a,2f         521,612,00           g         Cores rents         56,23,693,-2,918,00           b         Less: rental excempt bond proceeds         20,775,00,75,00           g         Cores anount from sals of asses other than inventory release         70,000           a dise sepreses         70,1,023,656,0         70,000           g         Cores salse of inverting any advites         -30,885,000           g         Grass income from salse of an ing activities, See         -30,885,000           g         Grass income from saning activities, See         -30,885,000 <th>9 E F J</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	9 E F J									
Business Code         Section           b         NATURE / ENVIRON EDUC         632,922,0           c         WORLING PARE PROGRAM         712190           d         17,919         17,919,0           d         1100m         17,919,0           g         Total. Add lines 2a2f         867,281,00           g         Total. Add lines 2a,2f         521,612,00           g         Total. Add lines 2a,2f         521,612,00           g         Cores rents         56,23,693,-2,918,00           b         Less: rental excempt bond proceeds         20,775,00,75,00           g         Cores anount from sals of asses other than inventory release         70,000           a dise sepreses         70,1,023,656,0         70,000           g         Cores salse of inverting any advites         -30,885,000           g         Grass income from salse of an ing activities, See         -30,885,000           g         Grass income from saning activities, See         -30,885,000 <th>out</th> <td>g</td> <td></td> <td></td> <td></td> <td>5,520,470.</td> <td>7 224 004</td> <td></td> <td></td> <td></td>	out	g				5,520,470.	7 224 004			
2 a         PEBCOLOL         611699         612,922,         632,922,         632,922,           b         MATURE / ENVIRON EDUC         712190         216,440,         216,440,         216,440,           c         mature / ENVIRON PARM PROGRAM         712190         17,919,         17,919,         17,919,           g         Total.Add Iner program service revenue         b         667,281.         9           g         Total.Add Iner service revenue         b         5         16,292,202,000,000,000,000,000,000,000,000	<u>o</u> e	h	Total. Add lines 1a-1f			<b>&gt;</b>	7,324,994.			
By DATURE / ENVIRON EDUC         121210         126,440.         216,440.         216,440.         216,440.           WORKING PARM FROGRAM         172190         17,919.         17,919.         17,919.         17,919.           Image: Construction of the state of the										
g         Total. Add lines 2a-21         B         867, 281.           g         Investment income (including dividends, interest, and other similar amounts).         521, 612.         521, 612.           4         Income from investment of tax exempt bond proceeds         5         521, 612.         521, 612.           5         Royatties         0.0         24, 518.         6         521, 612.           6         a Gross rents         6a         23, 693.         24, 500.         521, 612.           7         a Gross amount from sales of rasets other than inventory         6b         0.24, 518.         20, 775.         -2, 918.         23, 693.           7         a Gross amount from sales of rasets other than inventory         1, 611, 285.         20, 775.         -2, 918.         23, 693.           9         Gross income from fundrating events (not including \$         1, 012, 28, 55.         76         787, 529. <th>e</th> <td>2 a</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	e	2 a								
g Total. Add lines 2a-21       867,281.         g Total. Add lines 2a-21       867,281.         g Threat add lines 1a-11d       1,922.         g Total. Add lines 1a-11d       1,923,856.         g Geo Contributions reported on line 1c). See       787,529.         g Total. Add lines 1a-11d       1,923,856.         g Geo Contributions reported on line 1c). See       9a         g Geo Sales of Inventory. Ises returns and allowances       -30,885.         g Geo Consol income from fundrating events       -30,885.         g Geo Consol income from gaming activities       9a         g Geo Consol income from gaming activities       9a         g Geo Consol income from gaming activities       9a	e vi	b	NATURE / ENVIRON ED	UC		712190				
g         Total. Add lines 2a-21         B         867, 281.           g         Investment income (including dividends, interest, and other similar amounts).         521, 612.         521, 612.           4         Income from investment of tax exempt bond proceeds         5         521, 612.         521, 612.           5         Royatties         0.0         24, 518.         6         521, 612.           6         a Gross rents         6a         23, 693.         24, 500.         521, 612.           7         a Gross amount from sales of rasets other than inventory         6b         0.24, 518.         20, 775.         -2, 918.         23, 693.           7         a Gross amount from sales of rasets other than inventory         1, 611, 285.         20, 775.         -2, 918.         23, 693.           9         Gross income from fundrating events (not including \$         1, 012, 28, 55.         76         787, 529. <th>Sena</th> <td>С</td> <td>WORKING FARM PROGRAM</td> <td>М</td> <td></td> <td>712190</td> <td>17,919.</td> <td>17,919.</td> <td></td> <td></td>	Sena	С	WORKING FARM PROGRAM	М		712190	17,919.	17,919.		
g         Total. Add lines 2a-21         B         867, 281.           g         Investment income (including dividends, interest, and other similar amounts).         521, 612.         521, 612.           4         Income from investment of tax exempt bond proceeds         5         521, 612.         521, 612.           5         Royatties         0.0         24, 518.         6         521, 612.           6         a Gross rents         6a         23, 693.         24, 500.         521, 612.           7         a Gross amount from sales of rasets other than inventory         6b         0.24, 518.         20, 775.         -2, 918.         23, 693.           7         a Gross amount from sales of rasets other than inventory         1, 611, 285.         20, 775.         -2, 918.         23, 693.           9         Gross income from fundrating events (not including \$         1, 012, 28, 55.         76         787, 529. <th>eve</th> <td>d</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	eve	d								
g         Total. Add lines 2a-21         B         867, 281.           g         Investment income (including dividends, interest, and other similar amounts).         521, 612.         521, 612.           4         Income from investment of tax exempt bond proceeds         5         521, 612.         521, 612.           5         Royatties         0.0         24, 518.         6         521, 612.           6         a Gross rents         6a         23, 693.         24, 500.         521, 612.           7         a Gross amount from sales of rasets other than inventory         6b         0.24, 518.         20, 775.         -2, 918.         23, 693.           7         a Gross amount from sales of rasets other than inventory         1, 611, 285.         20, 775.         -2, 918.         23, 693.           9         Gross income from fundrating events (not including \$         1, 012, 28, 55.         76         787, 529. <th>ogr B</th> <td>е</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	ogr B	е								
g Total. Add lines 2a.2f         >         867, 281.           3         investment income (including dividends, interest, and other similar amounts)         >         521, 612.         521, 612.           4         income from investment of tax exempt bond proceeds         >          521, 612.         521, 612.           5         Royatties            521, 612.         521, 612.           6         Gross rents         6a         23, 693.         21, 600.             6         A transmission of (loss)         0.         24, 518.         20, 775.         -2, 918.         23, 693.           7         Gross amount from sales of assets other than inventory         7a         1, 023, 855.         20, 775.         -2, 918.         23, 693.           8         Gross income from fundraising events or (loss)         To         787, 529.         787, 529.         787, 529.           8         Gross income from fundraising events or contributions reported on line 1c). See         >         -30, 885.         -30, 885.         -30, 885.           9         Gross sincome from gaming activities         >          -30, 885.         -30, 885.           9         Gross sincome from gaming activities         >	Å	f	All other program service	revenue						
3       investment income (including dividends, interest, and other similar amounts)       521,612.       521,612.         4       income from investment of tax-exempt bond proceeds       5       521,612.       521,612.         5       Royatties       6       0.0       24,513.       5         6       Gross rents       6       0.0       24,513.       5         6       Construction or (loss)       0.0       24,513.       5       7         7       Gross mount from sales of mount for sales of mount for sales of mount for sales of the than inventory       1.023,855.       7       7       7.0,75.9.       -2,918.       23,693.         9       d       Gross mount for sales of the than inventory       1.023,855.       7       787,529.       787,529.       787,529.         8       a Gross income from fundraising events (not including \$       205,304. of contributions reported on line 1C). See Part IV, line 18       8       11,413.       8       -30,885.       -		g					867,281.			
Solution of the similar amounts)         Solution of proceeds           4         income from investment of tax-exempt bond proceeds         5         5         7         5         7         6         3         7         6         3         7         6         3         7         3         7         3         7         3         7         3         7         3         7         3         7         3         7         3         7         3         7         3         7         3         7         3         7         3         7         3         7         3         7         3         7         3         7         3         3         3         1         3         3         1         3         3         1         3         3         1         3         3         1         3         3         1         3         3         1         3		3								
4       Income from investment of tax-exempt bond proceeds       Image: constraint of tax-exempt bond proceeds         5       Royatties       Image: constraint of tax-exempt bond proceeds       Image: constraint of tax-exempt bond proceeds         6       a Gross rents       Image: constraint of tax-exempt bond proceeds       Image: constraint of tax-exempt bond proceeds         6       a Gross rents       Image: constraint of tax-exempt bond proceeds       Image: constraint of tax-exempt bond proceeds         7       a Gross rents       Image: constraint of tax-exempt bond proceeds       Image: constraint of tax-exempt bond proceeds         7       a Gross rents       Image: constraint of tax-exempt bond proceeds       Image: constraint of tax-exempt bond proceeds         7       a Gross rents       Image: constraint of tax-exempt bond proceeds       Image: constraint of tax-exempt bond proceeds         7       a Gross rents       Image: constraint of tax-exempt bond proceeds       Image: constraint of tax-exempt bond proceeds         7       a Gross states tort that inventory       Image: constraint of tax-exempt bond proceeds       Image: constraint of tax-exempt bond proceeds         9       a Gross income from fundraising events       Image: constraint of tax-exempt bond proceeds       Image: constraint of tax-exempt bond proceeds         9       a Gross sales of inventory       Image: constraint of tax-exempt bond proceex (constraint of tax-exe							521,612.			521,612.
5         Royatties         0         Real         00 Personal           6         a         Gross rents         6a         23, 693, 21, 600.         24, 518.           C         Rental income or (loss)         6c         23, 693, -2, 918.         20, 775.         -2, 918.         23, 693.           7         B         Gross amount from sales of assets other than inventory         7a         1, 911, 385.         20, 775.         -2, 918.         23, 693.           7         Gross amount from sales of assets other than inventory         7a         1, 911, 385.         20, 775.         -2, 918.         23, 693.           9         C         Gain or (loss)         7a         1, 023, 856.         7c         787, 529.         787, 529.           8         Gross income from fundraising events (not including \$205, 304. of contributions reported on line 1c). See         7a         11, 413.         8a         11, 413.           b Less: direct expenses         Ba         Gross sales of inventory.         Ba         Gross sales of inventory.         Ba         9a		4								
6 a Gross rents       6a 23,693, 21,600. b Less: rental expenses. c Rental income or (loss)       23,693, -2,918.         7 a Gross amout from sales of assets other than inventory assets other than inventory b Less: cost or other basis and sales expenses. c Gain or (loss)       20,775.       -2,918.       23,693.         7 a Gross amout from sales of assets other than inventory b Less: cost or other basis and sales expenses. c Gain or (loss)       7a 1,811,385.       20,775.       -2,918.       23,693.         8 a Gross income from fundraising events (not including \$205,304 of contributions reported on line 1c). See Part IV, line 18       7a 1,413 Bb 42,298.       787,529.       787,529.         9 a Gross income from fundraising events c Net income or (loss) from sales of inventory. b Less: circet expenses       > -30,885.       -30,885.       -30,885.         9 a Gross income from gaming activities. c Net income or (loss) from sales of inventory. b Less: circet of goods soid       >       >       -30,885.       -30,885.         9 a Gross allow of inventory, less returns and allowances       10a 00b        >       >       >         9 a Gross for of goods soid       0a       0a       0a       0a       0a       0a         9 a Gross income or (loss) from sales of inventory.       >       >       >       >       >       >       >       >       >       >       >       >       >		5								
6 a Gross rents       6a 23,693. 21,600. 6b 0. 24,518. 6c 23,693. 2,918.         900000       d Net rental income or (loss) 6c 23,693. 2,918. 6c 23,693. 7a Gross mount from sales of assets other than inventory b Less: cotor or there hasis and sales expenses. c Gain or (loss) 6c 23,693. 7a Gross income from fundraising events (not including \$ 205,304. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses. c Net income or (loss) from fundraising events. c Net income or (loss) from fundraising events. c Net income or (loss) from gaming activities. c Net income or (loss) from sales of inventory. c Net income or (loss) from sal		-								
b         Less: rental expenses         6b         0.         24,518.           c         Rental income or (loss)         6c         23,693.         -2,918.         23,693.           d         Net rental income or (loss)         >         20,775.         -2,918.         23,693.           7 a         Gross amount from sales of assets other than inventory         >         20,775.         -2,918.         23,693.           b         Less: cost or other basis and sales expenses         7b         1,023,856.         20         20         787,529.         787,529.           G a forss income from fundralsing events (not including \$         205,304         70         787,529.         787,529.         787,529.           8 a forss income from gaming activities. See Part IV, line 18         Ba         11,413.         Bb         42,298.         -30,885.         -30,885.         -30,885.           9 a Gross income from gaming activities. See Part IV, line 19         9a         9a <t< td=""><th></th><td>6 a</td><td>Gross rents</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		6 a	Gross rents							
c       Rental income or (loss)       Gc       23,693.       -2,918.         d       Net rental income or (loss)       (i) Securities       20,775.       -2,918.       23,693.         7 a       Gross amount from sales of assets other than inventory       (ii) Securities       (iii) Other       787.529.       -2,918.       23,693.         9       Less: cost or other basis and sales expenses       7b       1,023,856.       787,529.       787,529.       787,529.         8 a       Gross income from fundraising events (not including \$\frac{205,304.}{205,304.}, of contributions reported on line 1c). See       8a       11,413.       8b       42,298.       -30,885.       -30,885.       -30,885.         9 a       Gross income from gaming activities.       >       -30,885.       -30,885.       -30,885.       -30,885.         9 a       Gross income from gaming activities.       >        -30,885.       -30,885.       -30,885.         10 a       Gross sales of inventory, less returns and allowances       10a       10b       10b       10b       1,952.       -         11 a       MISC INCOME       Business Code       900099       1,952.       -       -       -       -       -       -       -       -       -       -       -		_								
d Net rental income or (loss)       20,775.       -2,918.       23,693.         7 a Gross amount from sales of assets other than inventory       1,811,385.       20,775.       -2,918.       23,693.         900020       Less: cost or other basis and sales expenses       7b       1,023,856.       767,529.       787,529.       787,529.         8 Gross income from fundraising events (not including \$005.       787,529.       787,529.       787,529.       787,529.         9 a Gross income from fundraising events (not including \$005.       205,304. of contributions reported on line 1c). See       9a       11,413.         9 a Gross income from gaming activities.       9a       -30,885.       -30,885.       -30,885.         9 a Gross income from gaming activities.       9a       9a       -30,885.       -30,885.         9 a Gross income from gaming activities.       9a       -30,885.       -30,885.       -30,885.         9 a Gross income from gaming activities.       9a       -30,885.       -30,885.       -30,885.         9 a Gross income from gaming activities.       0a       -30,885.       -30,885.       -30,885.         9 a Gross income or (loss) from gaming activities.       0a       -30,885.       -30,885.       -30,885.         9 a Gross income or (loss) from sales of inventory.       b						-				
7 a Gross amount from sales of assets other than inventory       7       1,811,385.         b Less: cost or other basis and sales expenses       7       1,023,856.         C Gain or (loss)       7       787,529.         8 a Gross income from fundraising events (not including \$205,304of contributions reported on line 1c). See Part IV, line 18       8       11,413.         b Less: circl expenses       8       42,298.       -30,885.       -30,885.         9 a Gross income from gaming activities       9       -30,885.       -30,885.       -30,885.         9 a Gross ales of inventory, less returns and allowances       9       9       9       -         10 a Gross ales of inventory, less returns and allowances       10       10       10       10       10         11 a MISC INCOME       9       9       1,952.       -       -       -         11 a MISC INCOME       9       9       1,952.       -       -       -         12 Total revenue. See instructions       9,493,258.       869,233.       -2,918.       1,301,949.       -					,		20 775		-2 918	23 693
assets other than inventory       Ta       1, 811, 385.         b       Less: cost or other basis and sales expenses       Tb       1, 023, 856.         c       Gain or (loss)       Tc       787, 529.         B a       Gross income from fundraising events (not including \$205, 204 of contributions reported on line 1c). See Part IV, line 18       To       11, 413.         b       Less: direct expenses       Bb       42, 298.       -30, 885.         9       Gross income from gaming activities. See Part IV, line 19       -30, 885.       -30, 885.         9       Gross income from gaming activities. See Part IV, line 19					ecurities	(ii) Other			2,520.	
B       Less: cost or other basis and sales expenses       7b       1,023,856.         c       Gain or (loss)       787,529.       787,529.         d       Net gain or (loss)       205,304. of contributions reported on line 1c). See Part IV, line 18       787,529.       787,529.         b       Less: direct expenses       8b       42,298.       -30,885.       -30,885.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       -30,885.       -30,885.         9 a       Gross sincome from gaming activities. See Part IV, line 19       9a       9a       -30,885.       -30,885.         10 a       Gross sincome from gaming activities and allowances       10a       0a       0b       0a         b       Less: cost of goods sold       0b       0b       0a       0a         c       Net income or (loss) from gaming activities       0a       0a       0a       0a         10 a       Gross sales of inventory, less returns and allowances       0a       0b       0a       0a         b       Less: cost of goods sold       0a       0a       0a       0a       0a         c       MESC INCOME       900099       1,952.       1,952.       0a       0a         b       C		<i>i</i> a								
and sales expenses       Th       1,023,856.         c       Gain or (loss)       To       787,529.         d       Net gain or (loss)       Not gain or (loss)       Not gain or (loss)         d       Net gain or (loss)       Not gain or (loss)       Not gain or (loss)         d       Net gain or (loss)       Not gain or (loss)       Not gain or (loss)         d       Net gain or (loss)       Not gain or (loss)       Not gain or (loss)         e       Net including \$       205,304.       of         c       Net income or (loss) from fundraising events       -30,885.       -30,885.         9       Gross income from gaming activities. See       9a       9a       9a         9a       9b       Sec       Net income or (loss) from gaming activities. See       9a         9a       9b       Sec       Net income or (loss) from gaming activities. See       9a         9b       Less: direct expenses       9b       Sec       Sec       Sec         10       a Gross sales of inventory, less returns and allowances       Ioa       Sec       Sec       Sec         b       Less: cost of goods sold       Iob       Sec       Sec       Sec       Sec       Sec         11 a       MIS			,	7a ±, •	, 505.					
Example 1       C Gain or (loss)       Tc 787,529.       787,529.         8 a Gross income from fundraising events (not including \$205,304. of contributions reported on line 1c). See Part IV, line 18       8a 11,413.       787,529.       787,529.         9 a Gross income or (loss) from fundraising events       -30,885.       -30,885.       -30,885.         9 a Gross income from gaming activities. See Part IV, line 19       9a       9b       -30,885.       -30,885.         9 a Gross sales of inventory, less returns and allowances       10a       10b       10b       10b         c Net income or (loss) from sales of inventory       Image: Code Struct Structure or (loss) from sales of inventory       Image: Code Structure or (loss) from sales of inventory       Image: Code Structure or (loss) from sales of inventory         9 a Gross sales of inventory, less returns and allowances       10a       10b       10b       10b         c Net income or (loss) from sales of inventory       Image: Code Structure or (loss) from sales of inventory       Image: Code Structure or (loss) from sales of inventory       Image: Code Structure or (loss) from sales of inventory         10 a Gross sales of inventory       Image: Code Structure or (loss) from sales of inventory       Image: Code Structure or (loss) from sales of inventory       Image: Code Structure or (loss) from sales of inventory         a d All other revenue       Image: Code Structure or (loss) from sales of inventory	~	D			122 056					
d       Net gain or (loss)       161,323.       161,323.       161,323.         8 a       Gross income from fundraising events (not including \$205,304. of contributions reported on line 1c). See Part IV, line 18       8a       111,413.         b       Less: direct expenses       8b       42,298.       -30,885.       -30,885.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       -30,885.       -30,885.         9 a       Gross sincome from gaming activities. See Part IV, line 19       9a       -30,885.       -30,885.         9 a       Less: direct expenses       9b       -30,885.       -30,885.         0 a       Gross sales of inventory, less returns and allowances       10a       10a         b       Less: cost of goods sold       10b       -         c       Net income or (loss) from sales of inventory        -         b       Less: cost of goods sold       10b       -         c       Net income or (loss) from sales of inventory        -         c       Net income or (loss) from sales of inventory        -         c       Net income or (loss) from sales of inventory        -       -         d       All other revenue       -       -       -	ňu									
d       Net gain or (loss)       161,323.       161,323.       161,323.         8 a       Gross income from fundraising events (not including \$205,304. of contributions reported on line 1c). See Part IV, line 18       8a       111,413.         b       Less: direct expenses       8b       42,298.       -30,885.       -30,885.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       -30,885.       -30,885.         9 a       Gross sincome from gaming activities. See Part IV, line 19       9a       -30,885.       -30,885.         9 a       Less: direct expenses       9b       -30,885.       -30,885.         0 a       Gross sales of inventory, less returns and allowances       10a       10a         b       Less: cost of goods sold       10b       -         c       Net income or (loss) from sales of inventory        -         b       Less: cost of goods sold       10b       -         c       Net income or (loss) from sales of inventory        -         c       Net income or (loss) from sales of inventory        -         c       Net income or (loss) from sales of inventory        -       -         d       All other revenue       -       -       -	eve			· · · · ·			707 500			707 500
contributions reported on line 1c). See       Ba       11, 413.         b       Less: direct expenses       Bb       42, 298.         c       Net income or (loss) from fundraising events       -30,885.       -30,885.         9 a       Gross income from gaming activities. See       9a       -30         9 a       Gross income from gaming activities. See       9a       -30         9 b       Less: direct expenses       9b       -30         0 a       Gross sales of inventory, less returns and allowances       10a       -30         10 a       Gross income or (loss) from sales of inventory       -       -         c       Net income or (loss) from sales of inventory       -       -         b       Less: cost of goods sold       10b       -       -         c       .       .       .       .       .         b       Less: cost of goods sold       10b       .       .       .         c       .       .       .       .       .       .         b       .       .       .       .       .       .       .         c       .       .       .       .       .       .       .         c	Ř					····· •	/8/,529.			/87,529.
contributions reported on line 1c). See       Ba       11, 413.         b       Less: direct expenses       Bb       42, 298.         c       Net income or (loss) from fundraising events       -30,885.       -30,885.         9 a       Gross income from gaming activities. See       9a       -30         9 a       Gross income from gaming activities. See       9a       -30         9 b       Less: direct expenses       9b       -30         0 a       Gross sales of inventory, less returns and allowances       10a       -30         10 a       Gross income or (loss) from sales of inventory       -       -         c       Net income or (loss) from sales of inventory       -       -         b       Less: cost of goods sold       10b       -       -         c       .       .       .       .       .         b       Less: cost of goods sold       10b       .       .       .         c       .       .       .       .       .       .         b       .       .       .       .       .       .       .         c       .       .       .       .       .       .       .         c	the	8 a								
Part IV, line 18       Ba       11,413.         b       Less: direct expenses       Bb       42,298.         c       Net income or (loss) from fundraising events       -30,885.       -30,885.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       -30,885.       -30,885.         b       Less: direct expenses       9b       9b       -       -30,885.         c       Net income or (loss) from gaming activities       >       -       -         t       Less: direct expenses       9b       -       -       -         t       a Gross sales of inventory, less returns and allowances       10a       -       -       -         b       Less: cost of goods sold       10b       -       -       -       -         c       Net income or (loss) from sales of inventory       >       -       -       -       -         c       NISC INCOME       Business Code       900099       1,952.       1,952.       -       -         c	Ò									
b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10 b 11 a MISC INCOME b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 12 Total revenue. See instructions b Less: direct expenses 10 a Gross sales of inventory 11 a MISC INCOME 900099 1,952. 9,493,258. 869,233. -2,918. 1,301,949.				-						
c       Net income or (loss) from fundraising events <ul> <li>-30,885.</li> <li>-30,885.</li> </ul> 9 a       Gross income from gaming activities. See Part IV, line 19       9a       9b         b       Less: direct expenses       9b       9b         c       Net income or (loss) from gaming activities <li>Image: Construction of the second of the second</li>			Part IV, line 18							
9 a Gross income from gaming activities. See Part IV, line 19       9a       9a       9a         b Less: direct expenses       9b       9b       0       0         c Net income or (loss) from gaming activities       >       0       0       0         10 a Gross sales of inventory, less returns and allowances       10a       0       0       0         b Less: cost of goods sold       10b       0       0       0       0         c Net income or (loss) from sales of inventory       >       0       0       0         b Less: cost of goods sold       10b       0       0       0       0         c Net income or (loss) from sales of inventory       >       0       0       0       0         c All other revenue       900099       1,952.       1,952.       0       0       0         e Total. Add lines 11a-11d       1,952.       1,952.       0		b				42,298.				
Part IV, line 19       9a       9b       9b         b       Less: direct expenses       9b       9b         c       Net income or (loss) from gaming activities       >       0         10 a       Gross sales of inventory, less returns and allowances       10a       0         b       Less: cost of goods sold       10b       0         c       Net income or (loss) from sales of inventory       >       0         b       Less: cost of goods sold       10b       0         c       Net income or (loss) from sales of inventory       >       0         b						<b>&gt;</b>	-30,885.			-30,885.
b Less: direct expenses 9b   c Net income or (loss) from gaming activities   10 a   a Gross sales of inventory, less returns   and allowances 10a   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: Cost of goods sold   c Net income or (loss) from sales of inventory   b Less: Cost of goods sold   c Net income or (loss) from sales of inventory   b Business Code   900099 1,952.   11 a MISC INCOME   b 900099   c Image: Contemportal set of the		9 a								
b Less: direct expenses 9b   c Net income or (loss) from gaming activities   10 a   a Gross sales of inventory, less returns   and allowances 10a   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: Cost of goods sold   c Net income or (loss) from sales of inventory   b Less: Cost of goods sold   c Net income or (loss) from sales of inventory   b Business Code   900099 1,952.   11 a MISC INCOME   b 900099   c Image: Contemportal set of the			Part IV, line 19		9a					
10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   11 a MISC INCOME   b   c   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions		b	Less: direct expenses		9b					
10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   11 a MISC INCOME   b   c   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions		с	Net income or (loss) from	gaming act	tivities	►				
and allowances       10a         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         I1 a       MISC INCOME         b       900099         c       900099         d       All other revenue         e       Total Add lines 11a-11d         12       Total revenue. See instructions										
b Less: cost of goods sold 10b ► − ► ► − ► ► ► ► ► ► ► ► ► − ► ► − − − ► −						a				
ket income or (loss) from sales of inventory         Business Code       Business Code         11 a       MISC INCOME       900099       1,952.       1,952.         b		b				D				
Business Code       Image: Second secon										
11 a       MISC INCOME       900099       1,952.       1,952.         b		2	,, <b>.</b>		,					
e Total. Add lines 11a-11d       1,952.         12 Total revenue. See instructions       9,493,258.       869,233.       -2,918.       1,301,949.	sno	11 a	MISC INCOME			900099	1,952.	1,952.		
e Total. Add lines 11a-11d       1,952.         12 Total revenue. See instructions       9,493,258.       869,233.       -2,918.       1,301,949.	nec	h					, ,	· · ·		
e Total. Add lines 11a-11d       1,952.         12 Total revenue. See instructions       9,493,258.       869,233.       -2,918.       1,301,949.	ella Ver	~								
e Total. Add lines 11a-11d       1,952.         12 Total revenue. See instructions       9,493,258.       869,233.       -2,918.       1,301,949.	Be	ט ה								
<b>12</b> Total revenue. See instructions	Ϊ					└── <b>─</b>	1 952			
							,	869 233	-2 918	1 301 949
	02000			0110				1 200,200.		

Page 9

THOMAS IRVINE DODGE NATURE CENTER Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	41,159.	41,159.		
~	individuals. See Part IV, line 22	41,139.	41,139.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
5	trustees, and key employees	158,305.	123,795.	16,622.	17,888
6	Compensation not included above to disqualified	130,303.	123,793.	10,022.	17,000
0	persons (as defined under section 4958(f)(1)) and				
	(0,0)				
7		1,271,765.	986,540.	156,964.	128,261
7 8	Other salaries and wages Pension plan accruals and contributions (include	1,2,1,10,00	<u> </u>	10,0010	120,201
0	section 401(k) and 403(b) employer contributions)	36,041.	27,426.	5,542.	3 073
^		199,851.	82,686.	14,138.	3,073 103,027 11,074
9	Other employee benefits	107,207.	82,952.	13,181.	11 07/
0 1	Payroll taxes Fees for services (nonemployees):	107,207.	02,952.	15,101.	11,074
1					
	Management	3,453.		3,453.	
		17,250.		17,250.	
	Accounting	17,230.		17,230.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	73,138.	73,138.		
f	Investment management fees	/5,150.	/5,150.		
g	Other. (If line 11g amount exceeds 10% of line 25,	148,654.	102,659.	21,879.	21 116
~	column (A) amount, list line 11g expenses on Sch 0.)	3,687.	1,638.	207.	1 8/2
2	Advertising and promotion	72,809.	45,304.	15,587.	24,116 1,842 11,918
3	Office expenses	72,009.	45,504.		11,910
4	Information technology				
5	Royalties	50,904.	48,256.	2,118.	530
6 -		8,857.	8,550.	151.	<u>530</u> 156
7	Travel	0,057.	0,000.		100
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	3,476.	725.	2,325.	426
9	Conferences, conventions, and meetings	5,470.	125.	4,545.	420
0	Interest				
1	Payments to affiliates	338,306.	321,391.	12 522	3,383
2	Depreciation, depletion, and amortization	47,000.	44,762.	<u>13,532.</u> 1,790.	448
3		47,000.	44,702.	1,790.	440
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	REPAIR AND MAINTENANCE	123,970.	123,893.	77.	0
b	PROGRAM SUPPLIES EXPENS	50,182.	50,182.		
c	MISCELLANEOUS	6,465.	5,495.	905.	65
d	DUES AND SUBSCRIPTIONS	4,067.	2,956.	922.	189
	All other expenses	-,			105
е 5	Total functional expenses. Add lines 1 through 24e	2,766,546.	2,173,507.	286,643.	306,396
5 6	Joint costs. Complete this line only if the organization	_,,00,010	_,_,0,00,0		200,000
	reported in column (B) joint costs from a combined				
	advestigned comparing and fundraising policitation				

11

932010 01-20-20

Check here

12200427 310044 68605.0

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2019)

12200427 310044 68605.0

THOMAS	IRVINE	DODGE	NATURE	CENTER

41-6081794 Page 11

Par	נא	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			86,164.	1	518,257.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			43,959.	3	884.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	or former	officer, director,			
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
×	9	Prepaid expenses and deferred charges			36,115.	9	14,473
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	13,542,145.			
	b	Less: accumulated depreciation	. 10b	4,621,416.	8,774,399.	10c	8,920,729
	11	Investments - publicly traded securities			12,835,489.	11	18,835,081
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin	e 11 🛛			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed	ual line 3	33)	21,776,126.	16	28,289,424
	17	Accounts payable and accrued expenses			219,240.	17	117,235
	18	Grants payable		18			
	19	Deferred revenue			164,746.	19	127,955
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
iab		controlled entity or family member of any of th				22	
-	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D		·····	202 000	25	04F 100
	26	Total liabilities. Add lines 17 through 25			383,986.	26	245,190.
s		Organizations that follow FASB ASC 958, cl	neck her				
S		and complete lines 27, 28, 32, and 33.			0 760 010		0 061 270
alar	27		····· -	8,760,919.	27	9,261,378.	
Ä	28	Net assets with donor restrictions			12,631,221.	28	18,782,856.
ŭ		Organizations that do not follow FASB ASC	958, che	eck here 🕨 🛄			
۳ ۲		and complete lines 29 through 33.					
ts (	29	Capital stock or trust principal, or current func				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			21 202 140	31	20 011 221
ž	32	Total net assets or fund balances			21,392,140.	32	28,044,234.
	33	Total liabilities and net assets/fund balances			21,776,126.	33	28,289,424.

Form **990** (2019)

## Form 990 (2019) THOM Part X Balance Sheet

	1 990 (2019) THOMAS IRVINE DODGE NATURE CENTER	41-6	081794	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,49		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,76		
3	Revenue less expenses. Subtract line 2 from line 1	3	6,72		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	21,392			
5	Net unrealized gains (losses) on investments	5	-7	<b>4,6</b>	18.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	28,04	4,2	34.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	L
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			_	aan .	/ · - ·

Form **990** (2019)

SCHED	ULI	ΕA
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(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(4) nonexempt charitable trust

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

	OMB No. 1545-0047					
	2019					
	Open to Public Inspection					
Employer identification numbe						

	Department of the Treasury       Attach to Form 990 or Form 990-EZ.         Internal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection			
Name of	the organizati	on						Employer	identification number
		THOM	AS IRVINE	DODGE NATURE	CENTE	ER		4	1-6081794
Part I	Reason			All organizations must co			e instruction		
The orga				For lines 1 through 12, cl					
1	1			on of churches described			()(A)(i).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ).)								
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
	city, and stat	-						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5			or the benefit of a col	llege or university owned	or operat	ed by a do	vernmental u	nit describe	ed in
J			Complete Part II.)		or operat	ou oy u ge			
6	1			nental unit described in s	section 17	70(h)(1)(A)	(v)		
7 X		· -	-	ntial part of its support fr				no general r	ublic described in
/ 11	-		omplete Part II.)	Intial part of its support if	on a gove	minentai		le general j	
8	1			(1)(A)(vi). (Complete Parl	• 11.)				
9	, , , , , , , , , , , , , , , , , , ,			in section 170(b)(1)(A)(i	,	ad in conii	unction with a	land-grant	college
5				ulture (see instructions).					
	university:		grant conege of agric			name, ony	, and state of	the college	
10	· · —	on that norma	Illy receives: (1) more	than 33 1/3% of its supp	ort from o	ontributio	ns members	hin fees an	d aross receipts from
	•		•	ct to certain exceptions,				•	•
				(less section 511 tax) fro					
			mplete Part III.)			500 2040		Janization a	
11	1			ively to test for public sat	atv See	section 5(	<b>19(a)(</b> 4)		
12	-	-	-	ively for the benefit of, to	•			urry out the	nurnoses of one or
				id in section 509(a)(1) o					
				f supporting organization					
a				upervised, or controlled					nivina
u _			-	gularly appoint or elect a	• • • •	-		•••••	
		-	complete Part IV, Se		majonty c				pporting
b				or controlled in connect	ion with it	s sunnorte	ed organizatio	n(s) by hay	ina
			-	anization vested in the sa			-		-
		•	t complete Part IV,					ge the supp	
c	~		-	g organization operated	in connect	tion with a	and functiona	llv integrate	d with
υL		-		). You must complete F				ny mograto	a with,
d		-		porting organization oper				rted organiz	ration(s)
u _		-	• •	ation generally must sati				Ŭ,	
				nplete Part IV, Sections					
e				written determination from				II Type III	
• _		•		nally integrated supportir			19901, 1990	n, 1990 m	
f En	ter the number								
			n about the supporte						
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ng document?	(v) Amount o	f monetary	(vi) Amount of other
	organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions
									L

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

## Schedule A (Form 990 or 990-EZ) 2019 THOMAS IRVINE DODGE NATURE CENTER Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

260	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	717,200.	1077589.	1003387.	1442166.	7324994.	11565336.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge			1				
	Total. Add lines 1 through 3	717,200.	1077589.	1003387.	1442166.	7324994.	11565336.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,						6612264	
	column (f)						6613964.	
	Public support. Subtract line 5 from line 4.						4951372.	
	ction B. Total Support				(		(m = 1.1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2015 717,200.	(b)2016 1077589.	(c) 2017 1003387.	(d) 2018 1442166.	(e) 2019	(f) Total 11565336.	
	Amounts from line 4	/1/,200.	10//589.	1003387.	1442100.	/324994.	11202330.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	272 462	201 000	370,321.	A16 504	566,905.	1010262	
-	and income from similar sources	272,463.	284,089.	370,321.	416,584.	500,905.	1910362.	
9	Net income from unrelated business							
	activities, whether or not the	0.	0.	0.	1,546.	0.	1 546	
	business is regularly carried on	0.	0.	0.	1,540.	0.	1,546.	
10	Other income. Do not include gain							
	or loss from the sale of capital	53,804.	12,773.	21,543.		1,952.	90,072.	
	assets (Explain in Part VI.)	55,804.	12,113.	21,545.		1,952.	13567316.	
	<b>Total support.</b> Add lines 7 through 10		20)			12 5	,725,859.	
	Gross receipts from related activities,		,	d fourth or fifth to			,725,055.	
13	<ul> <li>First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)</li> <li>organization, check this box and stop here</li> </ul>							
Sec	ction C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2019 (I		•	olumn (f))		14	36.49 %	
	Public support percentage from 2018		-			15	49.94 %	
	<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>∑</b>							
b	<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
and stop here. The organization qualifies as a publicly supported organization								
17a	<b>17a 10% - facts- and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
_	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test							
	more, and if the organization meets th	-						
	organization meets the "facts-and-circ							
18	Private foundation. If the organization						<u>s</u>	
	Schedule A (Form 990 or 990-EZ) 2019							

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#### Schedule A (Form 990 or 990-EZ) 2019 THOMAS IRVINE DODGE NATURE CENTER Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

See	ction A. Public Support			•	-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6			(0) = 0	(4) = 0 + 0	(0) = 0 + 0	(.,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)19</b> (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2019. If the	organization did r				33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2018. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	top here. The org	anization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see ins	structions	
9320	23 09-25-19			_	Sch	edule A (Form 99	0 or 990-EZ) 2019
			16	5			

## Schedule A (Form 990 or 990-EZ) 2019 THOMAS IRVINE DODGE NATURE CENTER

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1

2

Yes No

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2019

10b

# Schedule A (Form 990 or 990-EZ) 2019 THOMAS IRVINE DODGE NATURE CENTER Part IV Supporting Organizations (continued)

			Vac	Ne
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
<u>Sec</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Tes	NU
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	•		
a h	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b c	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i> The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> <i>how you supported a government entity (see insti</i>			
2	Activities Test. Answer (a) and (b) below.	ructions,	Yes	No
ے a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2019

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	edule A (Form 990 or 990-EZ) 2019 THOMAS IRVINE DODGE NAT			41-6081794 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Dort \/I) See instructions All
	other Type III non-functionally integrated supporting organizations must co	•		Fait VI). See instructions. An
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

## Schedule A (Form 990 or 990 EZ) 2019 THOMAS IRVINE DODGE NATURE CENTER

Par	I ype III Non-Functionally integrated 509	a)(3) Supporting Orga	inizations (continued)	I
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	ſ	1	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	(Form 990 or 990-EZ) 2019	THOMAS IR	INE DO	DGE N	ATURE	CENTER	41-6081794	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Provide th , 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV	e explanation , 6, 9a, 9b, 9 , Section E, li	ns require c, 11a, 11 ines 1c, 2a	d by Part II, b, and 11c; a, 2b, 3a, ar	line 10; Part II, lir Part IV, Section I nd 3b; Part V, line	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section 1; Part V, Section B, line 1e; Pa	C,
	(See instructions.)							
932028 09-25-*	19						Schedule A (Form 990 or 990-	EZ) 2019
				21				

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

#### Name of the organization

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

	THOMAS IRVINE DODGE NATURE CENTER	41-6081794					
Organization type (cheo	ganization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(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

X 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. Don't 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 for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Employer identification number

41-6081794

## THOMAS IRVINE DODGE NATURE CENTER

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>		\$5,283,564.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>575,000.</u>	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
3		\$ <u>426,007.</u>	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
4		\$338,600.	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 Noncash (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.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

12200427 310044 68605.0

Employer identification number

41-6081794

THOMAS IRVINE DODGE NATURE CENTER

Part II Noncash Property (see instructions). Use duplicate copies of Part 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
1	SEE SCHEDULE O		
		\$\$.283,564.	12/09/19
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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## 12200427 310044 68605.0

Name of or	ganization	Employer identification number				
THOMAS	IRVINE DODGE NATURE	CENTER		41-6081794		
Part III	Exclusively religious, charitable, etc., contril from any one contributor. Complete columns	outions to organizations described in (a) through (e) and the following line	ntry. For organizations			
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	s, charitable, etc., contributions of <b>\$1,000</b> all space is needed.	<b>r less</b> for the year. (Enter this info	b. once.) ▶ \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held		
		_				
-		- (e) Transfer of g	 ift			
-	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) D	escription 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	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held		
		-				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
-	Transferee's name, address, and ZIP + 4					
(a) No.		]				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held		
-	(e) Transfer of gift					
F	Transferee's name, address	, and <b>ZI</b> P + 4	Relationship of	transferor to transferee		
923454 11-06-	19		Sched	ule B (Form 990, 990-EZ, or 990-PF) (2019		

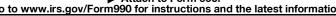
25

SCHEDULE D	)
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Department of the Treasury Internal Revenue Service

<del>9</del> 0)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.





THOMAS IRVINE DODGE NATURE CENTER

Employer identification number 41-6081794

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
		organization answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	()	b) Funds and other accounts
1	Tota	I number at end of year			
2	Aggr	regate value of contributions to (during year)			
3	Aggr	regate value of grants from (during year)			
4		regate value at end of year			
5	Did t	he organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed fund	s
		he organization's property, subject to the organization's			
6	Did t	he organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used or	hly
		haritable purposes and not for the benefit of the donor o			·
Dec	impe	rmissible private benefit?			Yes No
Par		<b>Conservation Easements.</b> Complete if the org		Part IV,	line 7.
1	_	ose(s) of conservation easements held by the organization	-		
	_	Preservation of land for public use (for example, recrea			rically important land area
	X	Protection of natural habitat	X Preservation o	f a certif	ied historic structure
		Preservation of open space		_	
2		plete lines 2a through 2d if the organization held a qualif	ried conservation contribution in the form	of a con	
_		of the tax year.			Held at the End of the Tax Year
		I number of conservation easements			2a 2 2b 306.00
b					
C A		ber of conservation easements on a certified historic stru ber of conservation easements included in (c) acquired a		r	2c
d					2d
3		d in the National Register ber of conservation easements modified, transferred, rel			
5	year		eased, extinguished, or terminated by the	e organiz	
4	-	ber of states where property subject to conservation eas	sement is located		
5		s the organization have a written policy regarding the per			
Ū		tions, and enforcement of the conservation easements it			X Yes No
6		and volunteer hours devoted to monitoring, inspecting,			
		5, 1, 5,	5		3,
7	Amo	unt of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation eas	ements during the year
	▶\$				
8	Does	s each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i	i)
	and	section 170(h)(4)(B)(ii)?			YesNo
9	In Pa	art XIII, describe how the organization reports conservation	on easements in its revenue and expense	stateme	ent and
	balaı	nce sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents tha	t describes the
Dec		nization's accounting for conservation easements.		Ha a 01	
Par	t III	Organizations Maintaining Collections of		ther SI	milar Assets.
		Complete if the organization answered "Yes" on Form			
<b>1</b> a		e organization elected, as permitted under FASB ASC 95			
		t, historical treasures, or other similar assets held for pub			ce of public
		ce, provide in Part XIII the text of the footnote to its finar			- la set sur set
D		organization elected, as permitted under FASB ASC 95			
		historical treasures, or other similar assets held for public	exhibition, education, or research in furt	nerance	of public service,
		ide the following amounts relating to these items:			► ¢
		Revenue included on Form 990, Part VIII, line 1			► \$
2	• •	e organization received or held works of art, historical treater	asures or other similar assets for financia		· · ·
2		ollowing amounts required to be reported under FASB A		α gan, ρ	
а		enue included on Form 990, Part VIII, line 1	-		▶ \$
		ts included in Form 990, Part X			► \$
		Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2019
932051					

26	5		
~	~ - ~ ~ ~	<b>m</b> 110161	

Sche		IRVINE DODO			4	<u>11-60</u>	81794	e Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Similar	Assets	continu	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant u	se of its	·	,	
	collection items (check all that apply):		-	-	-				
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е							
с	Preservation for future generations					,			
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5									
•	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or								
	reported an amount on Form 990, Par		to il tilo organizatio			i arciv, i			
19	Is the organization an agent, trustee, custodi		any for contributions	or other assets not	tincluded				
Ia							Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII					∟			
a	in res, explain the arrangement in Part XIII a	and complete the loli	owing table.				A		
	De sinsis a la dese						Amount		
	Beginning balance								
	Additions during the year								
e	Distributions during the year								
Ť	Ending balance				<b>1</b> f		7.4		1
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.					<u></u>			
Par	<b>t V Endowment Funds.</b> Complete i					<u> </u>	6.55		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye				
1a	Beginning of year balance	11,389,831.	11,511,000.	11,045,622.		11,299.	10,	686,	
b	Contributions	5,289,620.	831.	0.		05,750.			500.
С	Net investment earnings, gains, and losses	1,124,955.	321,184.	919,347.	84	43,576.		674,	
d	Grants or scholarships	0.	0.	0.		0.			0.
е	Other expenditures for facilities								
	and programs	445,846.	443,184.	453,969.	-	15,003.		449,	
f	Administrative expenses	0.	0.	٥.		0.			0.
g	End of year balance	17,358,560.	11,389,831.	11,511,000.	11,04	45,622.	10,	911,	299.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	22.31	_%						
b	Permanent endowment ►63.41	%							
с	Term endowment ▶14.28	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	d administered for t	he organiza	tion	_		
	by:						•	Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the						· · · ·	•	
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	Part IV, line 11a. S	ee Form 990, Part X	(, line 10.				
	Description of property	(a) Cost or of			Accumulate	Ь	(d) Book	value	
		basis (investm	• • •		epreciation	-	(, 2000		-
19	Land	· · · · · · · · · · · · · · · · · · ·	,	0,296.			5,640	. 2.9	96.
	Buildings				923,41		2,186		
	Leasehold improvements			-,	5-5/41		_,_00	, , , , ,	<u></u>
			1 10	7,062.	917,38	36.	189	6	76.
	Equipment			4,832.	780,61		904		
	Other						8,920		
iotal	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	<u>(, column (B), line 1(</u>	<u>0c.)</u>					
						schedule	D (Form	990)	2019

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of yoar market value
	(b) BOOK Value	(c) Method of Valdation. Cost of end	roryear market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	o 15 )		
Part X Other Liabilities.	e 15.j		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
I.         (a) Description of liability			(b) Book value
(1) Federal income taxes			(0) 2001 10.00
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin			
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financial statements the	nat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .... 🚺

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#### THOMAS IRVINE DODGE NATURE CENTE Schedule D (Form 990) 2019

## Part VII Investments - Other Securities.

	Schedule D (Form 990) 2019 THOMAS IRVINE DODGE NATURE CENTER 41-6081794 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
Pa						
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements			1	9,370,020.	
-	Amounts included on line 1 but not on Form 990. Part VIII. line 12:			- 1	5,570,020.	
2		2a	-74,618.			
a	5 ( )		-74,010.			
b						
с.	Recoveries of prior year grants		24,518.			
d					E0 100	
е	······································			2e	-50,100.	
3	Subtract line <b>2e</b> from line <b>1</b>			3	9,420,120.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	<b>7</b> 2 120			
а	Investment expenses not included on Form 990, Part VIII, line 7b		73,138.			
b	Other (Describe in Part XIII.)	4b				
	Add lines <b>4a</b> and <b>4b</b>			4c	73,138.	
С					0 100 0 0 0	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	9,493,258.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	9,493,258.	
5 Pa	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts With	Expenses per F	5 Returi	9,493,258. n.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements	nts With	Expenses per F	5	9,493,258.	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nts With	Expenses per F	5 Returi	9,493,258. n.	
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nts With	Expenses per F	5 Returi	9,493,258. n.	
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b	Expenses per F	5 Returi	9,493,258. n.	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b	Expenses per F	5 Returi	9,493,258. n.	
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c	Expenses per F	5 Returi	9,493,258. n. 2,717,926.	
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	5 Returi	<u>9,493,258.</u> n. <u>2,717,926.</u> 24,518.	
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statemee         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	5 Return	9,493,258. n. 2,717,926.	
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	5 Return 1 2e	<u>9,493,258.</u> n. <u>2,717,926.</u> 24,518.	
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	nts With	Expenses per F	5 Return 1 2e	<u>9,493,258.</u> n. <u>2,717,926.</u> 24,518.	
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d         Subtract line 2e from line 1       Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	Expenses per F	5 Return 1 2e	<u>9,493,258.</u> n. <u>2,717,926.</u> 24,518.	
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       Donated services and use of facilities         Prior year adjustments       Other losses         Other losses       Other losses         Other state in Part XIII.)       Add lines 2a through 2d         Subtract line 2e from line 1       Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a         2b         2c         2c         2d         2d<	Expenses per F	5 Return 1 2e	9,493,258. n. 2,717,926. 24,518. 2,693,408. 73,138.	
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2b         2c         2d         2d<	Expenses per F	5 Return 1 2e 3	9,493,258. n. 2,717,926. 2,518. 2,693,408.	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

## PART II, LINE 5:

THE ORGANIZATION'S EASEMENT DOCUMENTS CONTAIN WRITTEN POLICIES ABOUT

MONITORING, INSPECTING, HANDLING VIOLATIONS, AND ENFORCEMENT OF

CONSERVATION EASEMENTS. UPON WRITTEN OR VERBAL NOTICE, INSPECTIONS AND

MONITORING MAY BE DONE TO DETERMINE IF EASEMENTS IS IN COMPLIANCE WITH

PROVISIONS OF AGREEMENTS.

PART II, LINE 9:

THE EASEMENT IS RECORDED AT HISTORICAL VALUE - THE VALUE OF THE LAND WHEN

GIVEN TO DODGE. THE ORGANIZATION RECORDED THE DOLLAR VALUE OF THE EASEMENT

AS UNRESTRICTED REVENUE. THE ONLY EXPENSES INCURRED WERE LEGAL FEES TO

## RECORD THE EASEMENT WHICH WERE REPORTED AS UNRESTRICTED EXPENSES.

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DURING 2008, THE ORGANIZATION GRANTED A CONSERVATION EASEMENT TO DAKOTA COUNTY, MINNESOTA TO ASSURE THAT THE PROTECTED PROPERTY, CONSISTING OF APPROXIMATELY 160 ACRES OF LAND OWNED BY THE ORGANIZATION AND KNOWN AS THE LILLY PROPERTY, WILL BE RETAINED FOREVER SUBSTANTIALLY UNCHANGED FROM ITS PRESENT CONDITION AS WETLAND, GRASSLAND, WOODLAND AND HIKING TRAILS AND TO PREVENT ANY USE OF THE PROTECTED PROPERTY THAT WILL SIGNIFICANTLY IMPAIR OR INTERFERE WITH THE CONSERVATION VALUES. \$496,908 WAS RECEIVED FROM DAKOTA COUNTY FOR THE EASEMENT. THE PROTECTED LAND IS PERMANTLY RESTRICTED DUE TO A DONOR RESTRICTION AT THE TIME THE LAND WAS RECEIVED TO USE FOR THE PURPOSE OF THE ORGANIZATION AND MAY NOT BE SOLD.

ON AUGUST 28,2013, THE ORGANIZATION RECEIVED DONATED PROPERTY THAT HAS APPROXIMATELY A 146 ACRE CONSERVATION EASEMENT ON IT WITH THE MINNESOTA LAND TRUST. THIS PROPERTY WILL BE KNOWN AS THE SHEPARD PROPERTY AND WILL BE RETAINED AS PROTECTED LAND PRIMARILY WOODLANDS AND AGRICULTURAL LAND. THE ORGANIZATION INTENDS TO PERMANENTLY RETAIN THE PROTECTED LAND IN ITS PREDOMINANTLY NATURAL AND SCENIC CONDITION, TO RESTORE OR PROTECT ECOLOGICAL INTEGRITY OF THE PROTECTED LAND FOR EDUCATIONAL, SCIENTIFIC, RECREATIONAL OR AGRICULTURAL ACTIVITIES.

PART V, LINE 4:

ENDOWMENT FUNDS SUPPORT THE GENERAL OPERATIONS OF THE NATURE CENTER AND SCHOLARSHIPS.

PART X, LINE 2:

THOMAS IRVINE DODGE NATURE CENTER IS ORGANIZED AS A MINNESOTA NONPROFIT

CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE CODE AS EXEMPT

Schedule D (Form 990) 2019

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 Schedule D (Form 990) 2019
 THOMAS IRVINE DODGE NATURE CENTER
 41-6081794 Page 5

 Part XIII Supplemental Information (continued)
 FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE

 CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), QUALIFIES FOR THE

 CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI), AND HAS

 BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509 (A)(1).

 THE ORGANIZATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED

 FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THE EXEMPT PURPOSE. THE

 ORGANIZATION HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME

 TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN

 (FORM 990-T) WITH THE IRS.

THE ORGANIZATION BELEIVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

PART XI, LINE 2D - OTHER ADJUSTMENTS: EXPENSES RELATED TO THE RENTAL OF THE HOUSE ARE RECORDED AGAINST THE RENTAL REVENUE AND NOT SHOWN AS PART OF THE FUNCTIONAL EXPENSES.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES RELATED TO THE RENTAL OF THE HOUSE ARE RECORDED AGAINST THE RENTAL REVENUE AND NOT SHOWN AS PART OF THE FUNCTIONAL EXPENSES.

Schedule D (Form 990) 2019

932055 10-02-19

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities							ities	OMB No. 1545-0047
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								2019
Department of the Treasury		Attach to Form 990	or For	m 99	0-EZ.			Open to Public
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.	Employer ide	Inspection entification number
	THOMAS	IRVINE DODGE NATURI					41-6081	794
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E2	filers are not
<ul> <li>a Ail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> </ul>	ions email solicitations tations licitations on have a written o		ion of ion of fundra (includ	non-g gover iising (	overnment grants nment grants events ficers, directors, trus	tees,	or 🗌 Yes	s 🗔 No
, , ,	highest paid indiv	viduals or entities (fundraisers) pursua			U U	ne fur		
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have cr or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
3 List all states in whi		n is registered or licensed to solicit c	ontrib	► utions	or has been notified	it is e	exempt from re	gistration
or licensing.								
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or :	990-E	Z. 9	Scheo	dule G (Form §	990 or 990-EZ) 2019

932081 09-11-19

Schedule G (Form 990 or 990-EZ) 2019 THOMAS IRVINE DODGE NATURE CENTER 41-6081794 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-F7 lines 1 and 6h. List events with gross receipts greater than \$5,000

	of fundraising event contributions and gr				T
			( <b>b)</b> Event #2	NONE	(d) Total events (add col. (a) through
			(event type)	(total number)	col. <b>(c)</b> )
		(event type)	(event type)	(total humber)	
1	Gross receipts	216,717.			216,717.
2	Less: Contributions	205,304.			205,304.
3	Gross income (line 1 minus line 2)	11,413.			11,413.
4	Cash prizes	0.			
5	Noncash prizes	1,740.			1,740.
6	Rent/facility costs	7,802.			7,802.
7	Food and beverages	19,781.			19,781.
8	Entertainment	0.			
		4.0.000			12,975.
-					42,298
	. , , ,	.,			-30,885
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes %	
7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
_		7 from line 1 column (d)			
8	Net damind income summary. Subtract line				
8	Net gaming income summary. Subtract line 7				
En	ter the state(s) in which the organization condu	ucts gaming activities:			
En Is t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a	ucts gaming activities: ctivities in each of these s	states?		
En Is t	ter the state(s) in which the organization condu	ucts gaming activities: ctivities in each of these s	states?		
En Is t If " 	ter the state(s) in which the organization condu the organization licensed to conduct gaming a	ucts gaming activities: ctivities in each of these s  evoked, suspended, or te	states?		Yes No
En Is t If " 	ter the state(s) in which the organization conduct the organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses re	ucts gaming activities: ctivities in each of these s  evoked, suspended, or te	states?		Yes No
	2 3 4 5 6 7 8 9 10 11 rt 1 2 3 4 5 6 7 8 9 10 11 rt 6 7 8 9 10 11 rt 6 7 8 9 10 11 rt 6 7 8 9 10 11 rt 6 7 8 9 10 11 rt 6 7 8 9 10 11 rt 6 7 8 9 10 11 rt 6 7 8 9 10 11 rt 6 8 9 10 11 rt 6 8 9 10 11 rt 6 8 9 10 11 rt 6 8 9 10 11 rt 6 8 9 10 11 rt 6 8 9 10 11 rt 6 8 9 10 11 rt 6 8 9 10 11 7 10 10 11 7 10 11 11 1 1 1 1 1 1 1 1 1 1	<ul> <li>6 Rent/facility costs</li> <li>7 Food and beverages</li> <li>8 Entertainment</li> <li>9 Other direct expenses</li> <li>10 Direct expense summary. Add lines 4 throug</li> <li>11 Net income summary. Subtract line 10 from</li> <li>rt III</li> <li>Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> <li>1 Gross revenue</li> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> </ul>	2       Less: Contributions       205,304.         3       Gross income (line 1 minus line 2)       11,413.         4       Cash prizes       0.         5       Noncash prizes       1,740.         6       Rent/facility costs       7,802.         7       Food and beverages       19,781.         8       Entertainment       0.         9       Other direct expenses       12,975.         10       Direct expense summary. Add lines 4 through 9 in column (d)         11       Net income summary. Subtract line 10 from line 3, column (d)         11       Net income summary. Subtract line 10 from line 3, column (d)         11       Net income summary. Complete if the organization answered "Yes" on Form \$15,000 on Form 990-EZ, line 6a.         2       Cash prizes         3       Noncash prizes         4       Rent/facility costs         5       Other direct expenses         6       Volunteer labor	BENEFIT       (event type)         1 Gross receipts       216,717.         2 Less: Contributions       205,304.         3 Gross income (line 1 minus line 2)       11,413.         4 Cash prizes       0.         5 Noncash prizes       1,740.         6 Rent/facility costs       7,802.         7 Food and beverages       19,781.         9 Other direct expenses       0.         11 Net income summary. Subtract line 10 from line 3, column (d)       11         11 Met and prizes       (a) Bingo         (b) Pull tabs/instant       bingo/progressive bingo         1 Gross revenue       (a) Bingo         2 Cash prizes       (b) Pull tabs/instant         11 Gross revenue       (a) Bingo         (b) Pull tabs/instant       bingo/progressive bingo         1 Gross revenue       (a) Bingo         2 Cash prizes       (b) Pull tabs/instant         3 Noncash prizes       (b) Pull tabs/instant         4 Rent/facility costs       (b) Pull tabs/instant         5 Other direct expenses       (b) No         6 Volunteer labor       No	BENEF IT       (cvent type)       (total number)         1       Gross receipts       216,717.         2       Less: Contributions       205,304.         3       Gross income (line 1 minus line 2)       11,413.         4       Cash prizes       0.         5       Noncash prizes       0.         6       Rent/facility costs       7,802.         7       Food and beverages       19,781.         8       Entertainment       0.         9       Other direct expenses       12,975.         10       Direct expenses summary. Add lines 4 through 9 in column (d)       11         11       Net income summary. Add lines 4 through 9 in column (d)       11         11       Net income summary. Add lines 4 through 9 in column (d)       11         11       Net income summary. Add lines 4 through 9 in column (d)       11         11       Net income summary. Subtract line 10 from line 3, column (d)       11         11       Net income summary. Subtract line 10 form line 3, column (d)       11         11       Net income summary. Subtract line 6a.       (a) Bingo         (a) Bingo       (b) Pull tabs/instant       bingo/progressive bingo         1       Gross revenue       1         2<

Sch	edule G (Form 990 or 990-EZ) 2019 THOMAS IRVINE DODGE NATURE CENTER 41-6	5081794	Page 3
11	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	Yes	No
	to administer charitable gaming?	Yes	No
	Indicate the percentage of gaming activity conducted in:		0/
	n The organization's facility An outside facility	13a 13b	<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130	70
••			
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	I is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	No No
h	retain the state gaming license? Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year <b>&gt;</b> \$		
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, lines 9,	9b, 10b,
0300	83 09-11-19 Schedule G (Forn	n 990 or 900	)-EZ) 2010
5520	34		

Schedule G	(Form 990 or 990-EZ)	) THOMAS	IRVINE	DODGE	NATURE	CENTER
Dart IV	Supplemental I	nformation				

Part IV	Supplemental Information (continued	)	
			Schedule G (Form 990 or 990-EZ

SCHEDULE I (Form 990)	Governments, and Individuals in the United States							
Department of the Treasury								2019 Open to Public
Name of the organization         Employ           THOMAS IRVINE DODGE NATURE CENTER         Employ								Employer identification number $41 - 6081794$
Part I General Information on Grants and Assistance								
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?     X Yes     No								
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.								
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any								
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
	dress of organization vernment	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total numb	per of section 501(c)(3) a	nd government or	anizations listed in the	e line 1 table				
	er of other organizations							►
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2019)								

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#### Schedule I (Form 990) (2019) THOMAS IRVINE DODGE NATURE CENTER

41-6081794

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS - PRESCHOOL AND PROGRAM	3094	41,159.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

DODGE NATURE CENTER AWARDS SCHOLARSHIPS TO FAMILIES, SCHOOLS, PRESCHOOLERS,

STUDENTS AND CAMPERS. NO MONEY IS EXCHANGED FOR SCHOLARSHIPS TO FAMILIES,

SCHOOLS, PRESCHOOLERS, STUDENTS OR CAMPERS. INSTEAD, THE ORGANIZATION

REDUCES THE FEE CHARGES TO THESE INDIVIDUALS.

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Inspection

g

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Attach to Form 990.

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

## Name of the organization

THOMAS IRVINE DODGE NATURE CENTER

Employer identification number 41-6081794

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Pa	rt I	Types of Property							
			<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(c Method of c noncash contrib	determini	•	3
1	Art -	Works of art							
2		Historical treasures							
3		Fractional interests							
4		ks and publications							
5		hing and household goods							
6		s and other vehicles							
7		ts and planes							
8		llectual property							
9		urities - Publicly traded	x	18	5,522,203.	FAIR MARKE		LUE	
10		urities - Closely held stock							
11		urities - Partnership, LLC, or							
••		t interests							
12		urities - Miscellaneous							
13		lified conservation contribution -							
	Hist	oric structures							
14	Qua	lified conservation contribution - Other							
15		l estate - Residential							
16	Rea	l estate - Commercial							
17		l estate - Other							
18		ectibles							
19		d inventory							
20		gs and medical supplies							
21	Тахі	dermy							
22		orical artifacts							
23	Scie	entific specimens							
24	Arch	neological artifacts							
25	Oth	er $\blacktriangleright$ ( <u>OTHER MISC</u> )	X	38		PURCHASE PI			
26	Oth	/	X	1		PURCHASE PI			
27	Oth		Х	1		PURCHASE PI			
28	Oth	$er \blacktriangleright (ANIMAL FEED )$	X	11	908.	PURCHASE PI	RICE		
29	Nun	nber of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions				
	for v	which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	jement 29				
								Yes	No
30a		ng the year, did the organization receive by							
		t hold for at least three years from the date							
		mpt purposes for the entire holding period?	•				30a		X
		es," describe the arrangement in Part II.			<b>,</b> , , , , ,				37
31		s the organization have a gift acceptance p		•	•	ions?	31		X
32a	Doe	s the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

contributions?

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

Schedule M (Form 990) 2019

32a

Х

932141 09-27-19

b If "Yes," describe in Part II.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### PART I, OTHER TYPES OF PROPERTY:

GIFT CARDS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 9

REVENUE REPORTED ON FORM 990, PART VIII \$ 422. (C)

(D) METHOD OF DETERMINING REVENUE: PURCHASE PRICE

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED FOR

THE STOCK DONATIONS AND THE NUMBER OF ITEMS RECEIVED FOR ALL OTHER

CONTRIBUTIONS.

SCHEDULE M, LINE 32B:

THE FIELD JACKSON HOURIGAN WEALTH MANAGEMENT GROUP OF UBS FINANCIAL

SERVICES INC. SELL ANY DONATED SECURITIES.

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



41-6081794

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES

VOLUNTEERS ARE AN INTEGRAL PART OF DODGE NATURE CENTER. DODGE IS ABLE

THOMAS IRVINE DODGE NATURE CENTER

TO ENHANCE THE LIVES OF MORE THAN 50,000 SCHOOL CHILDREN WHO VISIT THE

CENTER EACH YEAR WITH THE ASSISTANCE OF VOLUNTEERS. VOLUNTEERS ARE

CRITICAL TO THE SUCCESS OF EVERY PROGRAM, AND SERVE IN EVERY CAPACITY

INCLUDING TEACHERS/NATURALISTS, CLASS ASSISTANTS, LAND RESTORATIONISTS,

GROUNDS CREW, EVENT PLANNERS, OFFICE SUPPORT, TRAIL PATROLS, CAMP

VOLUNTEERS, PRESCHOOL ASSISTANCE, ANIMAL CARE, AND GARDENING.

VOLUNTEERS CONTRIBUTED APPROXIMATELY 5008 HOURS OF SERVICE DURING THE

YEAR ENDED AUGUST 31, 2020.

FORM 990, PART VI, SECTION A, LINE 1:

THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE COMPRISED OF THE PRESIDENT, THE PRESIDENT-ELECT, SECRETARY, TREASURER AND THE COMMITTEE CHAIRS OF THE EDUCATION, FINANCE, DEVELOPMENT, BUILDING AND GROUNDS AND PERSONNEL COMMITTEES. THE EXECUTIVE COMMITTEE IS CONCERNED WITH THE OPERATION AND MANAGEMENT OF THE ORGANIZATION DURING INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, BUT IS AT ALL TIMES SUBJECT TO THE OVERALL DIRECTION AND CONTROL OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE HEAD OF THE FINANCE COMMITTEE AND THE PRESIDENT, THEN IS APPROVED FOR FILING BY THE FINANCE COMMITTEE. A COPY OF THE FORM 990 IS MADE AVAILABLE ELECTRONICALLY TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE IRS.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211 09-06-19
 930-6-19

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO OFFICERS, DIRECTORS AND EMPLOYEES ("RESPONSIBLE PERSONS"). EACH RESPONSIBLE PERSON ANNUALLY COMPLETES A DISCLOSURE FORM OF RELATIONSHIPS THAT COULD RESULT IN A CONFLICT OF INTEREST. POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY THE CHAIR, THE EXECUTIVE DIRECTOR, AND/OR A COMMITTEE APPOINTED TO ADDRESS THE CONFLICT. A RESPONSIBLE PERSON IS REQUIRED TO REFRAIN FROM ANY ACTION THAT MAY AFFECT DODGE NATURE CENTER'S PARTICIPATION IN A CONTRACT OR TRANSACTION THAT WOULD RESULT IN A CONFLICT OF INTEREST. THE BOARD CHAIR, OR THE CHAIR'S DESIGNEE, DETERMINES WHETHER A CONFLICT OF INTEREST EXISTS IF A QUESTION ARISES. PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE DOCUMENTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS DETERMINE COMPENSATION FOR THE EXECUTIVE DIRECTOR. AN INDEPENDENT SALARY STUDY WAS COMPLETED IN MAY OF 2019. COMPENSATION IS REVIEWED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE

AVAILABLE UPON REQUEST. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY CAN BE AVAILABLE TO THE PUBLIC.

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization THOMAS IRVINE DODGE NATURE CENTER	Employer identification number 41-6081794
FORM 990, SCHEDULE B, PART II, #1	
37,000 SHARES OF POTLACHDELTIC CORPORATION STOCK (PCH)	
37,000 SHARES OF WEYERHAEUSER COMPANY STOCK (WY)	
10,700 SHARES OF THE TRAVELERS COMPANIES STOCK (TRV)	
6,643 SHARES OF MONDELEZ INTERNATIONAL INC. STOCK (MDLZ)	
5,692 SHARES OF OFFICE DEPOT STOCK (ODP)	
5,000 SHARES OF ALTRIA STOCK (MO)	
4,000 SHARES OF CDK GLOBAL, INC. STOCK (CDK)	
1,538 SHARES OF CORTEVA, INC. STOCK (CTVA)	
1,538 SHARES OF DOW INC STOCK (DOW)	
1,538 SHARES OF DUPONT DE NEMOURS, INC. STOCK (DD)	
1,000 SHARES OF EASTMAN CHEMICAL CO. STOCK (EMN)	
720 SHARES OF THE CHEMOURS COMPANY STOCK (CC)	
466 SHARES OF SANMINA CORP STOCK (SANM)	
100 SHARES OF PROTO LABS, INC. STOCK (PRLB)	

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

			TENDED TO JU					
Form <b>990-T</b>	Exen		nization Bus			ax Return		OMB No. 1545-0047
		(a	nd proxy tax unde	er se	ction 6033(e))			0040
	For calendar yea	r 2019 or other tax yea	r beginning SEP 1,	20	19 , and ending AU	<u>G 31, 2020</u>	).	2019
Department of the Treasury			irs.gov/Form990T for in					pen to Public Inspection for
Internal Revenue Service	Do not	enter SSN numbe	rs on this form as it may	be ma	de public if your organiz		50	01(c)(3) Organizations Only
A Check box if address changed	Name	of organization (	Check box if name cl	hanged	and see instructions.)		Employ (Employ instruct	rer identification number yees' trust, see tions.)
B Exempt under section	Print THO	MAS IRVI	NE DODGE NAT	TURE	E CENTER		41	-6081794
X 501(c)(3)			or suite no. If a P.O. box	k, see in	structions.		Unrelat (See ins	ed business activity code structions.)
408(e) 220(e)		MARIE A						
408A 530(a)			vince, country, and ZIP or JL , MN 5511		n postal code	I	5320	00
C Book value of all assets at end of year						•		
28,289,4	24. G Chec	k organization typ	e 🕨 🚺 501(c) corp	oration	501(c) trust	401(a) 1	trust	Other trust
${\bf H}$ Enter the number of the	-		·	1	Describe	the only (or first) unr	elated	
trade or business here						complete Parts I-V. I		
describe the first in the b	plank space at the	end of the previou	is sentence, complete Pa	rts I an	d II, complete a Schedule	M for each additiona	l trade c	or
business, then complete								
			affiliated group or a paren	nt-subsi	diary controlled group?	► L	Yes	X No
If "Yes," enter the name a J The books are in care of					Talaah	one number 🕨 6!	1 7	00 5200
Part I Unrelate					(A) Income	(B) Expenses	1-10	(C) Net
1a Gross receipts or sale								
<b>b</b> Less returns and allo			<b>c</b> Balance ►	1c				
		Y)		2				
				3				
				4a				
			4797)	4b				
				4c				
			tach statement)	5				
6 Rent income (Schedu			,	6	21,600.	24,51	L8.	-2,918.
	,			7				-
			organization (Schedule F)	8				
9 Investment income o	f a section 501(c	)(7), (9), or (17) o	ganization (Schedule G)	9				
10 Exploited exempt act	ivity income (Sch	edule I)		10				
				11				
				12				
13 Total. Combine lines	s 3 through 12	<u> </u>		13	21,600.	24,51	L8.	-2,918.
			e (See instructions fo the unrelated busine the unrelated busine					
			dule K)				14	
							15	
							16	
							17	
							18 19	
							19	
			e on return				21b	
							22	
							23	
							24	
							25	
							26	
							27	
							28	0.
			loss deduction. Subtract				29	-2,918.
			ginning on or after Januar					
(see instructions)							30	0.
31 Unrelated business	taxable income. S	Subtract line 30 fro	m line 29				31	-2,918.
923701 01-27-20 LHA F	or Paperwork Re	duction Act Notice	. see instructions.					Form 990-T (2019)

12200427 310044 68605.0

<sup>43</sup> 2019.05092 THOMAS IRVINE DODGE NATUR 68605.01

#### Form 990-T (2019) THOMAS IRVINE DODGE NATURE CENTER

Part	t III	Total Unrelated Business Taxat	ole Income							
32	Total of	unrelated business taxable income computed	from all unrelated trades	or businesses (se	e instruction	IS)	32	2 - 2	2,93	18.
33	Amoun	ts paid for disallowed fringes					33	3		
34	Charita	ole contributions (see instructions for limitatio	n rules)				34	4		0.
35		nrelated business taxable income before pre-20					35	j – 2	2,93	18.
36		on for net operating loss arising in tax years b					36	3		
37		unrelated business taxable income before spe					37	7 - 2	2,9	18.
38		deduction (Generally \$1,000, but see line 38					38			00.
39		ed business taxable income. Subtract line 38						·		
		a amallar of zoro or line 07		°	,		39	• – 2	2.93	18.
Part	t IV	Tax Computation					1 00	<u>;                                    </u>		
40		ations Taxable as Corporations. Multiply line	39 by 21% (0.21)			•	40	)		0.
41		<b>Faxable at Trust Rates</b> . See instructions for ta								
		ax rate schedule or Schedule D (Form					41			
42		ax. See instructions					42			
43		tive minimum tax (trusts only)					43			
44	Tax on	Noncompliant Facility Income. See instruction	ne				44			
45	Total /	add lines 42, 43, and 44 to line 40 or 41, which	ever annlies				45			0.
Part	t V	Tax and Payments					1 40	<u>'</u>		
		tax credit (corporations attach Form 1118; tru	sts attach Form 1116)		46a					
		redits (see instructions)					-			
		business credit. Attach Form 3800					-			
		or prior year minimum tax (attach Form 8801)					-			
		redits. Add lines 46a through 46d					46	•		
47							40			0.
48	Other t	t line 46e from line 45	Form 8611 Eorm 8	607 Eorm	3388	Other (attach schedule)	48			
40 49		<b>x.</b> Add lines 47 and 48 (see instructions)					49			0.
49 50		et 965 tax liability paid from Form 965-A or Fo					50			0.
		its: A 2018 overpayment credited to 2019					50	,		
							-			
		stimated tax payments					-			
		osited with Form 8868					-			
		organizations: Tax paid or withheld at source					-			
		withholding (see instructions) or small employer health insurance premiums					-			
		redits, adjustments, and payments:			. 311		-			
y			her		► 51g					
50										
52 52	Fotimat	ayments. Add lines 51a through 51g ed tax penalty (see instructions). Check if Forn	2220 ic attachad				52			
55		e. If line 52 is less than the total of lines 49, 50								
54 55		yment. If line 52 is larger than the total of line					54			
55 56		e amount of line 55 you want: Credited to 202		iouni overpaiu .		Refunded	55			
Part		Statements Regarding Certain		ner Informat	ion (see		00	<u>)  </u>		
57		ime during the 2019 calendar year, did the orc				· · · · · · · · · · · · · · · · · · ·			Yes	No
57	,	inancial account (bank, securities, or other) in		0		5			103	
		Form 114, Report of Foreign Bank and Financi		-	-					
	here				loroigii ooui	,				Х
58		the tax year, did the organization receive a dist	ribution from or was it th	e grantor of or tr	ansferor to	a foreign trust?				X
	•	see instructions for other forms the organizat	-	io grantor oi, or a	411010101 10,					
59		e amount of tax-exempt interest received or a		► \$						
	U	nder penalties of perjury, I declare that I have examined	this return, including accompa	nying schedules and			edge ar	nd belief, it is true,	I	
Sign	co	rrect, and complete. Declaration of preparer (other than	taxpayer) is based on all inform	mation of which prep	arer has any kn					
Here				EXECUT	IVE D	TDDAMAD	-	e IRS discuss this i parer shown below		/ith
		Signature of officer	Date	Title				ions)? X Yes	·	No
	I	Print/Type preparer's name	Preparer's signature		Date		-	PTIN		أسمعنه
	J					self- employed				
Paic		WENDY HARDEN, CPA	WENDY HARDEI	N, CPA	)4/27/			P009564	490	
	parer	Firm's name SDK CPA		, P	. = . /	Firm's EIN 🕨		41-1680		0
use	Only		GTON AVE S	STE 1600						
		Firm's address  MINNEAPOLI				Phone no.	512	-332-55	500	
923711	01-27-20		,					Form <b>99</b>		(2019)
				4					```	()

44

#### Form 990-T (2019) THOMAS IRVINE DODGE NATURE CENTER

Schedule A - Cost of Goods	s Sold. Enter	method of inven	itory v	aluation 🕨 N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2			Cost of goods sold. Su					
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes	No
<b>b</b> Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b				the organization?					
Schedule C - Rent Income ( (see instructions)	(From Real	Property and	l Per	sonal Property L	ease	d With Real Prop	erty	7)	
1. Description of property									
(1) EVENT RENTAL SPA	CE								
(2)									
(3)									
(4)									
	2. Rent receive	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar SEE STAT	nd 2(b)	(attach schedule)	
(1)				21,6	00.			24,5	18.
(2)									
(3)									
(4)									
Total	0.	Total		21,6	00.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	►		21,6	00.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)		24,5	18.
Schedule E - Unrelated Deb	ot-Financed	Income (see	instru	ctions)					
			2	. Gross income from		<ol> <li>Deductions directly cont to debt-finance</li> </ol>			
1. Description of debt-fin	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	s
(1)									
(2)									
(3)									
(4)									
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of columities) 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A).		Enter here and on page Part I, line 7, column (E	
Totals				►		0			0.
Total dividends-received deductions in					•		•		0.
							-	Eorm <b>000-T</b>	(2010)

Form **990-T** (2019)

923721 01-27-20

12200427 310044 68605.0

Form 990-T (2019) THOMAS IRVI				41-60817	9 <b>4</b> Page 4
Schedule F - Interest, Annuitie	s, Royalties, and	d Rents From Co	ntrolled Organiza	tions (see instruction	ons)
		Exempt Controlled O	rganizations		
1. Name of controlled organization	2. Employer identification number	<b>3.</b> Net unrelated income (loss) (see instructions)	<b>4.</b> Total of specified payments made	<b>5.</b> Part of column 4 that is included in the controlling organization's gross income	<b>6.</b> Deductions directly connected with income in column 5

(2)								
(3)								
(4)								
Nonexempt Controlled Organ	nizations							
7. Taxable Income		nrelated income (loss) ee instructions)	9. Total of specified pa made	yments	in the controlli	mn 9 that is included ing organization's s income	11.	Deductions directly connected vith income in column 10
(1)								
(2)								
(3)								
(4)								
					Enter here and	nns 5 and 10. on page 1, Part I, column (A).	Ent	Add columns 6 and 11. er here and on page 1, Part I, line 8, column (B).
Totals				►		0.		0.

#### Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (se

ee instructions)	
------------------	--

1. Description of income		2. Amount of income	<b>3.</b> Deductions directly connected (attach schedule)	<b>4.</b> Set-asides (attach schedule)	<ol> <li>Total deductions and set-asides (col. 3 plus col. 4)</li> </ol>
(1)					
(2)					
(3)					
(4)					
	E F	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	▶	0.			0.

### Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

(1)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	<b>3.</b> Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	<b>5.</b> Gross income from activity that is not unrelated business income	<b>6.</b> Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.
Totals 🚬 🕨	0.	0.				0.
Schedule J - Advertisi	na Income (see i	instructions)				

### Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical			5. Circulation 6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.

Form 990-T (2019)

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#### Form 990-T (2019) THOMAS IRVINE DODGE NATURE CENTER

41-6081794

%

►

Page 5

0.

Form 990-T (2019)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	<b>2.</b> Gross advertising income	<b>3.</b> Direct advertising costs	<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	inus <b>5.</b> Circulation mpute income		Readership costs	<ol> <li>Excess readership costs (column 6 minus column 5, but not more than column 4).</li> </ol>	
(1)								
(2)								
(3)								
(4)								
Totals from Part I	0.	0.					0.	
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 26.	
Totals, Part II (lines 1-5) 🕨	0.	0.						
Schedule K - Compensation	n of Officers, I	Directors, and	Trustees (see ir	nstructions)				
1. Name			2. Title				pensation attributable Inrelated business	
(1)					%	,		
(2)					%	)		
(3)					%	,		

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(4)

Total. Enter here and on page 1, Part II, line 14

FORM 990-T	DEDUCTIONS	CONNECTED	WITH	RENTAL	INCOME	STATEMENT 1
DESCRIPTION				CTIVITY NUMBER	AMOUNT	TOTAL
CLEANING SERVIC SUPPLIES REPAIRS & MAINT EQUIPMENT EXPEN SALARIES UTILITIES	TENANCE				3,000. 300. 250. 500. 18,768. 1,700.	
011111110		- SUBTOTA	L –	1	1,7000	24,518.
TOTAL TO FORM 9	990-T, SCHEDUI	LE C, COLUI	MIN 3			24,518.