** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public Inspection

AI	For the	2022 calendar year, or tax year beginning SEP 1, 2022 and e	ending AU	JG 31, 2023									
B	Check if applicable	C Name of organization		D Employer ider	ntification	number							
	Addres	THOMAS IRVINE DODGE NATURE CENTER											
	Name Chang		41-60817	81794									
	Initial return	number											
	Final return/	365 MARIE AVE. W.	651-455-4	531									
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		5,784,180.								
	Ameno	WEST ST. PAUL, MN 55110		H(a) Is this a grou	ıp return								
	Applic tion pendir	F Name and address of principal officer: UKBON SANDERS		for subordina	ates?								
	-	365 MARIE AVE. W., WEST ST. PAUL, MN 55118		H(b) Are all subordina	tes included?	Yes No							
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527			ee instructions							
	Websit			H(c) Group exem									
		organization: X Corporation Trust Association Other	L Year o	of formation: 1967	M State	of legal domicile: MN							
Pa	art I	Summary											
ĕ	1	Briefly describe the organization's mission or most significant activities: PROVIDI	ING EXCEP	TIONAL									
anc		PERIENCES IN NATURE THROUGH ENVIRONMENTAL EDUCATION.											
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos				24							
200	3				3 4	24							
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	66								
ties	6			6	378								
ži	72	Total number of volunteers (estimate if necessary)			7a	-9,695.							
Ă	^{/ u}	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.							
	<u> </u>			Current Year									
	8	Contributions and grants (Part VIII, line 1h)		3,170,72	24.	1,762,176.							
nue	9		am service revenue (Part VIII, line 2g) 1,2										
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		617,70	)2.	560,279.							
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-8,02	24.	81,483.							
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,013,94	12.	3,708,393.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		65,38	39.	50,209.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)	s paid to or for members (Part IX, column (A), line 4)										
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ $ .		2,129,38	0.	2,431,870.							
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	fessional fundraising fees (Part IX, column (A), line 11e)										
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25) 471, 9											
Ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,235,97		1,349,833.								
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,430,74		3,831,912.							
	-	Revenue less expenses. Subtract line 18 from line 12		1,583,19		-123,519.							
S OF			Beg	ginning of Current Ye		End of Year							
Assets	20	Total assets (Part X, line 16)	······	31,788,23		32,785,174.							
etA	1	Total liabilities (Part X, line 26)		228,25		225,546.							
		Net assets or fund balances. Subtract line 21 from line 20		31,559,97	· / •	32,559,628.							
						ada a such a list in is							

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

Sign	Signature of officer Date												
Here	JASON SANDERS, EXECUTIVE DIRECTOR												
	Type or print name and title												
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN									
Paid	WENDY HARDEN, CPA	WENDY HARDEN, CPA	01/27/24	self-employed P00956490									
Preparer	Firm's name SDK CPA			Firm's EIN 41-1680240									
Use Only	Firm's address 100 WASHINGTON AVE S STE	1600											
	MINNEAPOLIS, MN 55401 Phone no.61												
May the II	RS discuss this return with the preparer shown abc	ve? See instructions		X Yes No									
				- 000 (2000)									

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		X
	THE MISSION OF DODGE NATURE CENTER IS PROVIDING EXCEPTIONAL		
	EXPERIENCES IN NATURE THROUGH ENVIRONMENTAL EDUCATION. WE ENVISION A		
	FUTURE WHERE EVERYONE INSPIRED BY DODGE INTENTIONALLY CARES FOR		
	NATURE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		res 🗵 N
	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?	י 🗌	res 🗵 N
	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 mea	asured by expens	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the amount of grants are required to report the section 501(c)(4) organizations are required to report the amount of grants are required to report the section 501(c)(4) organization 501(c)(4) o	he total expense	s, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,822,712. including grants of \$32,636. ) (Revenue \$		812,404.
	DODGE NATURE PRESCHOOL HAS BEEN A NATIONALLY RECOGNIZED LEADER AND		
	VISIONARY IN EARLY CHILDHOOD ENVIRONMENTAL EDUCATION SINCE ITS FOUNDING		
	IN 2000. RESEARCH SHOWS THAT TIME IN NATURE SUPPORTS EARLY CHILDHOOD		
	EDUCATION AND DEVELOPMENTAL MILESTONES SUCH AS COGNITIVE, SOCIAL, AND		
	PHYSICAL SKILLS. DURING THE ACADEMIC YEAR AND AT SUMMER CAMP, MORE THAN		
	360 STUDENTS, AGE 3 TO 5, LEARN AND GROW THROUGH NATURE-BASED		
	CURRICULUM THAT IS DRIVEN BY THEIR INTERESTS AND FRAMED BY THE NATURAL		
	CYCLE OF THE SEASONS. DODGE NATURE PRESCHOOL CONTINUES TO INNOVATE		
	FACILITIES AND CURRICULUM TO ENGAGE PRESCHOOLERS IN AN ALL-OUTDOOR		
	EDUCATIONAL MODEL THAT PREPARES THEM AS THE NEXT GENERATION OF		
	ENVIRONMENTAL STEWARDS.		
	(CONTINUED ON SCHEDULED O)		400.075
4b	(Code: ) (Expenses \$ 981,461. including grants of \$ 17,573. ) (Revenue \$		483,875.
	DODGE NATURE CENTER SERVES THE COMMUNITY BY PROVIDING MORE THAN 60,000		
	ACCESSIBLE, AFFORDABLE NATURE EXPERIENCES ANNUALLY TO PEOPLE OF ALL		
	AGES AND BACKGROUNDS. ITS HIGH-QUALITY ENVIRONMENTAL EDUCATIONAL		
	PROGRAMS INCLUDE SCHOOL FIELD TRIPS THAT ALIGN WITH STATE ACADEMIC		
	STANDARDS IN SCIENCE AND SOCIAL STUDIES, AFFORDABLE SCHOOL-BREAK CAMPS           AND AFTER-SCHOOL PROGRAMS FOR K-8 STUDENTS, A NATURALIST FELLOWSHIP		
	PROGRAM, FAMILY PROGRAMS, FREE OR LOW-COST COMMUNITY EVENTS, AND ADULT		
	ENRICHMENT. OUR PROGRAMS ARE LOW-COST, AND WE HAVE SCHOLARSHIPS		
	AVAILABLE TO REDUCE BARRIERS FOR SCHOOLS AND FAMILIES WITH FINANCIAL		
	NEED.		
	(CONTINUED ON SCHEDULED O)		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		8,176.
40	TO CONVEY THE SIGNIFICANCE OF AGRICULTURE IN THE ENVIRONMENT AND		•,2,••
	PEOPLE'S LIVES, DODGE NATURE CENTER MAINTAINS TWO WORKING FARMS IN WEST		
	ST. PAUL AND COTTAGE GROVE. THE FARMS OFFER STUDENTS OF ALL AGES		
	LEARNING EXPERIENCES ABOUT FOOD SCIENCE, TRADITIONAL AGRICULTURE, SOIL		
	SCIENCE, BEEKEEPING, LIVESTOCK, SUSTAINABILITY AND RENEWABLE ENERGY.		
	HERITAGE BREEDS OF CHICKENS, COWS, HORSES, PIGS, SHEEP AND GOATS ARE		
	VIEWABLE IN THE PASTURES EVERY DAY; FARM TOURS TAKE VISITORS INTO THE		
	BARN AND CHICKEN COOPS. COMMUNITY MEMBERS CAN RENT GARDEN PLOTS, LEARN		
	ORGANIC GARDENING PRACTICES FROM OUR FARMERS, AND GROW PRODUCE IN RICH		
	SOIL. THE FARMS OFFER DODGE'S TWO MOST POPULAR PUBLIC PROGRAMS: MAPLE		
	SYRUPING, AND THE SPRINGTIME BIRTH OF FARM ANIMALS LIKE LAMBS, GOAT		
	KIDS, PIGLETS AND CHICKS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	١	
4e	Total program service expenses 2,804,173.	)	
		For	m <b>990</b> (202
		1 01	(202

THOMAS IRVINE DODGE NATURE CENTER Form 990 (2022) THOMAS IRVINE DODO

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			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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		х
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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	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		Х
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			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00-	complete Schedule G, Part III	19		X X
20a		20a		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of Rate IX, column (A), line 12, if IV/column (A) approximation of the second state of the secon	04		х
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	

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Form 990 (2022) Part IV Checklist of Required Schedules (continued)

			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	X	
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		x
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			x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	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	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	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 the 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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	x	X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	<u>30</u> 31		x
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part I</i>	31		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	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
35a	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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	X	
1 01	Check if Schedule O contains a response or pate to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V		Vaa	
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9		Yes	No
	Enter the number reported in box 3 of Form 1090. Enter -0- if not applicable 1a 5 Enter the number of Forms W-2G included on 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			
Ŭ	(gambling) winnings to prize winners?	1c	х	
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Form	990 (2022) THOMAS IRVINE DODGE NATURE CENTER		41-608179	4	P	age <b>5</b>					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					<u> </u>					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				Yes						
	filed for the calendar year ending with or within the year covered by this return	2a	66								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
3a											
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	х						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a										
	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		x					
b	If "Yes," enter the name of the foreign country		,								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	coun	ts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		(	5a		х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		x					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the										
Uu				6a		x					
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribution			Ua		<u> </u>					
U			gins	6h							
7				6b							
7	Organizations that may receive deductible contributions under section 170(c). Did the exercise time receive a summation exercise of $C_{75}$ made partly as a contribution and partly for conductive or a contribution of the conductive of the condu		rouidad to the neuror	7-	х						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	<u> </u>					
				7b	~	<u> </u>					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		v					
	to file Form 8282?		I	7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?										
f											
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		<u> </u>					
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?										
9	9 Sponsoring organizations maintaining donor advised funds.										
а	a Did the sponsoring organization make any taxable distributions under section 4966?										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>					
10	Section 501(c)(7) organizations. Enter:	I									
а	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:										
а	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		L					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	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.										
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									
с	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 Schedul			14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner										
	excess parachute payment(s) during the year?			15		x					
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		х					
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	;								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17							
	If "Yes," complete Form 6069.										
232005	12-13-22			Form	990	(2022)					
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Form	990 (2022) THOMAS IRVINE DODGE NATURE CENTER 41-6082	1794	Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	or a "No" i	respon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	24		
	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	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 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 supervision			
	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 990 was filed?	. 4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	. 7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?		Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a		х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	. 12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	. 14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	. 15a	х	
	Other officers or key employees of the organization		Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	. 16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	(3)s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and finan	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 books and records			
	JASON SANDERS - 651-789-5209			
	365 WEST MARIE AVE, WEST ST. PAUL, MN 55118			
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Form 990 (2)	022) THOMAS IRVINE DODGE NATURE CENTER	41-6081/94	Page /							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
	Employees, and Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII									
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.										

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

Name and title         Average hours per light any between at attention and between at attention and between at attention and between at attention and from related organization from from the organization from fuelated organization from fuelated organization f	(A)	(B)	(C)			)		(D)	(E)	(F)	
hours per veck, interpresent is bath an intermal affective section and an out of the organization (W2/1099.MISC/ 1099.MISC/ 1090.MISC/ 1090.MISC/ 1000.MISC/ MISC/			(do	Position							
Week (bit ary nums for related organizations (W2/1099-MISC)         mom related organization (W2/1099-MISC)         compensation from the organization (W2/1099-MISC)         compensation from the organization (W2/1099-MISC)         compensation from the organization (W2/1099-MISC)         compensation from the organization (W2/1099-MISC)         compensation from the organization (W2/1099-MISC)         compensation from the organization organization           (1) JASON SANDERS         40.00         X         131,596         0.         6,978.           (2) SHERI ZIGAN         40.00         X         131,596         0.         6,978.           (3) ADAM EHRMANTRAUT         1.00         X         0.         0.         0.           (4) ALAN R, JOHNSTON         1.00         X         0.         0.         0.         0.           DIRECTOR         X         V         0.         0.         0.         0.         0.           (6) ANY BLOOMQUIST         1.00         X         X         X         0.         0.         0.           (10) CARD ERGIDENT ELECT         X         X         X         0.         0.         0.           (23) ADAM EHRMANN         1.00         X         V         0.         0.         0.           (10) CARD ERGIDENT ELECT         X         V         <		hours per	box, un		box, unless person is both an			n an	compensation	compensation	amount of
(1) JASON SANDERS         40.00         x         131,596.         0.         6,978.           C2) STREL ZIGAN         40.00         x         79,353.         0.         13,639.           FINANCE DIRECTOR         x         79,353.         0.         13,639.           C3) ADAM BERMANTRAUT         1.00         x         0.         0.         0.           C4) ALAN R. JOHNSTON         1.00         x         0.         0.         0.         0.           C5) ALLAN KLEIN         1.00         x         0.         0.         0.         0.           C6) ANY BLOOMQUIST         1.00         x         0.         0.         0.         0.           C6) ANN SCHUCHTENBERG         1.00         x         x         0.         0.         0.           C8) ANN SCHUCHTENBERG         1.00         x         x         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           C3) ANDY FREEMAN         1.00         x         x         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.				officer and a di				tee)			
(1) JASON SANDERS         40.00         x         131,596.         0.         6,978.           C2) STREL ZIGAN         40.00         x         79,353.         0.         13,639.           FINANCE DIRECTOR         x         79,353.         0.         13,639.           C3) ADAM BERMANTRAUT         1.00         x         0.         0.         0.           C4) ALAN R. JOHNSTON         1.00         x         0.         0.         0.         0.           C5) ALLAN KLEIN         1.00         x         0.         0.         0.         0.           C6) ANY BLOOMQUIST         1.00         x         0.         0.         0.         0.           C6) ANN SCHUCHTENBERG         1.00         x         x         0.         0.         0.           C8) ANN SCHUCHTENBERG         1.00         x         x         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           C3) ANDY FREEMAN         1.00         x         x         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.			rector								
(1) JASON SANDERS         40.00         x         131,596.         0.         6,978.           C2) STREL ZIGAN         40.00         x         79,353.         0.         13,639.           FINANCE DIRECTOR         x         79,353.         0.         13,639.           C3) ADAM BERMANTRAUT         1.00         x         0.         0.         0.           C4) ALAN R. JOHNSTON         1.00         x         0.         0.         0.         0.           C5) ALLAN KLEIN         1.00         x         0.         0.         0.         0.           C6) ANY BLOOMQUIST         1.00         x         0.         0.         0.         0.           C6) ANN SCHUCHTENBERG         1.00         x         x         0.         0.         0.           C8) ANN SCHUCHTENBERG         1.00         x         x         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           C3) ANDY FREEMAN         1.00         x         x         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.			or di	ee			ated				
(1) JASON SANDERS         40.00         x         131,596.         0.         6,978.           C2) STREL ZIGAN         40.00         x         79,353.         0.         13,639.           FINANCE DIRECTOR         x         79,353.         0.         13,639.           C3) ADAM BERMANTRAUT         1.00         x         0.         0.         0.           C4) ALAN R. JOHNSTON         1.00         x         0.         0.         0.         0.           C5) ALLAN KLEIN         1.00         x         0.         0.         0.         0.           C6) ANY BLOOMQUIST         1.00         x         0.         0.         0.         0.           C6) ANN SCHUCHTENBERG         1.00         x         x         0.         0.         0.           C8) ANN SCHUCHTENBERG         1.00         x         x         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           C3) ANDY FREEMAN         1.00         x         x         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.			ustee	trust		ee	upens		-	1099-NEC)	<b>v</b>
(1) JASON SANDERS         40.00         x         131,596.         0.         6,978.           C2) STREL ZIGAN         40.00         x         79,353.         0.         13,639.           FINANCE DIRECTOR         x         79,353.         0.         13,639.           C3) ADAM BERMANTRAUT         1.00         x         0.         0.         0.           C4) ALAN R. JOHNSTON         1.00         x         0.         0.         0.         0.           C5) ALLAN KLEIN         1.00         x         0.         0.         0.         0.           C6) ANY BLOOMQUIST         1.00         x         0.         0.         0.         0.           C6) ANN SCHUCHTENBERG         1.00         x         x         0.         0.         0.           C8) ANN SCHUCHTENBERG         1.00         x         x         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           C3) ANDY FREEMAN         1.00         x         x         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.		l °	lual ti	tiona		nploy	st cor	_	1000 NEO)		
1) JASON SANDERS         40.00         x         131,596         0.         6,978.           EXECUTIVE DIRECTOR         x         79,353.         0.         13,639.           FINANCE DIRECTOR         x         79,353.         0.         13,639.           CIANCE DIRECTOR         x         0.         0.         0.           CIANCE DIRECTOR         x         0.         0.         0.           CIANCE DIRECTOR         x         0.         0.         0.           CIANCER COR         x         0.         0.         0.           CIANCE DIRECTOR         x         0.         0.         0.           CIANCENCE         X         0.         0.         0.           CIANCETOR         x         0.         0.         0.           DIRECTOR         X         0.         0.         0.           CIANCETOR         X         X         0.         0.         0.			Individ	In stit u	Officer	Key er	Highe:	Forme			organizationo
(2)         SHERI ZIGAN         40.00         x         79,353.         0.         13,639.           (3)         ADA BERNANTRAUT         1.00         x         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.           OLRECTOR         x         0.         0.         0.         0.         0.           (5)         ALLAN KLEIN         1.00         x         0.         0.         0.         0.           (6)         MY BLOOMQUIST         1.00         x         0.         0.         0.         0.         0.           GECRETARY         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	(1) JASON SANDERS	40.00									
FINANCE DIRECTOR         x         79,353.         0.         13,639.           (3) ADAM ERRANGTRAUT         1.00         x         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.           C(1) ALAN R. JOHNSTON         1.00         x         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.           (5) ALLAN KLEIN         1.00         x         0.         0.         0.         0.           SECRETARY         x         X         0.         0.         0.         0.           G1 ANY BLOOMQUIST         1.00         x         0.         0.         0.         0.           DIRECTOR         x         X         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	EXECUTIVE DIRECTOR				х				131,596.	0.	6,978.
(3) ADAM EHRMANTRAUT       1.00       x       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.         (4) ALAN R. JOHNSTON       1.00       x       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.         (5) ALLAN KLEIN       1.00       x       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.         SECRETARY       1.00       x       0.       0.       0.         (7) ANDY FREEMAN       1.00       x       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.         (9) CAROL BOUW       1.00       x       0.       0.       0.         2023 BOARD PRESIDENT ELECT       x       0.       0.       0.       0.         (10) CHAD DAYTON       1.00       x       0.       0.       0.       0.         2022 BOARD PRESIDENT ELECT       x       0.       0.       0.       0.       0.       0.         I110 ERIN OLSON       1.00       x       0.       0.       0.       0.       0	(2) SHERI ZIGAN	40.00									
DIRECTOR         x         0         0.         0.         0.           (4) ALAN R. JOHNSTON         1.00         x         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.           DIRECTOR         x         x         0.         0.         0.         0.           GO AMT BLOOMQUIST         1.00         x         x         0.         0.         0.           C10 ANDY PREEMAN         1.00         x         x         0.         0.         0.           G1RECTOR         x         x         0.         0.         0.         0.         0.           G10 CHAD DATON         1.00         x         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. </td <td>FINANCE DIRECTOR</td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>79,353.</td> <td>0.</td> <td>13,639.</td>	FINANCE DIRECTOR				Х				79,353.	0.	13,639.
(4) ALAN R. JOHNSTON       1.00       x       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.         (5) ALLAN KLEIN       1.00       x       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.         (6) AMY BLOOMQUIST       1.00       x       0.       0.       0.         SECRETARY       x       x       0.       0.       0.         (7) ANDY FREMAN       1.00        0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.         (8) ANN SCHWICHTENBERG       1.00        0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.         (9) CAROL BOUW       1.00        0.       0.       0.         2023 BOARD PRESIDENT ELECT       x       0.       0.       0.       0.         (10) CHAD DAYTON       1.00        0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.         (11) ERIN OLSON       1.00	(3) ADAM EHRMANTRAUT	1.00									
DIRECTOR         x         x         0         0.         0.         0.         0.           (5)         ALLAN KLEIN         1.00         x         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.           DIRECTOR         x         x         0.         0.         0.         0.           SECRETARY         x         x         0.         0.         0.         0.           OR         x         x         0.         0.         0.         0.           DIRECTOR         x         x         0.         0.         0.         0.           OKOL BOUW         1.00         x         x         0.         0.         0.           2023 BOARD PRESIDENT ELECT         x         x         0.         0.         0.           100 CHAD DAYTON         1.000         x         0.         0.         0.         0.           110 CHAD DAYTON         1.000         x         0.         0.         0.         0.           111 PERTOR         1.000         x         0.         0.         0.         0.	DIRECTOR		Х						٥.	٥.	0.
(5) ALLAN KLEIN       1.00       x       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.         (6) AMY BLOOMQUIST       1.00       x       x       0.       0.       0.         SECRETARY       x       x       0.       0.       0.       0.       0.         DIRECTOR       x       x       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         01       CAROL BOUW       1.00       x       0.       0.       0.       0.         2023 BOARD PRESIDENT ELECT       x       0.       0.       0.       0.       0.       0.         2022 BOARD PRESIDENT ELECT       x       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.       0.       0.       0.	(4) ALAN R. JOHNSTON	1.00									
DIRECTOR         X         0         0.         0.         0.           (6) AMY BLOOMQUIST         1.00         X         X         X         0.         0.         0.           SECERTARY         X         X         X         0.         0.         0.         0.           (7) ANDY FREEMAN         1.00         X         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           2023 BOARD PRESIDENT ELECT         X         0.         0.         0.         0.         0.           2022 BOARD PRESIDENT ELECT         X         0.         0.         0.         0.         0.           (10) CHAD DAYTON         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (11) ERIN OLSON         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.	DIRECTOR		Х						٥.	0.	0.
(6) AMY BLOOMQUIST       1.00       x       x       x       0.       0.       0.         SECRETARY       x       x       x       x       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         01 CHAD DAYTON       1.00       x       0.       0.       0.       0.       0.         (10) CHAD DAYTON       1.00       x       0.       0.       0.       0.       0.         (11) ERIN OLSON       1.00       x       0.       0.       0.       0.       0.         (12) JAMES PUTMAN       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.       0.         (14) PATEN OLSON       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0. <t< td=""><td>(5) ALLAN KLEIN</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(5) ALLAN KLEIN	1.00									
SECRETARY         X         X         X         X         0.         0.         0.           (7) ANDY FREEMAN         1.00         X         4         0.         0.         0.           DIRECTOR         X         4         0.         0.         0.         0.           BIRECTOR         X         4         0.         0.         0.         0.           DIRECTOR         X         4         0.         0.         0.         0.           DIRECTOR         X         4         0.         0.         0.         0.           2023 BOARD PRESIDENT ELECT         X         4         0.         0.         0.         0.           2022 BOARD PRESIDENT ELECT         X         4         0.         0.         0.         0.           (10) CHAD DAYTON         1.00         X         4         0.         0.         0.           (11) ERIN OLSON         1.00         X         4         0.         0.         0.           DIRECTOR         X         4         0.         0.         0.         0.         0.           DIRECTOR         X         4         0.         0.         0.         0.			Х						0.	0.	0.
(7) ANDY FREEMAN       1.00       x       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.         (8) ANN SCHWICHTENBERG       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         (9) CAROL BOUW       1.00       x       0.       0.       0.       0.       0.         2023 BOARD PRESIDENT ELECT       x       0.       0.       0.       0.       0.       0.         2022 BOARD PRESIDENT ELECT       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(6) AMY BLOOMQUIST	1.00									
DIRECTOR         X         A         0.         0.         0.         0.           (8) ANN SCHWICHTENBERG         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (9) CAROL BOUW         1.00         X         0.         0.         0.         0.           2023 BOARD PRESIDENT ELECT         X         0.         0.         0.         0.         0.           (10) CHAD DAYTON         1.00         X         0.         0.         0.         0.           (2022 BOARD PRESIDENT ELECT         X         V         0.         0.         0.         0.           (11) ERIN OLSON         1.00         X         V         0.         0.         0.         0.           DIRECTOR         X         V         0.         0.         0.         0.         0.           (12) JAMES PUTMAN         1.00         X         V         0.         0.         0.         0.           (13) KARI ANDERSON         1.00         X         0.         0.         0.         0.           DIRECTOR         X         V         <	SECRETARY		Х		Х				0.	0.	0.
(8) ANN SCHWICHTENBERG       1.00       x       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.         (9) CAROL BOUW       1.00       x       0.       0.       0.         2023 BOARD PRESIDENT ELECT       x       0.       0.       0.       0.         (10) CHAD DAYTON       1.00       x       0.       0.       0.         2022 BOARD PRESIDENT ELECT       x       0.       0.       0.       0.         (11) ERIN OLSON       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0. <td>(7) ANDY FREEMAN</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(7) ANDY FREEMAN	1.00									
DIRECTORxx00.0.(9) CAROL BOUW1.00X0.0.0.2023 BOARD PRESIDENT ELECTX0.0.0.(10) CHAD DAYTON1.00X0.0.0.2022 BOARD PRESIDENT ELECTX0.0.0.(11) ERIN OLSON1.00X0.0.0.DIRECTORX0.0.0.0.(12) JAMES PUTMAN1.00X0.0.0.DIRECTORX0.0.0.0.(13) KARI ANDERSON1.00X0.0.0.DIRECTORX0.0.0.0.(14) PETER GARRETSON1.00X0.0.0.DIRECTORX0.0.0.0.(16) SARA BECKSTRAND1.00X0.0.0.(17) SHEHLA TAUSCHER1.00XX0.0.0.TREASURERXX0.0.0.0.			Х						0.	0.	0.
(9) CAROL BOUW       1.00       x       0.       0.       0.         2023 BOARD PRESIDENT ELECT       x       0.       0.       0.       0.         (10) CHAD DAYTON       1.00       x       0.       0.       0.       0.         2022 BOARD PRESIDENT ELECT       x       0.       0.       0.       0.       0.         (11) ERIN OLSON       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         (12) JAMES FUTMAN       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       x       x       0.       0.       0.       0.       0.       0.         (13) KARI ANDERSON       1.00       x       0.       0.       0.       0.       0.       0.       0.         (14) PETER GARETSON       1.00       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. </td <td>(8) ANN SCHWICHTENBERG</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(8) ANN SCHWICHTENBERG	1.00									
2023 BOARD PRESIDENT ELECT         X         I         O.         O	DIRECTOR		Х						0.	0.	0.
(10) CHAD DAYTON         1.00         X         0         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	(9) CAROL BOUW	1.00									
2022 BOARD PRESIDENT ELECT         X         X         0         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	2023 BOARD PRESIDENT ELECT		Х						0.	0.	0.
(11) ERIN OLSON       1.00       x       0       0.       0.       0.         DIRECTOR       x       1.00       x       0.       0.       0.       0.         (12) JAMES PUTMAN       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       x       0       0.       0.       0.       0.       0.       0.         (13) KARI ANDERSON       1.00       x       0       0.       0.       0.       0.         DIRECTOR       x       0       0.       0.       0.       0.       0.         DIRECTOR       x       0       0.       0.       0.       0.       0.         DIRECTOR       1.00       x       0       0.       0.       0.       0.         (15) RON GOLDSER       1.00       x       0.       0.       0.       0.       0.         (16) SARA BECKSTRAND       1.00       x       x       0.       0.       0.       0.         (17) SHEHLA TAUSCHER       1.00       x       x       0.       0.       0.       0.         TREASURER       x       x       x       0.       0.	(10) CHAD DAYTON	1.00									
DIRECTORxx00.0.0.(12) JAMES PUTMAN1.00x0.0.0.0.DIRECTORx0.0.0.0.0.(13) KARI ANDERSON1.00x0.0.0.0.DIRECTORx0.0.0.0.0.DIRECTORx0.0.0.0.0.(14) PETER GARRETSON1.00x0.0.0.0.DIRECTOR1.00x0.0.0.0.(15) RON GOLDSER1.00x0.0.0.0.DIRECTORxx0.0.0.0.(16) SARA BECKSTRAND1.00xx0.0.0.(17) SHEHLA TAUSCHER1.00xx0.0.0.TREASURERXX0.0.0.0.			Х						0.	0.	0.
(12) JAMES PUTMAN       1.00       x       0       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(11) ERIN OLSON	1.00									
DIRECTORXX00.0.(13) KARI ANDERSON1.00X00.0.DIRECTORX00.0.0.(14) PETER GARRETSON1.00X00.0.DIRECTORX00.0.0.(15) RON GOLDSER1.00X00.0.DIRECTORX00.0.0.(16) SARA BECKSTRAND1.00X00.0.PRESIDENTXX0.0.0.(17) SHEHLA TAUSCHER1.00XX0.0.TREASURERXX0.0.0.	DIRECTOR		Х						0.	0.	0.
(13) KARI ANDERSON       1.00       x       0       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0	(12) JAMES PUTMAN	1.00									
DIRECTORXX00.0.(14) PETER GARRETSON1.001.0000.0.DIRECTORXX0.0.0.0.(15) RON GOLDSER1.00X00.0.DIRECTORXX00.0.0.(16) SARA BECKSTRAND1.00XX0.0.0.PRESIDENTXXX0.0.0.(17) SHEHLA TAUSCHER1.00XX0.0.0.TREASURERXXX0.0.0.			Х						0.	0.	0.
(14) PETER GARRETSON       1.00       1.00       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		1.00									
DIRECTORXX00.0.(15) RON GOLDSER1.00X00.0.DIRECTORXX00.0.0.(16) SARA BECKSTRAND1.00XX0.0.0.PRESIDENTXXX0.0.0.(17) SHEHLA TAUSCHER1.00XX0.0.0.TREASURERXXX0.0.0.	DIRECTOR		Х						0.	0.	0.
(15) RON GOLDSER       1.00       x       0       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.<	(14) PETER GARRETSON	1.00									
DIRECTORXX0.0.0.(16) SARA BECKSTRAND1.001.00PRESIDENTXX0.0.0.(17) SHEHLA TAUSCHER1.00TREASURERXXX0.0.0.			Х						0.	0.	0.
(16) SARA BECKSTRAND1.00xxx0.0.PRESIDENTxxx0.0.0.(17) SHEHLA TAUSCHER1.00xxx0.0.TREASURERxxx0.0.0.	(15) RON GOLDSER	1.00									
PRESIDENTxxx0.0.(17) SHEHLA TAUSCHER1.00TREASURERXXX0.0.0.	DIRECTOR		Х						0.	0.	0.
(17) SHEHLA TAUSCHER1.00xx0.0.TREASURERXX0.0.0.	(16) SARA BECKSTRAND	1.00									
TREASURER X X 0. 0. 0.			Х		Х				0.	0.	0.
		1.00									
	TREASURER		Х		Х				0.	0.	

232007 12-13-22

Form 990 (2022)

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Form 990 (2022) THOMAS IRVINE	DODGE NAT	URE	CEN	ITE:	R				41-60	81794	4	Р	'age <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees, a	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average			os	itior			Reportable	Reportable		stimate	be	
Hamo and tho	hours per		not ch unles					compensation	compensatio				
	week		cer and					from	from related	I	u.	other	
	(list any	tor						the	organizations	I	con	npensa	
	hours for	direc				5		organization	(W-2/1099-MIS			rom th	
	related	e or	stee			sate		(W-2/1099-MISC/	1099-NEC)	<u> </u>		ganizat	
	organizations	ruste	al tru		/ee	mper		1099-NEC)				nd relat	
	below	dual t	ltion	2	lold	st co	5					anizati	
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				5. g		0110
(18) STEPHEN DYGOS	1.00	-		0	×	Ξæ	ш.						
DIRECTOR	1.00	x						0.		٥.			0
	1 00	~	$ \vdash $			-		0.		<u> </u>			0.
(19) SUE POWELL	1.00												
DIRECTOR		Х						0.		٥.			0.
(20) MEGAN BUONINCONTRO	1.00												
DIRECTOR		х						0.		٥.			Ο.
(21) MICHAEL-JON PEASE	1.00												
DIRECTOR		x						0.		٥.			0.
	1 00	л	$\vdash$					0.		<u> </u>			
(22) NATASHA RAMBACCHUS	1.00												
DIRECTOR		Х						0.		٥.			0.
(23) ANGELA RICHARDSON	1.00												
DIRECTOR		х						0.		0.			Ο.
(24) JAMES WAGNER	1.00											,	
DIRECTOR		х						0.		٥.			Ο.
(25) SHEILA WILLIAMS RIDGE	1.00									<u> </u>			<u> </u>
	1.00												•
DIRECTOR		Х						0.		٥.			0.
(26) STEPHANIE BARTHOLOMEW	1.00												
DIRECTOR (BEG. JAN 2023)		Х						0.		٥.			0.
1b Subtotal								210,949.		٥.		20,	617.
c Total from continuation sheets to Part VI								0.		0.			٥.
d Total (add lines 1b and 1c)								210,949.		0.		20	617.
								,	000 of reportable				
2 Total number of individuals (including but no	ot limited to th	ose	listec	ab	ove	e) wri	o re	eceived more than \$100,	000 of reportable				1
compensation from the organization													1
										r		Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey er	mpl	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for su	ıch individual									[	3		х
4 For any individual listed on line 1a, is the su										···· [			
and related organizations greater than \$150											4		x
5 Did any person listed on line 1a receive or a										·····			
	-				-			-			-		v
rendered to the organization? If "Yes." com	olete Schedule	e J fo	or su	ch r	oers	on				<u></u>	5		X
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated ind	lepe	nden	t co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion fr	om	
the organization. Report compensation for t	he calendar ye	ear e	nding	g w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			((	C)	
Name and business	address	NO	NE					Description of s	ervices	C		ensatio	'n
												,	
O Tatal much as a first series to the series of the series	alvalia a l	- <b>1</b> !'	- H	<b>A</b> - 1	- La -			ala ava) vete a vere de la					
2 Total number of independent contractors (ir		στ lin	nited	το 1			ced	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation				(	0							

Form 990 (2022)

232008 12-13-22

'ar	t VII									-
		Check if Schedule O	conta	ains a respo	nse (	or note to any line		(B)	(C)	[
							<b>(A)</b> Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclu from tax unc sections 512 -
s	1 a	Federated campaigns		1a						
und		Membership dues								
m m	с	Fundraising events				288,346.				
ar A		Related organizations								
mil		Government grants (contr				51,027.				
ŝ	f	All other contributions, gifts,	grant	s, and						
the		similar amounts not included	l abov	re <b>1f</b>		1,422,803.				
and Other Similar Amounts	g	Noncash contributions included in	lines 1	a-1f <b>1g</b>	5	76,657.				
an	h	Total. Add lines 1a-1f					1,762,176.			
						Business Code				
		PRESCHOOL				611699	812,404.	812,404.		
an	b	NATURE / ENVIRON ED				712190	483,875.	483,875.		
/eni	c	WORKING FARM PROGRA	M			712190	8,176.	8,176.		
Revenue	d									
	e f	All other program service	reve							
		Total. Add lines 2a-2f					1,304,455.			
	3	Investment income (includ					, , .			
	-		-				560,880.			560,8
	4	Income from investment of								
	5	Royalties								
				(i) Rea		(ii) Personal				
	6 a	Gross rents	6a	43,4	21.	24,480.				
	b	Less: rental expenses $\dots$	6b	54,1		34,175.				
	С	Rental income or (loss)	6c	-10,7	52.	-9,695.				
		Net rental income or (loss	.) <u></u>		<u></u>	(1) 011	-20,447.		-9,695.	-10,7
	7 a	Gross amount from sales of		(i) Securit		(ii) Other				
		assets other than inventory	7a	1,899,1	11.					
D	a	Less: cost or other basis	7b	1,899,1	77	601.				
aniia	•	and sales expenses	70 7c	1,000,1	0.	-601.				
		Net gain or (loss)				· · · · ·	-601.	-601.		
		Gross income from fundraisi			·····			-		
	•	including \$								
		contributions reported on								
		Part IV, line 18			8a	34,772.				
	b	Less: direct expenses			8b	87,661.				
	с	Net income or (loss) from	fund	raising ever	its		-52,889.			-52,8
	9 a	Gross income from gamin								
		Part IV, line 19			<u>9a</u>					
		Less: direct expenses			9b	l				
		Net income or (loss) from			°					
	10 a	Gross sales of inventory, I			10-					
	h	and allowances Less: cost of goods sold			10a					
		Net income or (loss) from				1				
+	U		Jaits		y	Business Code				
	11 a	MISC INCOME				900099	154,819.			154,8
Revenue	b						,			,
eve	c									
ã		All other revenue								
		Total. Add lines 11a-11d					154,819.			
	12	Total revenue. See instruction					3,708,393.	1,303,854.	-9,695.	652,0

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THOMAS IRVINE DODGE NATURE CENTER Part IX Statement of Functional Expenses

Page **10** 41 - 6081794

Check if Schedule O contains a response	se or note to any line in t (A)	(B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	50,209.	50,209.		
<b>3</b> Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	244,801.	186,549.	32,324.	25,928
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,732,509.	1,310,742.	234,040.	187,72
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	71,380.	51,912.	11,542.	7,92
9 Other employee benefits	234,419.	113,693.	9,921.	110,80
0 Payroll taxes	148,761.	116,411.	17,340.	15,01
1 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	20,280.		20,280.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	92,302.		92,302.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25,	, -		,	
column (A), amount, list line 11g expenses on Sch 0.)	349,836.	207,790.	83,395.	58,65
2 Advertising and promotion	10,416.	4,706.	,	5,71
3 Office expenses	110,146.	46,476.	31,690.	, 31,98
4 Information technology	,		,	,
5 Royalties	54,046.	54,046.		
6 Occupancy	4,918.	2,591.	1,859.	46
7 Travel	4,510.	2,351.	1,000.	40
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	C 252	2 247	2,402	<u> </u>
9 Conferences, conventions, and meetings	6,353.	3,347.	2,402.	60
0 Interest				
1 Payments to affiliates	244 055	244 055		
<b>2</b> Depreciation, depletion, and amortization	341,257.	341,257.		
3 Insurance	55,562.	43,670.	11,892.	
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.)	236,278.	207,952.	4,083.	24,24
	48,383.	46,613.	±,005.	1,77
MIGGELL ANEQUIC	20,056.	16,209.	2,763.	1,77
·	20,050.	10,209.	2,703.	1,00
e All other expenses	2 021 010	0.04.170	EEE 000	494 00
5 Total functional expenses. Add lines 1 through 24e	3,831,912.	2,804,173.	555,833.	471,90
6 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				

232010 12-13-22

2022.05030 THOMAS IRVINE DODGE NATUR 68605.01

Form 990 (2022)

19380127 310044 68605.0

33

Total liabilities and net assets/fund balances

31,788,232.

33

Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Inventories for sale or use 8 34,979. Prepaid expenses and deferred charges 9 16,872,634, basis. Complete Part VI of Schedule D _____ 10a 5,385,738. 9,503,424. 10c 20,012,475, Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 11,520. Other assets. See Part IV, line 11 15 31,788,232. Total assets. Add lines 1 through 15 (must equal line 33) 16 58,050. Accounts payable and accrued expenses 17 18 Grants payable 170,205. 19 Deferred revenue

#### 6 7 Assets 8 9 29,995. **10a** Land, buildings, and equipment: cost or other 11,486,896. b Less: accumulated depreciation 10b 19,664,638. 11 12 13 14 11,520. 15 32,785,174. 16 63,571. 17 18 161,975. 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 228,255. 225,546. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 10,550,208. 12,961,690. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 21,009,769. 19,597,938. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32,559,628. Total net assets or fund balances 31,559,977. 32 32

THOMAS IRVINE DODGE NATURE CENTER

Check if Schedule O contains a response or note to any line in this Part X

Cash - non-interest-bearing Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

41-6081794

1

2

3

4

(A) Beginning of year

758,870.

1,466,964.

Page **11** 

472,949.

1,119,176.

32,785,174.

Form 990 (2022)

**(B)** End of year

Form 990 (2022) Part X | Balance Sheet

1

2

3

4

5

Form	990 (2022) THOMAS IRVINE DODGE NATURE CENTER	41-6081794	1	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,	708,	393.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	831,	912.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	123,	519.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,	559,	977.
5	Net unrealized gains (losses) on investments	5	1,	123,	170.
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			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	32,	559,	628.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
		r		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 on Schedule	O.			
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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

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

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2022

Open to Public Inspection

					identification number				
D	art I					ie ment ) C			41-6081794
		Reason for Public (					ee instructions	6.	
		nization is not a private found							
1		A church, convention of ch	,			n 170(b)(1	1)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	or operate	ed by a go	overnmental un	it describe	ed in
~		section 170(b)(1)(A)(iv).					()		
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	X								
_		section 170(b)(1)(A)(vi). (Complete Part II.)							
8		A community trust describe							
9		An agricultural research org							
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or							
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized	and operated exclusi	vely to test for public sat	ety. See	section 50	09(a)(4).		
12		An organization organized	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section 5	09(a)(3).	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
a	ı 🗌	<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	s of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
k	<b>,</b> 「	<b>Type II.</b> A supporting org			ion with its	s supporte	ed organization	ı(s), by hav	vina
		control or management of							
		organization(s). You mus			and percent			o ino oupr	
c		Type III functionally inte	•		in connect	ion with a	and functionally	v integrate	ed with
		its supported organizatio	• • • •					y intograte	
c		Type III non-functionally	.,.	•			-	od organi	zation(c)
	•	that is not functionally int							
		,	8 8	0 ,				anallenin	/eness
		requirement (see instruct	,	• •					
e	, _	Check this box if the orga					Type I, Type II	, туре ш	
		functionally integrated, or		nally integrated supportin	ng organiz	ation.			
		er the number of supported o	•	-1					
<u>ç</u>	Pro	vide the following information (i) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization	(,	(described on lines 1-10	in your governi		support (see ins	•	support (see instructions)
		5		above (see instructions))	Yes	No		,	, , ,
Tot	al								

Part II 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,442,166.	7,324,994.	2,823,369.	3,170,724.	1,762,176.	16,523,429.
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						
	Total. Add lines 1 through 3	1,442,166.	7,324,994.	2,823,369.	3,170,724.	1,762,176.	16,523,429.
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,						
	column (f)						8,834,808.
	Public support. Subtract line 5 from line 4.						7,688,621.
		( ) 00 ( 0	(1) 00 (0	( ) 0000	( )) 000 (	( )	
	ndar year (or fiscal year beginning in)	(a) 2018 1,442,166.	(b) 2019	(c) 2020 2,823,369.	(d) 2021	(e) 2022 1,762,176.	(f) Total
	Amounts from line 4	1,442,100.	7,324,994.	2,023,309.	3,170,724.	1,702,170.	16,523,429.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	416 594	5 <i>66</i> 005	171 060	626 505	571 716	
•	and income from similar sources	416,584.	566,905.	474,868.	636,595.	571,716.	2,666,668.
9	Net income from unrelated business						
	activities, whether or not the	1,546.					1,546.
40	business is regularly carried on	1,540.					1,540.
10	Other income. Do not include gain						
	or loss from the sale of capital		1,952.	1,931.	59,977.	154,819.	218,679.
44	assets (Explain in Part VI.)		1,552.	1,551.		154,015.	19,410,322.
	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,		(no)			12	5,747,937.
	First 5 years. If the Form 990 is for th		,	ourth or fifth tax y	oar as a soction 5	· · · ·	0,11,001.
13	organization, check this box and stop	-		•			
Se	ction C. Computation of Publi	c Support Per	centage				·····
	Public support percentage for 2022 (I		-	olumn (f))		14	39.61 %
	Public support percentage from 2021					15	40.26 %
	<b>33 1/3% support test - 2022.</b> If the o						
	stop here. The organization qualifies						v
b	<b>33 1/3% support test - 2021.</b> If the o		-				
	and <b>stop here.</b> The organization qual	-				,	
17a	10% -facts-and-circumstances test		•				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		5	
b	10% -facts-and-circumstances test	0	•		•		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
<u>18</u>	Private foundation. If the organization		•		•••••		
							(Form 990) 2022

Schedule A (Form 990) 2022

#### 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.)

Sec	ction A. Public Support		<u>.</u>	_		_				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	2 (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									
b	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.)									
	ction B. Total Support				·					
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total			
9	Amounts from line 6									
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources									
b	Unrelated business taxable income									
	(less section 511 taxes) from businesses acquired after June 30, 1975									
c	Add lines 10a and 10b									
11	Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	inization,			
	check this box and stop here				-	-				
Sec	ction C. Computation of Publi									
15	Public support percentage for 2022 (I	ne 8, column (f), (	divided by line 13,	column (f))		15	%			
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%			
	ction D. Computation of Inves									
17	Investment income percentage for 20	22 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%			
	Investment income percentage from 2									
	<b>33 1/3% support tests - 2022.</b> If the					33 1/3%, and	line 17 is not			
	more than 33 1/3%, check this box ar									
b	33 1/3% support tests - 2021. If the						/3%, and			
	line 18 is not more than 33 1/3%, che									
20	Private foundation. If the organizatio									
	23 12-09-22		<b>i</b>	i			dule A (Form 990) 2022			

15

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

16

Schedule A (Form 990) 2022
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#### THOMAS IRVINE DODGE NATURE CENTER

41-6081794 Page 5

> Yes No

> > No

1

2

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization</i> (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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
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,

#### upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported arganization(s)	1		

#### ation(s) organ Section 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 on line 2, above, 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			
	supported organizations played in this regard	3		

### Section 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)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---------------------------------------------------	---------------------------------------------------------------------------------	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify 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.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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? If "Yes" or "No" provide details in Part VI.

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 Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b Schedule A (Form 990) 2022

Schedule A	(Form 99	0) 202	2
Dort V	Type		

	dule A (Form 990) 2022 THOMAS IRVINE DODGE NATURE CENTER			41-6081794 Page
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	<u> </u>		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
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		
ect	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):			
а	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 Part VI):			
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	ally integrat	ed Type III supporting org	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	;	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$			-	
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
6	than zero, <i>explain in</i> <b>Part VI.</b> See instructions. Remaining underdistributions for 2022. Subtract lines 3h				
0	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	Form 990) 2022 THOMAS IRVINE DODGE NAME	TURE CENTER	41-6081794	Page <b>8</b>
Part VI	Supplemental Information. Provide the explanation Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, (See instructions.)	9c, 11a, 11b, and 11c; Part IV, Section B, lines lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part	1 and 2; Part IV, Section V, Section B, line 1e; Pai	
	(See instructions.)			
232028 12-09-2	2	2.0	Schedule A (Form 9	90) 2022

#### ** PUBLIC DISCLOSURE COPY **

## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2022

Employer identification number

Department of the Treasury	
Internal Revenue Service	

Schedule B

(Form 990)

Name of the organization

	THOMAS IRVINE DODGE NATURE CENTER	41-6081794
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 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	
, ,	ion is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.
General Rule		
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and uring the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount on (i) F 0-EZ, line 1. Complete Parts I and II.	that received from any one
For an organiz	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	ny 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 ______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

or

Name of or	yanization			
THOMAS I	RVINE DODGE NATURE CENTER	41-6	081794	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
1		\$152,	851. (Ce	Person     X       Payroll        Noncash        omplete Part II for       ncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
2			000. (Co	Person     X       Payroll        Noncash        omplete Part II for     ncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
3		\$250,	000. (Ce	Person     X       Payroll        Noncash        omplete Part II for     ncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
4		\$41,	220.	Person     X       Payroll        Noncash        omplete Part II for     ncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
5		\$250,	000.	Person     X       Payroll     Image: Constraint of the second s
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
6		\$75,	000. (Ce	Person     X       Payroll        Noncash        omplete Part II for     ncash contributions.)

223452 11-15-22

22 2022.05030 THOMAS IRVINE DODGE NATUR 68605.01

Employer identification nu ma ha a s

THOMAS I	RVINE DODGE NATURE CENTER	4	1-6081794
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$60,000.	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
8		\$55,000.	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
9		\$50,000.	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
10		\$	Person Payroll Noncash X (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) (2022)

223452 11-15-22

23 2022.05030 THOMAS IRVINE DODGE NATUR 68605.01

Name of organization

Page 2
Employer identification number

Schedule B	(Form	990)	(2022)
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Name of organization

Page **3** 

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
10	ONE FREESTANDING OUTDOOR STRUCTURE APPROXIMATELY 12' X 14' IN SIZE.		
		\$37,500.	04/11/23
(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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Schedule B (Form 990) (2022)
------------------------------

lame of or	ganization		Employer identification number		
HOMAS T	RVINE DODGE NATURE CENTER		41-6081794		
Part III	Exclusively religious, charitable, etc., contribut	h) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
-		(e) Transfer of gift			
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
-		(e) Transfer of gift			
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
—					
		e) Transfer of gift	fer of gift		
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
3454 11-15-			Schedule B (Form 990) (20		

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	Cumplemente	al Financial Otatomonto		OMB No. 15	545-0047	
		al Financial Statements nization answered "Yes" on Form 990,		204	<b>7</b> 7	
(Forr	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		204		
		Attach to Form 990. O for instructions and the latest information.		Open to Inspecti		
Nam	e of the organization		Employer	identificatio	n number	
De	THOMAS IRVINE DODGE NATURE			41-6081794		
Pa	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		counts.	Complete if th	ie	
			b) Funds and	d other accou	ints	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	-			<u> </u>	
c	are the organization's property, subject to the organization's			Yes	└── No	
6	Did the organization inform all grantees, donors, and donor a for charitable purposes and not for the benefit of the donor o	0 0	2			
	impermissible private benefit?		0	Yes	No	
Pa		ganization answered "Yes" on Form 990, Part IV,	line 7.			
1	Purpose(s) of conservation easements held by the organization					
	X Preservation of land for public use (for example, recrea	,	• •		1	
	X Protection of natural habitat	X Preservation of a certi	fied historic s	structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	fied conservation contribution in the form of a col		asement on the second the second s		
а	Total number of conservation easements		2a		2	
b			2b	3	06.00	
c	Number of conservation easements on a certified historic stru		2c			
d	Number of conservation easements included in (c) acquired a					
	historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the organi	zation during	the tax		
	year					
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per					
5	violations, and enforcement of the conservation easements it			X Yes	No	
6	Staff and volunteer hours devoted to monitoring, inspecting,					
				0 ,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	sements duri	ng the year		
8	Does each conservation easement reported on line 2(d) abov	, , , , , , , , , , , , , , , , , , , ,	()		<u> </u>	
•	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			Yes	└── No	
9	balance sheet, and include, if applicable, the text of the footr	-		the		
	organization's accounting for conservation easements.					
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other S	imilar Ass	ets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance sheet w	orks		
	of art, historical treasures, or other similar assets held for pub		ice of public			
	service, provide in Part XIII the text of the footnote to its finar		ala astro d	-4		
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	exhibition, equeation, or research in jurnerance	or public set			
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under FASB A	SC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X		\$			

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Schedule D (Form 990) 2022

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Sche		NE DODGE NATURE					41-608		P	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or O	ther S	Simila	r Assets	(contii	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that ma	ake sign	ificant ι	use of its			
	collection items (check all that apply):	,	, <b>,</b>	0	Ũ					
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	e								
c	Preservation for future generations	-								
4										
5										
to be sold to raise funds rather than to be maintained as part of the organization's collection?										No
Par	t IV Escrow and Custodial Arrang									
1 41	reported an amount on Form 990, Par		te il the organizatio	on answered te	SUIFC	500 990	, Fait IV, I	ine 9, 0i		
4-						ار دام دا				
па	Is the organization an agent, trustee, custodia								_	٦
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:					<b>A</b>		
								Amoun	τ	
	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					lf				
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or c	ustodial account	liability	?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete in	the organization ans	wered "Yes" on Fo	orm 990, Part IV,	line 10.					
		(a) Current year	<b>(b)</b> Prior year	(c) Two years b	ack (d	) Three y	/ears back	(e) Fou	r years	back
1a	Beginning of year balance	17,726,598.	20,805,384.	17,358,5	60.	11,3	89,831.	11	,511,	000.
	Contributions	250.	360,278.	255,0	00.	5,2	89,620.			831.
	Net investment earnings, gains, and losses 1,447,4462,621,800. 4,102,608. 1,124,955.							321,	184.	
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs	778,688.	817,264.	910,7	84.	4	45,846.		443,	184.
f	Administrative expenses		,	,			,			
g	End of year balance	18 395 606.	17,726,598.	20 805 3	84.	17 3	58 560.	11	389	831.
2	Provide the estimated percentage of the current			•		,	, .		, ,	
a	Board designated or guasi-endowment	23.1800	%							
b	Permanent endowment 60.4600	%	_/0							
	Term endowment 16.3600 g									
U	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should									
2-			ion that are hold a	nd administered	fortho					
38	Are there endowment funds not in the posses	ssion of the organizat	ion that are neid a	nu auministereu	for the			1	Yes	No
	organization by:								163	X
	(i) Unrelated organizations							3a(i)		
-	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the		ment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	1 "Yes" on Form 990,	Part IV, line 11a. S							
	Description of property	(a) Cost or ot	• • •		(c) Acc		ed	(d) Boo	k valu	е
		basis (investm	· ·	(other)	depre	eciation				
1a	Land		5	,640,296.				5	,640,	296.
	Buildings		6	,036,706.	3	8,522,	165.	2	,514,	541.
	Leasehold improvements									
	Equipment		1	,442,642.		913,	274.		529,	368.
	Other		3	,752,990.		950,	299.	2	,802,	691.
	Add lines 1a through 1e. (Column (d) must ed		, column (R) line 1	0c.)				11	,486,	896.

Schedule D (Form 990) 2022

232052 09-01-22

#### Part VII Investments - Other Securities.

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-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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(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) line 15.)	
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990 Part X_col_(B) line 25.)	

Iotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that 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

Part XIII ... X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 THOMAS IRVINE DODGE NATURE CENTER			41-6081794	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,846,872.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,123,170.		
b	Donated services and use of facilities	2b	200.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	107,411.		
е	Add lines 2a through 2d			2e	1,230,781.
3	Subtract line 2e from line 1			3	3,616,091.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	92,302.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	92,302.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,708,393.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			<b>I</b>	
1	Total expenses and losses per audited financial statements			1	3,847,221.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	200.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	107,411.		
е	Add lines 2a through 2d			2e	107,611.
3	Subtract line 2e from line 1			3	3,739,610.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	т т			
а	Investment expenses not included on Form 990, Part VIII, line 7b		92,302.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	92,302.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,831,912.
	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b a	and 2b; Part V, line 4	; Part X, line 2; F	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional inform	ation.		
PARI	'II, LINE 5:				
	ODGINITZIMTON'S BIGHNIM DOGINGNMS CONMITS UNTEMPED DOI TOTES ID	NT TIM			
THE	ORGANIZATION'S EASEMENT DOCUMENTS CONTAIN WRITTEN POLICIES ABC	0.1.			
MONT	TORING, INSPECTING, HANDLING VIOLATIONS, AND ENFORCEMENT OF				
CONS	ERVATION EASEMENTS. UPON WRITTEN OR VERBAL NOTICE, INSPECTIONS	AND			
MONI	TORING MAY BE DONE TO DETERMINE IF EASEMENTS IS IN COMPLIANCE	WITH			
PROV	ISIONS OF AGREEMENTS.				
_					

29

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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Schedule D (Form 990) 2022

 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) 2022

232055 09-01-22

19380127 310044 68605.0

FROM FEDERAL INCOME TAXES UNDER :	SECTION 501(A) OF THE INTERNAL REVENUE	
CODE AS AN ORGANIZATION DESCRIBED	D IN SECTION 501(C)(3), QUALIFIES FOR T	не
CHARITABLE CONTRIBUTION DEDUCTIO	N UNDER SECTION 170(B)(1)(A)(VI), AND H	IAS
BEEN DETERMINED NOT TO BE A PRIV	ATE FOUNDATION UNDER SECTION 509 (A)(1)	•
THE ORGANIZATION IS SUBJECT TO IN	NCOME TAX ON NET INCOME THAT IS DERIVED	)
FROM BUSINESS ACTIVITIES THAT AR	E UNRELATED TO THE EXEMPT PURPOSE. THE	
ORGANIZATION HAS DETERMINED IT I	S SUBJECT TO UNRELATED BUSINESS INCOME	TAX
AND HAS FILED AN EXEMPT ORGANIZA	TION BUSINESS INCOME TAX RETURN (FORM	
990-T) WITH THE IRS.		
THE ORGANIZATION BELIEVES THAT I	T HAS APPROPRIATE SUPPORT FOR ANY TAX	
POSITIONS TAKEN AFFECTING ITS AND	NUAL FILING REQUIREMENTS, AND AS SUCH,	
DOES NOT HAVE ANY UNCERTAIN TAX	POSITIONS THAT ARE MATERIAL TO THE	
FINANCIAL STATEMENTS. THE ORGANI	ZATION WOULD RECOGNIZE FUTURE ACCRUED	
INTEREST AND PENALTIES RELATED TO	O UNRECOGNIZED TAX BENEFITS AND	
LIABILITIES IN INCOME TAX EXPENS	E IF SUCH INTEREST AND PENALTIES ARE	
INCURRED.		
PART XI & XII, LINE 2D		
EXPENSES RELATED TO THE RENTAL O	F THE HOUSE ARE RECORDED AGAINST THE	
RENTAL REVENUE AND NOT SHOWN AS	PART OF THE FUNCTIONAL EXPENSES	
PART XI & XII, LINE 2D		
EXPENSES AGAINST THE PROCEEDS AND	D NOT SHOWN AS PART OF THE FUNCTIONAL	
EXPENSES		
LOSS ON SALE OF EQUIPMENT	601	
ADDITIONAL EVENT EXPENSES	18,462	
	18,462	Schedule D (Form 990) 20

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on				r <b>19</b> , d	or if the	2022
	C	organization entered more than \$15 Attach to Form 990 c						Open to Public
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc				ı.		Inspection
Name of the organization							Employer i	dentification number
Dent L. Frankrig		INE DODGE NATURE CENTER					41-6081	
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ne 17	'. Form 990-l	EZ filers are not
<ul> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>f Solicitation of government grants</li> <li>c Phone solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>Yes No</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.</li> </ul>								
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o f	Amount paic r retained by undraiser ed in col. <b>(i)</b>	
			Yes	No				
Total								
3 List all states in whitor licensing.	3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration							

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

Schedule G (Form 990) 2022

232081 10-27-22

THOMAS IRVINE DODGE NATURE CENTER

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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 BENEFIT	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through	
			(event type)	(event type)	(total number)	col. (c))	
Revenue	1	Gross receipts	323,118.			323,118.	
	2	Less: Contributions	288,346.			288,346.	
	3	Gross income (line 1 minus line 2)	34,772.			34,772.	
	4	Cash prizes					
	5	Noncash prizes	18,462.			18,462.	
Direct Expenses	6	Rent/facility costs	1,573.			1,573.	
rect EX	7	Food and beverages	1,000.			1,000.	
<u>ב</u>	8	Entertainment	49,736.			49,736.	
	9	Other direct expenses				16,890.	
	10	87,661.					
		Net income summary. Subtract line 10 from li		-52,889.			
<b>'</b> a	rt I	<b>II Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than		
one			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	

anne		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))					
Revenue	1 Gross revenue									
Se	2 Cash prizes									
Direct Expenses	3 Noncash prizes									
	4 Rent/facility costs									
	5 Other direct expenses									
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No						
	7 Direct expense summary. Add lines 2 through 5 in column (d)									
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)									
	Enter the state(s) in which the organization conduct Is the organization licensed to conduct gaming act If "No," explain:	tivities in each of these s	states?							
	Were any of the organization's gaming licenses rev If "Yes," explain:	• •	• •		Yes No					

232082 10-27-22

Schedule G (Form 990) 2022

Sch	nedule G (Form 990) 2022	THOMAS IRVINE DODGE NATURE CENTER	41-6081	.794	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?	C	Yes	No
12	Is the organization a grantor, bene	ficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		[	Yes	No
13	Indicate the percentage of gaming	activity conducted in:			
a	a The organization's facility		13	3a	%
				3b	%
		e person who prepares the organization's gaming/special events books and records			
	Name				
	Address				
			_		
<b>15</b> a	a Does the organization have a con	tract with a third party from whom the organization receives gaming revenue? $\ldots$	L	Yes	No
k	<b>b</b> If "Yes," enter the amount of gam	ing revenue received by the organization \$ and the amo	unt		
	of gaming revenue retained by the	e third party \$			
c	c If "Yes," enter name and address	of the third party:			
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	<b>5</b> <i>7</i>				
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
		state law to make charitable distributions from the gaming proceeds to			
				Yes	No No
r		required under state law to be distributed to other exempt organizations or spent in			
	organization's own exempt activit				
Pa		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III.	lines 9,	9b, 10b,
		applicable. Also provide any additional information. See instructions.	,		, ,
			Oak at 1	0 /5 -	0001 0000
2320	83 10-27-22	34	Schedule	G (Form	990) 2022
		~ -			

Part IV	Supplemental Information (continued)	
		Schedule G (Form 990)

232084 04-01-22

SCHEDULE I Grants and Other Assistance to Organizations,							OMB No. 1545-0047			
(	(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							2022		
Department of the Treasury										
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.								Inspection		
Name of the organization Employed								Employer identification number		
Part I General I	THOMAS IRVINE		CENTER					41-6081794		
			amount of the grante	or acciptones, the	arantaaa' aliaibility	for the grapte or easi	tance and the colocti	22		
•	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									
	IV the organization's pro									
	nd Other Assistance to I hat received more than S					anization answered "Y	es" on Form 990, Parl	IV, line 21, for any		
1 (a) Name and ad	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash	<b>(f)</b> Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
					assistance	other)				
			I		1		1	I		

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ....

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

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	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS - PRESCHOOL AND PROGRAM	3403	50,209.	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**

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

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.	2022
Attach to Form 990.	Open to Public
Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection

Department of the Treasury Internal Revenue Service

Name of the organization	n

Employer identification number
41-6081794

THOMAS	IRVINE	DODGE	NATURE	CENTER	
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Par	tl Ty	pes of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	•	s
1	Art - Work	s of art							
2		rical treasures							
3	Art - Fract	ional interests							
4		d publications							
5		ind household goods							
6		other vehicles							
7		l planes							
8		al property							
9	Securities	- Publicly traded							
10		- Closely held stock							
11		- Partnership, LLC, or							
	trust inter								
12		- Miscellaneous							
13	Qualified (	conservation contribution -							
	Historic st								
14	Qualified (	conservation contribution - Other							
15		e - Residential							
16	Real estat	e - Commercial							
17		e - Other							
18		es							
19		ntory							
20		I medical supplies							
21		/							
22		artifacts							
23		specimens							
24		ical artifacts							
25	Other	(WORKMAN GTX )	Х	1	37,500.	FMV			
26	Other	(F/S OUTDOOR STR )	X	1	24,280.	FMV			
27	Other	( EVENT EXPENSES )	Х	21	10,726.	FMV			
28	Other	(SUPPLIES )	Х	9	4,151.	FMV			
29	Number o	f Forms 8283 received by the orgar	nization during	the tax year for c	ontributions				
	for which	the organization completed Form 8	283, Part V, D	onee Acknowledg	ement				
								Yes	No
30a	During the	e year, did the organization receive l	by contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it			
	must hold	for at least 3 years from the date o	f the initial co	ntribution, and wh	ch isn't required to be used	for			
	exempt p	urposes for the entire holding period	1?				30a		X
b	lf "Yes," d	escribe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31						x		
32a	Does the	organization hire or use third parties	s or related or	ganizations to soli	cit, process, or sell noncash				_
	contributi	ons?					32a		x
b	If "Yes," d	escribe in Part II.							
33	If the orga	nization didn't report an amount in	column (c) fo	a type of property	for which column (a) is che	cked,			

$\Box \Box A$ For Paperwork Reduction Activotice, see the instructions for Form 39	LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Schedule M (Form 990) 2022

232141 09-09-22

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.

232142 09-09-22		Schedule M (Form 990) 2022
	20	

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2022.05030 THOMAS IRVINE DODGE NATUR 68605.01

41-6081794

SCHEDULE O (Form 990)

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



Employer identification number 41-6081794

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

(CONTINUED FROM PART III)

DODGE NATURE PRESCHOOL TEACHERS ATTENDED AND PRESENTED AT THE NATURAL

THOMAS IRVINE DODGE NATURE CENTER

START ALLIANCE CONFERENCE, THE LARGEST NATIONAL GATHERING OF

NATURE-BASED EARLY EDUCATION PROFESSIONALS. AS THEY HAVE SINCE 2011,

DODGE NATURE PRESCHOOL HOSTED AND LED A LEARNING CONFERENCE IN 2023

THAT DREW EARLY CHILDHOOD EDUCATORS NATIONALLY AND PROVIDED

PROFESSIONAL DEVELOPMENT HOURS,

DODGE NATURE PRESCHOOL IS LICENSED BY THE MINNESOTA DEPARTMENT OF HUMAN

SERVICES, ACCREDITED BY THE NATIONAL ASSOCIATION FOR THE EDUCATION OF

YOUNG CHILDREN (NAEYC), AND CERTIFIED AS A NATURE EXPLORE CLASSROOM. IT

RECEIVED THE HIGHEST POSSIBLE RATING OF 4 STARS FROM PARENT AWARE. THE

STATE OF MINNESOTA'S QUALITY RATING SYSTEM.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

(CONTINUED FROM PART III)

WITH THE NEW EDUCATION CENTER (LOCATED IN COTTAGE GROVE) COMPLETED IN

SEPTEMBER 2023, OUR ABILITY TO REACH EVEN MORE STUDENTS IN THE

SOUTHEAST METRO IS INCREASING. SOUTH WASHINGTON COUNTY SCHOOLS

(DISTRICT 833) HAVE BEGUN PILOTING FIELD TRIPS WITH US. OVER THE NEXT

SEVERAL YEARS, WE PLAN TO GROW OUR CAPACITY TO MEET THE NEEDS OF

STUDENTS AND TEACHERS, NOT ONLY WITH OUR CURRENT PARTNERS IN SCHOOL

DISTRICT 197, BUT ALSO WITH NEW PARTNERS IN DISTRICT 833.

DODGE OFFERS PEOPLE ACCESS TO 460+ ACRES OF RESTORED AND NATIVE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022 Name of the organization	Page 2
THOMAS IRVINE DODGE NATURE CENTER	41-6081794
LANDSCAPES, INCLUDING WOODS, PRAIRIE, WETLANDS AND OAK SAVANNA. THESE	
GREENSPACES ARE HABITAT FOR WILDLIFE AND ISLANDS OF NATURE IN THE	
COMMUNITY. TRAILS ARE OPEN DAILY TO THE PUBLIC AT NO CHARGE. IN	
2022-2023 DODGE EXPANDED PROGRAMMING AT OUR NEW COTTAGE GROVE FACILITY	
THROUGH NEW PROGRAMS, SUMMER CAMPS, A COMMUNITY HALLOWEEN EVENT,	
COMMUNITY GARDENS, AND BEEKEEPING AND CHICKEN KEEPING CLASSES FOR	
ADULTS.	
DODGE OFFERED THESE SERVICES WITH THE SUPPORT OF 24 BOARD MEMBERS, 33	
FULL-TIME STAFF, 12 PART-TIME STAFF, AND 335 VOLUNTEERS.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
VOLUNTEERS ARE AN INTEGRAL PART OF DODGE NATURE CENTER AND PRESCHOOL.	
DODGE WAS ABLE TO ENHANCE THE LIVES OF MORE THAN 57,631 SCHOOL CHILDREN	
WHO VISITED THE CENTER LAST YEAR WITH THE ASSISTANCE OF VOLUNTEERS.	
VOLUNTEERS ARE CRITICAL TO THE SUCCESS OF OUR PROGRAMS AND SERVE IN A	
VARIETY OF CAPACITIES INCLUDING TEACHER NATURALISTS, CLASS ASSISTANTS,	
LAND RESTORATIONISTS, GROUNDS SUPPORT, EVENT HELPERS, OFFICE	
ASSISTANTS, TRAIL GREETERS AND GUIDES, CAMP VOLUNTEERS, PRESCHOOL	
ASSISTANTS, AND ANIMAL CARE AND GARDEN SUPPORT. VOLUNTEERS CONTRIBUTED	
APPROXIMATELY 5426 HOURS OF SERVICE DURING THE YEAR ENDED AUGUST 31,	
2023.	
FORM 990, PART VI, SECTION A, LINE 1A:	
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	
232212 10-28-22 <b>41</b>	Schedule O (Form 990) 2022

41 2022.05030 THOMAS IRVINE DODGE NATUR 68605.01

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization THOMAS IRVINE DODGE NATURE CENTER	Employer identification number 41-6081794
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.	
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 MARCH OF 2023. COMPENSATION IS	
REVIEWED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS.	

232212 10-28-22

Schedule O (Form 990) 2022

Name of the organization THOMAS IRVINE DODGE NATURE CENTER	Employer identification number 41-6081794
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	Y CAN
BE AVAILABLE TO THE PUBLIC.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGNT PROCESS OR SELECTION	
PROCESS DURING THE TAX YEAR.	
232212 10-28-22	Schedule O (Form 990) 202:

Form	990-Т	E	Exempt Organiza	ation Busi		ne Tax Retu	rn	OMB No. 1545-0047
	(and proxy tax under section 6033(e))							2022
		For ca	lendar year 2022 or other tax year beginn			AUG 31, 2023	·	2022
	ment of the Treasury Revenue Service		Go to www.irs.gov/Fo Do not enter SSN numbers on thi					Open to Public Inspection for 501(c)(3) Organizations Only
A 🗌	Check box if address changed.		Name of organization ( Cł	neck box if name cha	nged and see instruc	tions.)	DEmp	loyer identification number
<b>B</b> Ex	empt under section	Print	THOMAS IRVINE DODGE N	ATURE CENTER				41-6081794
Х	501(c)(3)	or	Number, street, and room or sui	ite no. If a P.O. box, s	see instructions.			p exemption number instructions)
	408(e) 220(e)	Туре	365 MARIE AVE. W.					
	408A 530(a)		City or town, state or province, o	country, and ZIP or f	oreign postal code			
	529(a) 529A		WEST ST. PAUL, MN 55	118			F	Check box if
		<b>С</b> Во	ok value of all assets at end o	f year		32,785,174.		an amended return.
<b>G</b> C	heck organization	type	X 501(c) corporation	501(c) trust	401(a) trust	Other trust	State	college/university
H C	heck if filing only to	D C	Claim credit from Form 8	3941 Clai	m a refund shown	on Form 2439		
I C	heck if a 501(c)(3)	organiz	ation filing a consolidated retu	urn with a 501(c)(2)	) titleholding corpo	ration		<u></u>
			ed Schedules A (Form 990-T)					1
			e corporation a subsidiary in a	• •	or a parent-subsidia	ary controlled group?		Yes X No
			d identifying number of the pa	arent corporation.				
	he books are in car		JASON SANDERS d Business Taxable Inc			Telephone number	651-78	89-5209
Par								Т
1			ss taxable income computed					
								0.
2								
3	Add lines 1 and 2							0.
4			(see instructions for limitation	,				<u>_</u>
5			taxable income before net op					
6		•					. 6	
7	Subtract line 6 fro		ss taxable income before spec -				7	
			o rally \$1,000, but see instructio				· –	1,000.
8 9								
9 10	Total deductions	· · ·						1,000.
11			able income. Subtract line 10			line 7		
	enter zero	55 נמאנ			-		. 11	0.
Par	t II Tax Com	putat						<u> </u>
1		-	s corporations. Multiply Part	I. line 11 by 21% (	(0.21)		1	0.
2	-		ates. See instructions for tax	-				
_	Part I, line 11 from	_	Tax rate schedule or	Schedule D (F	10.11		2	
3	Proxy tax. See ins		—		,			
4	Other tax amounts							
5	Alternative minimu	um tax (						
6			cility income. See instruction					
7	-		h 6 to line 1 or 2, whichever a				. 7	0.
			ion Act Notice					Earm 990-T (2022)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

223701 01-16-23

Form 9	90-T (2022)		F	2 age				
Part	III Tax and Payments							
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)							
b	Other credits (see instructions) 1b							
с	General business credit. Attach Form 3800 (see instructions)							
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d							
е	Total credits. Add lines 1a through 1d	1e						
2								
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866							
	Other (attach statement)	3						
4	Total tax. Add lines 2 and 3 (see instructions).							
	section 1294. Enter tax amount here	4		0.				
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.				
6a	Payments: A 2021 overpayment credited to 2022							
b	2022 estimated tax payments. Check if section 643(g) election applies 6b							
с	Tax deposited with Form 8868 6c							
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d							
е	Backup withholding (see instructions) 6e							
f	Credit for small employer health insurance premiums (attach Form 8941)							
g	Other credits, adjustments, and payments: Form 2439							
	Form 4136         Other         Total         6g							
7	7 Total payments. Add lines 6a through 6g							
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8						
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9						
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10						
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11						
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)							
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Yes	No				
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file							
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country							
	here			X				
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a							
	foreign trust?			X				
	If "Yes," see instructions for other forms the organization may have to file.							
3	Enter the amount of tax-exempt interest received or accrued during the tax year\$							
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryovers							
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part	•						
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce							
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		-					
	Business Activity Code Available post-2017 NOL ca		-					
	532000 \$	26,891.	-					
	\$							
6a	Did the organization change its method of accounting? (see instructions)			X				
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"							
<b>—</b> .	explain in Part V			L				

## Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

	Under penalties of perjury, I declare that I ha correct, and complete. Declaration of prepar					wledge	and belief, it is true,	
Here	Signature of officer	Date	EXECUTIV Title		the IRS discuss this return with reparer shown below (see uctions)? X Yes No			
Paid	Print/Type preparer's name . wendy harden, CPA	Preparer's signature WENDY HARDEN, CPA		Date 01/27/24	Check self- employ	if ed	PTIN P00956490	
Preparer Use Only	Firm's name SDK CPA					Firm's EIN 41-1680240		
	100 WASHINGTON AVE S STE 1600							
	Firm's address MINNEAPOLIS, MN 55401						-332-5500	
223711 01-16-2	23						Form <b>990-T</b> (2022)	

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#### SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

## Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2022 Open to Public Inspection for

501(c)(3) Organizations Only

Α	Name of the organization		В	Employer identi	ficatio	n numbe	ər
	THOMAS IRVINE DODGE NATURE CENTER			41-6081794	4		
c	Unrelated business activity code (see instructions)	532000	D	Sequence:	1	of	1

#### E Describe the unrelated trade or business EVENT SPACE RENTAL

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net		
1a	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Schedule D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
с	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6	24,480.	34,175.	-9,695.		
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	24,480.	34,175.	-9,695.		
Pa	Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be						

directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1			
2	Salaries and wages				
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions				
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion			9	
10	Contributions to deferred compensation plans				
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)				
15	Total deductions. Add lines 1 through 14		0.		
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Part	I, line 13,		
	column (C)			16	-9,695.
17	Deduction for net operating loss. See instructions		0.		
18	Unrelated business taxable income. Subtract line 17 from line 16	. 18	-9,695.		
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2022

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	ıle A (Form 990-T) 2022				Page <b>2</b>
Part	III Cost of Goods Sold Enter met	hod of inventory valuation	on		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7 8	Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter I				
о 9	Do the rules of section 263A (with respect to property )			······	Yes No
Part					
1	Description of property (property street address, city, s	tate, ZIP code). Check i	if a dual-use. See inst	1 1/	
	A EVENT RENTAL SPACE 365 MARIE AVE W	, WEST ST PAUL, MI	N 55118		
	B				
	C				
	D []	A	В	С	D
2	Rent received or accrued	A	D	0	
a	From personal property (if the percentage of				
u	rent for personal property is more than 10%				
	but not more than 50%)	0.			
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)	24,480.			
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D	24,480.			
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, c	olumn (A)	24,480.
	Deductions directly connected with the income	24.455			
4	in lines 2(a) and 2(b) (attach statement) STMT 2	34,175.			
F	Total deductions. Add line 4 columns A through D. Er	tor have and an Dort L	ing 6 aglumn (D)		34,175.
5 Part		ee instructions)			• • • • • •
1	Description of debt-financed property (street address, o	· · · · · ·	neck if a dual-use. See	e instructions.	
•		, onaro, <u>n</u> ocaoj. o.			
	в 🗌				
	c 🗌				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
-	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
6	financed property (attach statement) Divide line 4 by line 5	%	%	9	6 %
7	Gross income reportable. Multiply line 2 by line 6		70	7	<u>70</u>
8	Total gross income (add line 7, columns A through D)		t I, line 7, column (A)		0.
U				·····	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here and	on Part I, line 7, colu	mn (B)	0.
11	Total dividends-received deductions included in line				0.
223721 0	11-16-23			Schedule	e A (Form 990-T) 2022
		50			

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Sched	ule A (Form 990-T) 2022	ities R	ovalties, and Re	ents fror	n Control	led Or	ganization	<b>S</b> (s	ee instruct	ions)		Page <b>3</b>
1 011							Exempt Contro			,		
	1. Name of controller organization	d	<b>2.</b> Employer identification number	3. Net unrelated 4. Total of		al of specified nents made s. Part of colu that is included controlling orga		art of colur s included	6. Deductions in the aniza-		Deductions directly connected with come in column 5	
(1)									e greee me			
(2)												
(3)												
(4)												
		-	No	nexempt C	Controlled O	ganizati	ons					
7	. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of specif yments mad		<b>10.</b> Part of that is inconstruction of the controlling gross	luded	in the zation's		cor	ductions directly nected with e in column 10
(1)												
(2)												
(3)												
(4)												
	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)				n Part I, n (A)	, Enter here and on Part I, line 8, column (B)						
Totals Part	VII Investment I	ncomo	of a Section 50	1(0)(7) (	(17)	Organ	jization (		0.			0.
1 411		cription of		<u>(()</u> (), (	2. Amou incor	nt of	3. Deduction directly connected (attach state)	ons ected	tructions) <b>4.</b> Set- (attach st		, I	5. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
Totals					Add amou column 2 here and o line 9, colu	. Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0.
Part	VIII Exploited E	xempt A	Activity Income	, Other 1	han Adve	ertising	g Income	(see in	structions)			
1	Description of exploite		-				-					
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3												
	line 10, column (B)						3					
4												
	lines 5 through 7								4			
5	Gross income from ac	tivity that i	is not unrelated busi	iness incor	ne					5		
6	Expenses attributable	to income	entered on line 5							6		
7	Excess exempt expen											
	4. Enter here and on F	art II, line	12			<u></u>				7		

Schedule A (Form 990-T) 2022

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Sched	lule A (Form 990-T) 2022				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on a	consolidated basi	S.	
	Α				
	В				
	c 🗌				
	D 🗌				
Enter	amounts for each periodical listed above in the	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and or	Part I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or	Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from li	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	n			
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g		tal or zero here ar	nd on	
	Part II, line 13				0.
Part	X Compensation of Officers, Di	rectors, and Trustees			
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
-					
Tota	Lenter here and on Part II, line 1				0.
Part		ee instructions)		•	
		ł.			

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990-T SCH	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
08/31/20	2,918.	0.	2,918.	2,918.
08/31/21	10,937.	0.	10,937.	10,937.
08/31/22	13,036.	0.	13,036.	13,036.
NOL CARRYO	VER AVAILABLE THIS	YEAR	26,891.	26,891.

## FORM 990-T (A) DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
REPAIRS & MAINTENANCE SALARIES UTILITIES		3,433. 7,811. 20,011.	
INSURANCE EQUIPMENT		2,000. 608.	
TAXES - SUBTOTAL -	1	312.	34,175.
TOTAL TO FORM 990-T, SCHEDULE A, PART IV	, LINE 4	-	34,175.