REYNOLDS & ROWELLA LLP 38C GROVE STREET RIDGEFIELD, CT 06877

WOODCOCK NATURE CENTER, INC. 56 DEER RUN ROAD WILTON, CT 06897-1203

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CLIENT'S COPY



December 19, 2024

Woodcock Nature Center Ms. Lenore Eggleston Herbst 56 Deer Run Road Wilton, CT 06897-1203

Dear Lenore:

Enclosed are the original and one copy of the 2023 Exempt Organization return, as follows...

2023 Form 990

We have prepared the returns from information you submitted to us. Please review the returns before filing to ensure that there are no omissions or misstatements of material facts. In all our tax engagements, we assume that you have provided us with all your income. If this is not the case let us know immediately as your return(s) may require revisions.

Each original return should be dated, signed, and filed in accordance with the filing instructions. To file electronically please sign and return the 8879 to our office as soon as possible in order for us to transmit your return(s) to the taxing authorities.

The copy of your return should be retained with your tax files. The taxing authorities have the right to request supporting documentation for your return(s). If you have supplied us with any original documents, those documents have been returned to you in the enclosed package. Generally speaking, you should maintain your tax records for 7 years. Certain records should be kept permanently. For instance, property transactions, corporate minutes, tax returns, wills, and any other relevant documents that are permanent in nature should be retained indefinitely. Our internal company policy is to retain client tax returns for 7 years.

Please do not hesitate to contact us if you have any questions regarding your returns or if we can be of further assistance in any way.

We would greatly appreciate it if you would keep us in mind for your friends and acquaintances who might be in need of our services.

Very truly yours,

Frederick V. Miller III, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

Prepared For:	
	Woodcock Nature Center Ms. Lenore Eggleston Herbst 56 Deer Run Road Wilton, CT 06897-1203
Prepared By:	
	Reynolds & Rowella LLP 38C Grove Street Ridgefield, CT 06877
Amount Due	or Refund:
	Not applicable
Make Check F	Payable To:
	Not applicable
Mail Tax Retu	rn and Check (if applicable) To:
	Not applicable
Return Must k	pe Mailed On or Before:

Special Instructions:

Not applicable

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us as soon as possible.

Form 8879-TF

THIS IS NOT A FILEARLE CODY

			Auth	orizati	on
for a	a Tăx	Exen	npt Er	tity	

For calendar year 2023, or fiscal year beginning

, 2023, and ending

-*2984

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN

WOODCOCK NATURE CENTER, INC. MATTHEW MURRAY Name and title of officer or person subject to tax

PRESIDENT

Part I Type of Return and Return Information	rafi i Type of neturn and neturn informatio
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Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	. 1b _	793,226.
2 a	Form 990-EZ check here		b	Total revenue, if any (Form 990-EZ, line 9)	_ 2b _	
За	Form 1120-POL check here		b	Total tax (Form 1120-POL, line 22)	3b _	
4a	Form 990-PF check here		b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b _	
5a	Form 8868 check here		b	Balance due (Form 8868, line 3c)	5b _	
6a	Form 990-T check here		b	Total tax (Form 990-T, Part III, line 4)	6b _	
7a	Form 4720 check here		b	Total tax (Form 4720, Part III, line 1)	. 7b _	
8a	Form 5227 check here		b	FMV of assets at end of tax year (Form 5227, Item D)	. 8b _	
9a	Form 5330 check here		b	Tax due (Form 5330, Part II, line 19)	9b _	
10a	Form 8038-CP check here			Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	
Part	II Declaration and S	ignatu	ıre	Authorization of Officer or Person Subject to Tax		
Jnder	penalties of perjury, I declare the	at X	l ar	m an officer of the above entity or 🔲 I am a person subject to tax with res	pect to	(name
of entit	y)			, (EIN) and that I hav	e exami	ned a copy of the
omple nterme	ete. I further declare that the ame ediate service provider, transmit	ount in F ter, or el	Par lect	les and statements, and, to the best of my knowledge and belief, they are tr I above is the amount shown on the copy of the electronic return. I consen- ronic return originator (ERO) to send the return to the IRS and to receive from n of the transmission, (b) the reason for any delay in processing the return	t tó allov m the IR	v my S (a) an

of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN:

check one box only			
I authorize		to enter my PIN	
	ERO firm name		Enter five numbers, bu

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

X As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen.

**** THIS IS NOT A FILEABLE COPY ****

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

06031006877

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

FREDERICK V. MILLER III, CPA ERO's signature

Date

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2023)

Form **8868**

(Rev. January 2024)

Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** **-***2984 WOODCOCK NATURE CENTER, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 56 DEER RUN ROAD return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 06897-1203 WILTON, CT Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 12 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of THE ORGANIZATION 56 DEER RUN ROAD - WILTON, CT 06897-1203 Telephone No. 203-762-7280 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 ,20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or _____ , 20 _____ , and ending _ tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	2023 calendar year, or tax year beginning and e	ending		
	heck if	C Name of organization		D Employer identific	cation number
	Addres	WOODCOCK NATURE CENTER, INC.			
	Name change	G		**-***29	84
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 56 DEER RUN ROAD	Room/suite	E Telephone number 203-762-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	840,471.
	Ameno return	WILION, CI 00897-1203		H(a) Is this a group re	eturn
	Application pending	F Name and address of principal officer: MATTHEW MORKAT		for subordinates	? Yes X No
		30 DEER RUN ROAD, WILTON, CT 0009/		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 527	1	list. See instructions
	<u>Vebsit</u>		1	H(c) Group exemption	
	orm of	organization: X Corporation Trust Association Other Summary	L Year (of formation: 19/2 N	1 State of legal domicile: CT
ø		Briefly describe the organization's mission or most significant activities: $\ \ \overline{ ext{THE} \ \ ext{C}}$			
Governance		AND ENVIRONMENTAL RESOURCE PROVIDING EDUCA	ATION	PROGRAMS FO	R THE
ərns	_	Check this box if the organization discontinued its operations or dispose	ed of more	1 1	
Š				3	10
<u>ھ</u>		Number of independent voting members of the governing body (Part VI, line 1b)			10
ies		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			25 50
Activities &		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	В	Net differated business taxable income from Form 990-1, Fart i, line 11	<u> </u>	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		261,498.	296,893.
		Program service revenue (Part VIII, line 2g)		298,072.	358,006.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,144.	9,124.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		151,635.	129,203.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		712,349.	793,226.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		393,847.	450,959.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
É	b	Total fundraising expenses (Part IX, column (D), line 25) 72,43			
Ω̈́	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		269,225.	270,790.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		663,072.	721,749.
	19	Revenue less expenses. Subtract line 18 from line 12		49,277.	71,477.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sset 3ala	20	Total assets (Part X, line 16)		651,962.	720,447.
et A	21	Total liabilities (Part X, line 26)		154,597. 497,365.	151,605. 568,842.
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20		497,303.	300,042.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whic			Micwiedge and Benefit 12
		,		l l	
Sigr	ı	Signature of officer		Date	
Her		MATTHEW MURRAY, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Paid		FREDERICK V. MILLER III,		self-employe	
Prep	arer	Firm's name REYNOLDS & ROWELLA LLP		Firm's EIN *	*-***3555
Use	Only	Firm's address 38C GROVE STREET			
		RIDGEFIELD, CT 06877		Phone no. 20	3-438-0161
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Form	1990 (2023) WOODCOCK NATURE CENTER, INC. **-***2984 Page 2
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO CREATIVELY RECONNECT THE COMMUNITY TO NATURE AND TO ONE ANOTHER.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	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 measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	ENVIRONMENTAL EDUCATION FOR SCHOOLS AND THE COMMUNITY
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
710	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	E01 FCC

Page 3

Form 990 (2023) WOODCOCK NATURE CENTER, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	_
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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		X
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		X
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	l		, v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	3	l	v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10	v	
	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		x
40	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Α.
Ø	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			
	, 1 0	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
13	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	"		
10	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,	.		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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			<u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Pa	990 (2023) WOODCOCK NATURE CENTER, INC. **-*** rt IV Checklist of Required Schedules (continued)	<u>4984</u>	<u>Р</u>	age 4
			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	040		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		Х
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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
_	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			, v
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 00		
	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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

	check in contention of contention a responde of fractionary line in this fact v					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	14			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	

Form 990 (2023) WOODCOCK NATURE CENTER, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_		
	filed for the calendar year ending with or within the year covered by this return		37	
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	37
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1.0		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	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 organization solicit	"		
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	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			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	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 income?	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 activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	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 10			
	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			
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		Х
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		X
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	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
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		X
b	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	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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		X
b	Other officers or key employees of the organization	15b		X
	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, and	financ	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			
	THE ORGANIZATION - 203-762-7280		_	
	56 DEER RUN ROAD, WILTON, CT 06897-1203			

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.
- 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.

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

- 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.

(A)	(B)	orga		((C)		isatt	(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle:	Pos heck i ss per	ition more rson i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LENORE EGGLESTON HERBST	20.00	-						E4 102		0
EXECUTIVE DIRECTOR	2.00			Х		-		74,193.	0.	0.
(2) IRA NOBLE TREAURER	2.00	Х		х				0.	0.	0.
(3) RICH VAIL	1.00	25						•	•	
DIRECTOR		Х						0.	0.	0.
(4) JAIMIE MEYER	1.00									
DIRECTOR		Х						0.	0.	0.
(5) STEVE WOOTERS	1.00								_	_
DIRECTOR	1 22	Х						0.	0.	0.
(6) ROBERTA BARBIERI	1.00									•
DIRECTOR	1.00	Х				-		0.	0.	0.
(7) MATTHEW MURRAY PRESIDENT	1.00	Х		х				0.	0.	0.
(8) LINDSAY SHEEY	1.00	Λ		^				0.	0.	<u></u>
SECRETARY	1.00	х		х				0.	0.	0.
(9) DONNA CORREALE	1.00									<u> </u>
DIRECTOR		Х						0.	0.	0.
(10) BROOKE WYATT	1.00									
DIRECTOR		Х						0.	0.	0.
(11) PADRAIG BRENNAN	1.00	1							_	_
DIRECTOR		Х						0.	0.	0.
		1								
		1								
		4								
					_	_				
		}								
		1	ll		l .					000

332007 12-21-23 Form **990** (2023)

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	tee or director ogy op)	not c , unle cer ar		ition more rson i irecto	than of the state	one n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/	(E) Reportable compensatio from related organization (W-2/1099-MIS) 1099-NEC)	on amount d other ns compensa SC/ from th organizat			of tion e ion
		below line)	Individual tn	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)			l	d relate anizatio	
			-											
			-											
С	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A	· · · · · · · · · · · · · · · · · · ·					 	74,193. 0. 74,193.		0. 0.			0. 0.
	Total number of individuals (including but n compensation from the organization										e 		Yes	0 N o
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	uch individual ım of reportabl	 e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," cometion B. Independent Contractors	accrue comper	ısati	on fi	om	any	unre	elate	ed organization or individ	dual for services		5		Х
1	Complete this table for your five highest co the organization. Report compensation for										pensa	tion fro	om	
	(A) Name and business			ONI					(B) Description of s		C		C) nsation	n
								1						
2	Total number of independent contractors (ii \$100,000 of compensation from the organize	•	ot lin	nited	d to t	thos	_	ted	above) who received mo	ore than				

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
		Check il Genedale e contains à response t	or riote to arry link	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
irar	b	Membership dues 1b					
ğ,	С	Fundraising events 1c					
ifts ar /	d	Related organizations 1d					
nig.	е	Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants, and					
uti Je	•		296,893.				
ë Đ	_		230,0331				
Contributions, Gifts, Grants and Other Similar Amounts	g			296,893.			
O g	n	Total. Add lines 1a-1f		490,093.			
			Business Code	012 010	010 010		
ce	2 a	SUMMER CAMP	611710	213,912.	213,912.		
e Zi	b	EDUCATION PROGRAMS	611710	144,094.	144,094.		
S Z	С						
am	d						
ge	е						
Program Service Revenue	f	All other program service revenue					
		Total. Add lines 2a-2f		358,006.			
-	3	Investment income (including dividends, interes		3307000			
	3			9,124.			9,124.
	_	other similar amounts)		9,124.			9,124.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	h	Less: cost or other basis					
0	D						
Revenue		and sales expenses					
š		Gain or (loss)					
		Net gain or (loss)					
her	8 a	Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a	175,724.				
	b	Less: direct expenses 8b	47,245.				
	С	Net income or (loss) from fundraising events		128,479.			128,479.
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10a					
	b	Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory					
,,			Business Code				
Miscellaneous Revenue	11 a	OTHER INCOME		724.	724.		
ne and	b						
ella	С						
ŠŠ	Ч	All other revenue					
Σ	· ·	Total. Add lines 11a-11d		724.			
	12	Total revenue See instructions		793.226.	358 730.	0	137 603.

Part IX Statement of Functional Expenses

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

00011	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
	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				
3	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	127,737.	30,123.	53,308.	44,306.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	272 222	264 452		12 027
7	Other salaries and wages	278,289.	264,452.		13,837.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	10 010	5,819.	1 210	701
9	Other employee benefits	10,919.	24,677.	4,319.	781. 4,871.
10 11	Payroll taxes Fees for services (nonemployees):	J4,U14•	44,011.	4,400.	±,0/1.
	Management				
a b		67,217.	31,706.	35,511.	
	Legal	12,400.	31,7001	12,400.	
	Lobbying	22,1000		22,2001	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
·	column (A), amount, list line 11g expenses on Sch 0.)	13,000.		13,000.	
12	Advertising and promotion	2,421.	2,421.		
13	Office expenses	7,601.		7,601.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4 202	2 040	EEO	600
20	Interest	4,203.	3,049.	552.	602.
21	Payments to affiliates	18,416.	13,361.	2,418.	2 637
22	Depreciation, depletion, and amortization	18,893.	13,301.	2,410.	2,637. 2,705.
23 24	Other expenses. Itemize expenses not covered	10,000	13,707.	2,401.	2,703.
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MAINTENANCE & REPAIRS	36,099.	36,099.		
b	SUPPLIES	26,963.	17,735.	9,228.	
C	UTILITIES	18,798.	13,638.	2,468.	2,692.
d	PROGRAM EXPENSES	18,701.	18,701.		
е	All other expenses	26,078.	26,078.		
25	Total functional expenses. Add lines 1 through 24e	721,749.	501,566.	147,752.	72,431.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				5 QQQ (0000)

Form 990 (2023)
Part X Balance Sheet

Pai	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or	note to any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			542,760.	1	602,088.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial cont	ributor, or 35%			
		controlled entity or family member of any of t	hese persons			5	
	6	Loans and other receivables from other disqu	ualified person				
		under section 4958(f)(1)), and persons descri	bed in section		6		
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use	3,118.	8	5,238.		
As	9	Prepaid expenses and deferred charges			3,533.	9	3,748.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		320,948.			
	b	Less: accumulated depreciation		211,575.	102,551.	10c	109,373.
	11	Investments - publicly traded securities	-	11	-		
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			651,962.	16	720,447.
	17	Accounts payable and accrued expenses			214.	17	712.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
"	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
ig		controlled entity or family member of any of t				22	
Ë	23	Secured mortgages and notes payable to un			154,383.	23	150,893.
	24	Unsecured notes and loans payable to unrela	•	·····	•	24	<u>, </u>
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D	,	·		25	
	26				154,597.	26	151,605.
		Organizations that follow FASB ASC 958,		X			, , , , , , , , , , , , , , , , , , , ,
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			484,000.	27	550,711.
3als	28	Net assets with donor restrictions	13,365.	28	18,131.		
Ē		Organizations that do not follow FASB AS					==,
Ţ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur	nds			29	
ets	30	Paid-in or capital surplus, or land, building, o			30		
155	31	Retained earnings, endowment, accumulated				31	
et /	32	Total net assets or fund balances			497,365.	32	568,842.
Z	33	Total liabilities and net assets/fund balances			651,962.	33	720,447.
	აა	rotal habilities and het assets/fund balances			031,302.	აა	120,331.

Form **990** (2023)

Par	t 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			26.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	72	1,7	<u>49.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	7:	1,4	77.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49	7,3	65.		
5	Net unrealized gains (losses) on investments	5					
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					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	56	8,8	42.		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash 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	Х			
	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	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		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				
			Form	990	(2023)		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization MOODCOCK MARKED CENTRED Employer identification number ***2001

		WOOD	COCK NATURE	E CENTER, INC	J.			*	*-***2984			
Pa	rt I	Reason for Public (nis part.) S	ee instructions					
he o	organ	ization is not a private found										
1	Ŏ.	A church, convention of ch	•			-)(A)(i).					
2	一	A school described in sect i					,,,,					
3	Ħ	A hospital or a cooperative		·		/b)/1)/A)/ii	i).					
4		A medical research organization					•	(iii) Enter	the hospital's name			
7		city, and state:	ation operated in cor	ijanotion with a noopital	accombca	III SCCIIO	11 170(0)(1)(A)	(III). Linton	the noopital o name,			
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental ur	it describe	ed in			
5	ш	section 170(b)(1)(A)(iv). (C		lege of diliversity owned	or operat	ed by a go	verninental di	iit describe	5 u III			
_			•			70/5//4// 4/	()					
6		A federal, state, or local gov	-				-		1.0. 1			
7		An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from th	e general į	public described in			
		section 170(b)(1)(A)(vi). (C										
8		A community trust describe										
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or										
	- - -	university:										
10	X	An organization that norma										
		activities related to its exem	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 busing	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to car	ry out the	purposes of one or			
		more publicly supported org	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 of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.				
а			anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	upporting			
		organization. You must o	complete Part IV, Se	ctions A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organization	ı(s), by hav	/ing			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	oorted			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	nd functionall	y integrate	ed with,			
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its support	ed organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	l, Type III				
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.						
f	Ente	er the number of supported o	organizations									
g		vide the following information										
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10		nization listed ng document?	(v) Amount of	,	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)			
-4-									1			

332021 12-21-23

Schedule A (Form 990) 2023 WOODCOCK NATURE CENTER, INC. **-**2

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	· ·				12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
0	organization, check this box and stop						
	tion C. Computation of Publi			. (6)		T T	
	Public support percentage for 2023 (I					14	%
	Public support percentage from 2022					15	<u>%</u>
16a	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies		-				
D	33 1/3% support test - 2022. If the constitution was						
47~	and stop here. The organization qual	· · · · · · · · · · · · · · · · · · ·	• • •			and line 14 is 10%	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-	•	vi now the organiz	au011
L	meets the facts-and-circumstances test	_	•	*	-	17a, and line 15 is :	L
a	10% -facts-and-circumstances test	-					1070 UI
	more, and if the organization meets the				-		
10	organization meets the facts-and-circle						
10	Private foundation. If the organization	ni did fiot check a	DUX UIT IIITE TO, TO	a, 100, 1/a, 01 1/1	b, check this box a	ina see instructions	

Schedule A (Form 990) 2023 WOODCOCK NATURE CENTER, INC. 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	elow, please comp	iete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	120,972.		150,904.		• •	1011039.
2	include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	460,955.			261,498. 494,620.		2273736.
3	Gross receipts from activities that are not an unrelated trade or business 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	581,927.	437,090.	679,017.	756,118.	830,623.	3284775.
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	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						0.
c	Add lines 7a and 7b						0.
8 Sec	Public support. (Subtract line 7c from line 6.)						3284775.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	581,927.	437,090.	679,017.	756,118.	830,623.	3284775.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,343.	684.	395.	1,144.	9,124.	12,690.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	1,343.	684.	395.	1,144.	9,124.	12,690.
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.)	583,270.	437,774.	679,412.	757,262.	839,747.	3297465.
14	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
_	check this box and stop here						
	ction C. Computation of Publi						00.60
	Public support percentage for 2023 (li		•	olumn (f))		15	99.62 %
	Public support percentage from 2022 etion D. Computation of Inves					16	99.87 %
	·			- 10 l (f)		47	.38 %
	Investment income percentage for 20 Investment income percentage from 2		•			17	.38 % .13 %
	33 1/3% support tests - 2023. If the						
.56	more than 33 1/3%, check this box ar						v
b	33 1/3% support tests - 2022. If the	-	-	•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

(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.)

INC.

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.)

		Yes	No
	1		
	•		
	2		
	3a		
	01		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	- J.J		
	9с		
	10a		
ılc	10b A (Forn	n 000)	2022
	~ (1 011	JJU)	2020

Pai	t IV Supporting Organizations (continued)			<u>-</u> -
	, and a second s		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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	A family member of a person described on line 11a above?	11b		
С	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
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			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	struction	(c)	
2	Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
-	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

	edule A (Form 990) 2023 WOODCOCK NATURE CENTER,			**-***2984 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	tion 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		
Sect	tion 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		

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ion O - Distributable Amount		Ourient Teal		
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-functionally integrated Type III supporting organization (see				

5

6

7

8

instructions).

Schedule A (Form 990) 2023

6

7

Multiply line 5 by 0.035.

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

Par	rt V Type III Non-Functionally In	tegrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Secti	tion D - Distributions			Current Year		
1	Amounts paid to supported organizations to		1			
2	Amounts paid to perform activity that direct					
	organizations, in excess of income from act	vity			2	
3	Administrative expenses paid to accomplish	exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets	,			4	
5	Qualified set-aside amounts (prior IRS appro	val required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). Se	•			6	
7	Total annual distributions. Add lines 1 thre	ough 6.			7	
8	Distributions to attentive supported organize	ations to which th	ne organization is responsive)		
	(provide details in Part VI). See instructions.				8	
9	Distributable amount for 2023 from Section	C, line 6			9	
10	Line 8 amount divided by line 9 amount				10	
Secti	tion E - Distribution Allocations (see instruc	tions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section	C, line 6				
2	Underdistributions, if any, for years prior to	2023 (reason-				
	able cause required explain in Part VI). Se	e instructions.				
3	Excess distributions carryover, if any, to 202					
a	From 2018					
b	From 2019					
С	c From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instru	ctions)				
	Remainder. Subtract lines 3g, 3h, and 3i fro	m line 3f.				
4	Distributions for 2023 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
С	Remainder. Subtract lines 4a and 4b from li	ne 4.				
5	Remaining underdistributions for years prior	to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For	or result greater				
	than zero, explain in Part VI. See instruction					
6	Remaining underdistributions for 2023. Sub					
	and 4b from line 1. For result greater than z					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. A	dd lines 3j				
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2019					
b	Excess from 2020					
с	Excess from 2021					
d	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

-*2984 WOODCOCK NATURE CENTER INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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

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).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

WOODCOCK NATURE CENTER, INC.

-*2984

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$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
2		\$15,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>10,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 29,280.	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
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 6,875.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

WOODCOCK NATURE CENTER, INC.

-*2984

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				
		\$					
(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				
		\$					

Name of organization **Employer identification number** WOODCOCK NATURE CENTER, INC.

-*2984

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year **-***2984 from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (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, 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, 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, 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, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

WOODCOCK NATURE CENTER, INC. **Employer identification number** **-***2984

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
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 w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
_	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acquir	• • •	
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year	annount in Innoted	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the periodications and enforcement of the generalistic assembly it.		
6	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landing of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	ation easements during the year
-	3, 3,		
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
			\$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

Sche		NATURE C							*2984		age 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	asures, o	r Other S	Similar <i>F</i>	Assets	(contin	ued)	
3	Using the organization's acquisition, accessio	n, and other record	s, check	any of the fo	ollowing that	make sign	ificant use	of its			
	collection items (check all that apply).										
а	Public exhibition	c	ı 🔲	Loan or exch	nange progra	am					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's col	lections and explain	n how th	ey further th	e organizatio	n's exempt	t purpose	in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	ures, or othe	er similar as	sets				
	to be sold to raise funds rather than to be mai	intained as part of t	he orgar	nization's col	lection?				Yes		No
Par	t IV Escrow and Custodial Arrang		te if the	organization	answered "	Yes" on Fo	rm 990, P	art IV, lir	ne 9, or		
	reported an amount on Form 990, Part	<u> </u>									
1a	Is the organization an agent, trustee, custodia	ın, or other intermed	diary for	contribution	s or other as	sets not inc	cluded		_		_
	on Form 990, Part X?							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	llowing t	able:							
									Amount	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for 6	escrow or cu	stodial acco	unt liability	?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds Complete if	the organization ans	swered "	Yes" on For	m 990, Part	IV, line 10.					
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d)) Three yea	rs back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1ç	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	6									
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.									
За	Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held an	d administer	ed for the			_		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipme	ent									
	Complete if the organization answered	"Yes" on Form 990), Part IV	/, line 11a. S	ee Form 990	, Part X, lin	e 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis (umulated eciation		(d) Bool	k valu	е
1a	Land										
b	Buildings	I		31	6,432.	20	7,059).	109	9,3'	73.
С	Leasehold improvements										
d	Equipment				4,516.		4,516	5.			0.

Schedule D (Form 990) 2023

109,373.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Part VII	Investn	nents -	Other	Secur	ities

Part VII	Investments - Other Securities Complete if the organization answered "Yes" of	on Form 000 Port IV line	11b See Form 000 Port V line 12	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
		(b) Book value	(c) Mothod of Valuation. Cost of Chic	Tor your market value
	ıaı derivatives / held equity interests			
(3) Other	, riola equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col.	(b) must equal Form 990, Part X, line 12, col. (B))			
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Yes" of		-	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	(h)			
Part IX	(b) must equal Form 990, Part X, line 13, col. (B)) Other Assets			
T GIT IX	Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	-	Description	114. 200 1 3111 300, 1 4117, 1110 10.	(b) Book value
(1)	()	r		()
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col	umn (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X	Other Liabilities			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
<u>1. </u>	(a) Description of liability			(b) Book value
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h) mount amount Farms 2022 Bod V (1) 255 11	(D))		
10tal. (CO)	umn (b) must equal Form 990, Part X, line 25, col.	(D))		

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

Par	t XI	Reconciliation of Revenue per Audited Financial Statement	s Witl	h 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	840,471.
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a			
b	Donat	ted services and use of facilities	2b			
С	Recov	veries of prior year grants	2c	15.015		
d		(Describe in Part XIII.)	2d	47,245.		45 045
е		nes 2a through 2d			2e	47,245. 793,226.
3		act line 2e from line 1			3	793,226.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a		tment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b		(Describe in Part XIII.)	4b		4-	0
		nes 4a and 4b			4c	793,226 .
5 Pai	rt XII	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statemen	ıts Wi	th Expenses per F	5 Return	193,220.
ı uı	· All	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		tii Experioco per i	ictarri	
1	Total				1	768,994.
1		expenses and losses per audited financial statements			'	100,554.
a		ted services and use of facilities	2a			
b		year adjustments	2b		1	
c		losses	2c		-	
d		(Describe in Part XIII.)	2d	47,245.		
		nes 2a through 2d		-	2e	47,245.
3		act line 2e from line 1			3	721,749.
4		ints included on Form 990, Part IX, line 25, but not on line 1:				•
а		ment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)	4b			
С	Add li	nes 4a and 4b			4c	0.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	721,749.
Pai	rt XIII	Supplemental Information				
Provi	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines 1	b and 2b; Part V, line 4	; Part X,	line 2; Part XI,
lines	2d and	I 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal info	ormation.		
PAF	RT X	, LINE 2:				
	. OD	CANTERMION DECONTERE MUE DENERTME OF TH			ONG (NI
THE	SOR	GANIZATION RECOGNIZES THE BENEFITS OF IN	ICOM1	E TAX POSITI	ONS (DNLY IL
mtte	CE	DOCUMENTONG ADE MODE LIVELY MUAN NOM OF DE	ידאורי	CIICMATNED	mite	
THC)SE	POSITIONS ARE MORE LIKELY THAN NOT OF BE	TING	SUSTAINED.	THE	
$\cap \mathbb{P}$	דאגי	ZATION IS SUBJECT TO ROUTINE AUDITS BY T	יםםי	TNTEDNAT. DEV	TIME	CEDVITCE
OKC	2VII T	ZATION 15 SOBOLCI TO ROUTINE AUDITS BY I	. 1111	INTERNAL REV	THOE	SEKATCE.
тнг	7 F.	ARE CURRENTLY NO AUDITS FOR ANY TAX PERI	פתסי	TN PROGRESS	מאב	тнк
1111	21/17	ARE CORRENTED NO AUDITO FOR ANT TAX TERT	.005	IN INOGRESS	AND	11115
ORG	TMA	ZATION BELIEVES THAT IS NO LONGER SUBJEC	יידי ידי <i>ו</i>	ATIDITE FOR	VEAL	RS PRIOR
0110	J2 11 1 1	DITTON DEETENDS TIME ID NO DONOBLE DODOBO	, 1 1	O HODIID ION		ND INION
то	202	0.				
		•				
PAF	кт х	I, LINE 2D - OTHER ADJUSTMENTS:				
<u>FU</u> 1	<u>IDR</u> A	ISING EXPENSES				

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2023	WOODCOCK NATURE	CENTER,	INC.	**-***2984	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Info	rmation (continued)	•			
FUNDRAISING EXPENSE	!S				
I ONDIVILIBLING LIVE LINDS					

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							ntification number
	K NATURE CENTER, II					**-***2	
Part I Fundraising Activities. required to complete this part	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, li	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total List all states in which the organizatio or licensing.	n is registered or licensed to solicit c		utions	or has been notified	it is e	exempt from re	L gistration

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

		of fundraising event contributions and gr	oss income on Form 990	LZ, illies i aliu ob. List et	rents with gross receipt	3 greater than \$5,000.									
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events									
			WREATH			(add col. (a) through									
			FESTIVAL	HARVEST MOON	2										
			(event type)	(event type)	(total number)	col. (c))									
Revenue					<u> </u>										
Ver	 	Gross receipts	103,943.	52,601.	19,180.	175,724.									
Be	'	Gross receipts	103/3131	32,0011	13/1001	27377210									
	١,	Lacar Cantributions													
	~	Less: Contributions													
	_	Cross income (line 1 minus line 2)	103,943.	52,601.	19,180.	175,724.									
	3	Gross income (line 1 minus line 2)	103,943.	32,001.	19,100.	1/3,/44.									
	١.														
	4	Cash prizes													
		Noncash prizes													
Direct Expenses															
Sen	6	Rent/facility costs													
Ä															
ŝ	7	Food and beverages													
ÖİR															
	8	Entertainment													
	9	Other direct expenses	0000	13,315.	4,925.	47,245.									
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			47,245.									
	11	Net income summary. Subtract line 10 from I				128,479.									
Pa	irt l	Gaming. Complete if the organization				•									
		\$15,000 on Form 990-EZ, line 6a.			•										
			() 5:	(b) Pull tabs/instant	() () ((d) Total gaming (add									
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)									
Revenue															
æ	۱.	Gross revenue													
	<u> </u>	aross revenue													
	١,	Cash prizes													
ses	~	Casii prizes													
Direct Expenses	١,	Nanagah prizas													
X	3	Noncash prizes													
支	١.	Double all the control													
)ire	4	Rent/facility costs													
	5	Other direct expenses													
			Yes %	Yes %	Yes %										
	6	Volunteer labor	No	No	No										
	ı														
				7 Direct expense summary. Add lines 2 through 5 in column (d)											
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)												
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)												
		Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7													
9	8		from line 1, column (d)												
	8 En	Net gaming income summary. Subtract line 7	from line 1, column (d)			Yes No									
а	8 En	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condute organization licensed to conduct gaming a	r from line 1, column (d) ucts gaming activities: ctivities in each of these	states?		Yes No									
а	8 En	Net gaming income summary. Subtract line 7	r from line 1, column (d) ucts gaming activities: ctivities in each of these	states?		Yes No									
а	8 En	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condute organization licensed to conduct gaming a	r from line 1, column (d) ucts gaming activities: ctivities in each of these	states?		Yes No									
b	En: 1s t	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condute organization licensed to conduct gaming a	from line 1, column (d) ucts gaming activities:ctivities in each of these	states?											
10a	En Is to If "	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses re-	r from line 1, column (d) ucts gaming activities: ctivities in each of these services.	states? rminated during the tax ye											
10a	En Is to If "	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming a No," explain:	r from line 1, column (d) ucts gaming activities: ctivities in each of these services.	states? rminated during the tax ye											

Sch	edule G (Form 990) 2023 WOODCOCK NATURE CENTER, INC.	<u> </u>	904	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
	Indicate the percentage of gaming activity conducted in:	ı		
	a The organization's facility	13a		%
	n outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	News			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Coming manager information			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		.,	
	retain the state gaming license?	Ш	Yes	∟ No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	+ III lin	000	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, III I	les 3, 3	9D, 10D,
	Tob, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.			

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990)	WOODCOCK	NATURE	CENTER,	INC.	**-***2984	Page 4
Part IV	(Form 990) Supplemental Inform	nation _{(continue}	ed)				

SCHEDULE 0 (Form 990)

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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WOODCOCK NATURE CENTER, INC.

Employer identification number **-***2984

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITY.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS PROVIDED TO GOVERNING BODY AT BOARD MEETING FOR REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C:
ANNUAL COMPLETION OF A QUESTIONNAIRE
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
ARE AVAILABLE UPON REQUEST.

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS													
1	BUILDING	12/01/70	VAR	10.00	НҮ16	72,008.				72,008.			0.	
2	IMPROVEMENTS	12/01/98	VAR	10.00	НҮ16	9,600.				9,600.			0.	
4	IMPROVEMENTS	11/15/02	SL	39.00	MM16	8,000.				8,000.	4,100.		205.	4,305.
5	PAVILION	07/01/03	SL	39.00	MM16	25,597.				25,597.	12,792.		656.	13,448.
7	PAVILION	03/01/04	SL	39.00	MM16	10,935.				10,935.	5,274.		280.	5,554.
8	PAVILION AWNING	11/21/05	SL	7.00	16	2,000.				2,000.	2,000.		0.	2,000.
9	TEACHING AREA	11/01/07	SL	39.00	MM16	16,680.				16,680.	6,491.		428.	6,919.
10	SIDING OF PAVILLION	12/09/15	200DB	7.00	MQ17	3,297.			1,649.	1,648.	1,648.		0.	1,648.
	* 990 PAGE 10 TOTAL BUILDINGS					148,117.			1,649.	146,468.	32,305.		1,569.	33,874.
	FURNITURE & FIXTURES													
3	COMPUTER	07/01/98	SL	5.00	16	3,141.				3,141.	3,141.		0.	3,141.
6	BIRD CAGES	09/30/03	SL	10.00	16	2,850.				2,850.	2,850.		0.	2,850.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					5,991.				5,991.	5,991.		0.	5,991.
	OTHER													
16	FURNACE	03/01/20	200DB	10.00	HY17	7,584.			7,584.				0.	
17	LIGHTING	03/01/20	200DB	5.00	НУ17	655.			655.				0.	
18	ROOF REPLACEMENT	03/09/20	SL	39.00	MM17	6,000.				6,000.	430.		154.	584.

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	CANOE DOCK REPAIR	05/28/20	200DB	7.00	НҮ17	5,100.			5,100.				0.	
20	PLAYGROUND	06/02/20	200DB	10.00	НҮ17	2,000.			2,000.				0.	
21	DRIVEWAY	07/14/20	150DB	15.00	НҮ17	3,600.			3,600.				0.	
22	DOORS AND ATTIC STEPS	06/08/21	SL	39.00	MM17	3,200.				3,200.	126.		82.	208.
23	CANOE DOCK REPAIR	04/26/21	200DB	7.00	MQ17	4,400.			4,400.				0.	
24	LIGHTING	07/06/21	200DB	5.00	MQ17	6,490.			6,490.				0.	
25	TRAIL BRIDGE	10/27/21	200DB	10.00	MQ17	6,446.			6,446.				0.	
26	TRAIL BOARDWALK	12/07/21	200DB	10.00	MQ17	7,700.			7,700.				0.	
	* 990 PAGE 10 TOTAL OTHER					53,175.			43,975.	9,200.	556.		236.	792.
	MANAGEMENT AND GENERAL													
11	PLAYGROUND	12/20/18	200DB	10.00	MQ17	13,900.			13,900.				0.	
12	AWNING	12/07/18	200DB	5.00	MQ17	15,536.			15,536.				0.	
13	PLAYGROUND	12/18/19	200DB	10.00	M Q17	8,440.			8,440.				0.	
14	SIDING OF STAFF HOUSE	08/09/19	200DB	7.00	MQ17	9,000.			9,000.				0.	
15	TANK REPLACEMENT	05/29/19	200DB	10.00	MQ17	3,075.			3,075.				0.	
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL					49,951.			49,951.	0.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR					257,234.			95,575.	161,659.	38,852.		1,805.	40,657.