

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2022**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2022 calendar year, or tax year beginning , and ending**

|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>SQUAM LAKES NATURAL SCIENCE CENTER<br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>P.O. BOX 173, ROUTE 113<br>City or town, state or province, country, and ZIP or foreign postal code<br>HOLDERNESS NH 03245 | <b>D</b> Employer identification number<br>02-0271824<br><b>E</b> Telephone number<br>603-968-7194<br><b>G</b> Gross receipts\$ 3,548,243   |
| <b>F</b> Name and address of principal officer:<br>ANNE LOVETT<br>21 COMMONWEALTH AVE<br>BOSTON MA 02116   |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   | <b>H(c)</b> Group exemption number  |
| <b>J</b> Website: WWW.NHNATURE.ORG   |   | <b>L</b> Year of formation: 1966 <b>M</b> State of legal domicile: NH   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |   |   |

**Part I Summary**

|   |   |                           |              |
|---|---|---------------------------|--------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities:<br>TO ADVANCE UNDERSTANDING OF ECOLOGY BY EXPLORING NEW HAMPSHIRE'S NATURAL WORLD. |                           |              |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                        |                           |              |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                  | 22           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                  | 22           |
|   | <b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)   | <b>5</b>                  | 68           |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                  | 248          |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                 | 34,900       |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 | <b>7b</b>   | 2,934                     |              |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | Prior Year                | Current Year |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 1,447,425                 | 732,680      |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 1,427,653                 | 1,603,425    |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 204,893                   | 467,492      |
|   | <b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 181,526                   | 255,776      |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)  | 0                         |              |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 0                         |              |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   | 1,783,710                 | 1,900,885    |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 0                         |              |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)  | 299,026                   |              |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  | 1,008,267                 | 1,245,563    |
|   | <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)   | 2,791,977                 | 3,146,448    |
| <b>Net Assets or Fund Balances</b>  | <b>19</b> Revenue less expenses. Subtract line 18 from line 12  | 469,520                   | -87,075      |
|   | <b>20</b> Total assets (Part X, line 16)  | Beginning of Current Year | End of Year  |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 12,575,255                | 11,657,077   |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | 167,756                   | 175,166      |
|   |   | 12,407,499                | 11,481,911   |

**Part II Signature Block**

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

|                                 |  |                         |              |  |
|---------------------------------|--|-------------------------|--------------|--|
| <b>Sign Here</b>                | Signature of officer                                     | Date                    |              |  |
|                                 | ANNE LOVETT<br>Type or print name and title<br>TREASURER |                         |              |  |
| <b>Paid Preparer Use Only</b>   | Print/Type preparer's name                               | Preparer's signature    | Date         | Check <input type="checkbox"/> if PTIN |
|                                 | RONDA J KILANOWSKI, CPA                                  | RONDA J KILANOWSKI, CPA | 07/16/23     | self-employed P00234628                |
|                                 | Firm's name  | Firm's EIN              | Phone no.    |  |
| MALONE, DIRUBBO & COMPANY, P.C. |  | 02-0436087              | 603-528-2241 |  |
| 501 UNION AVE, STE 1            |  |                         |              |  |
| LACONIA, NH 03246-2817          |  |                         |              |  |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part 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 ADVANCE UNDERSTANDING OF ECOLOGY BY EXPLORING NEW HAMPSHIRE'S NATURAL WORLD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 1,744,032 including grants of \$ ) (Revenue \$ 1,325,812 ) WILDLIFE & EARTH SCIENCE EDUCATION SERVICES

4b (Code: ) (Expenses \$ 286,047 including grants of \$ ) (Revenue \$ 277,613 ) NATURE-BASED MONTESSORI EARLY LEARNING CENTER WITH A CHILD-FOCUSED APPROACH AND DAILY OUTDOOR EXPERIENCES

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) N/A

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,030,079

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part 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 [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

| <b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued) |  | Yes        | No |   |   |
|---|--|------------|----|---|---|
| <b>2a</b>   | 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  | <b>2a</b>  | 68 |   |   |
| <b>b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | <b>2b</b>  |    | X |   |
| <b>3a</b>   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>  |    | X |   |
| <b>b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | <b>3b</b>  |    | X |   |
| <b>4a</b>   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | <b>4a</b>  |    |   | X |
| <b>b</b>  | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |    |   |   |
| <b>5a</b>   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>  |    |   | X |
| <b>b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5b</b>  |    |   | X |
| <b>c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | <b>5c</b>  |    |   |   |
| <b>6a</b>   | 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?                                    | <b>6a</b>  |    |   | X |
| <b>b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6b</b>  |    |   |   |
| <b>7</b>  | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |   |   |
| <b>a</b>  | 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?  | <b>7a</b>  |    |   |   |
| <b>b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | <b>7b</b>  |    |   |   |
| <b>c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <b>7c</b>  |    |   |   |
| <b>d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  | <b>7d</b>  |    |   |   |
| <b>e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>  |    |   |   |
| <b>f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>7f</b>  |    |   |   |
| <b>g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7g</b>  |    |   |   |
| <b>h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | <b>7h</b>  |    |   |   |
| <b>8</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | <b>8</b>   |    |   |   |
| <b>9</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |    |   |   |
| <b>a</b>  | Did the sponsoring organization make any taxable distributions under section 4966?   | <b>9a</b>  |    |   |   |
| <b>b</b>  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | <b>9b</b>  |    |   |   |
| <b>10</b>   | <b>Section 501(c)(7) organizations.</b> Enter:   |            |    |   |   |
| <b>a</b>  | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |    |   |   |
| <b>b</b>  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |    |   |   |
| <b>11</b>   | <b>Section 501(c)(12) organizations.</b> Enter:  |            |    |   |   |
| <b>a</b>  | Gross income from members or shareholders  | <b>11a</b> |    |   |   |
| <b>b</b>  | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | <b>11b</b> |    |   |   |
| <b>12a</b>  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |    |   |   |
| <b>b</b>  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |    |   |   |
| <b>13</b>   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |    |   |   |
| <b>a</b>  | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |    |   |   |
| <b>b</b>  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | <b>13b</b> |    |   |   |
| <b>c</b>  | Enter the amount of reserves on hand   | <b>13c</b> |    |   |   |
| <b>14a</b>  | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> |    |   | X |
| <b>b</b>  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | <b>14b</b> |    |   |   |
| <b>15</b>   | 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?<br>If "Yes," see instructions and file Form 4720, Schedule N.                   | <b>15</b>  |    |   | X |
| <b>16</b>   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  |    |   | X |
| <b>17</b>   | <b>Section 501(c)(21) organizations.</b> Did the trust, 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?<br>If "Yes," complete Form 6069.  | <b>17</b>  |    |   |   |

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]

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), Yes/No checkboxes, and descriptions of questions regarding governing body members, relationships, and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for line numbers (10a-16b), Yes/No checkboxes, and descriptions of questions regarding local chapters, conflict of interest policies, whistleblower policies, and joint ventures.

Section C. Disclosure

- List of disclosure questions 17 through 20, including state requirements, public inspection of forms, and availability of governing documents.

SQUAM LAKES NATURAL SCIENCE CENTER ROUTE 113
HOLDERNESS

NH 03245

603-968-7194

**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 instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|---------|---|--|---|
|                       |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |   |  |   |
| (1) IAIN MACLEOD      | 40.00  |   |                       |         |              |                              |         |   |  |   |
| EXEC. DIRECT          | 0.00   | X   |                       | X       |              |                              | 128,817 | 0   | 16,783   |   |
| (2) LISA AULET        | 1.00   |   |                       |         |              |                              |         |   |  |   |
| TRUSTEE               | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (3) KEVIN BARRETT     | 1.00   |   |                       |         |              |                              |         |   |  |   |
| TRUSTEE               | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (4) LAURIE BEESON     | 1.00   |   |                       |         |              |                              |         |   |  |   |
| TRUSTEE               | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (5) LISA BENNETT      | 1.00   |   |                       |         |              |                              |         |   |  |   |
| TRUSTEE               | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (6) LAURIE BURKE      | 1.00   |   |                       |         |              |                              |         |   |  |   |
| TRUSTEE               | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (7) CATHERINE DENIOUS | 1.00   |   |                       |         |              |                              |         |   |  |   |
| TRUSTEE               | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (8) LISA DONER        | 1.00   |   |                       |         |              |                              |         |   |  |   |
| TRUSTEE               | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (9) KENNETH EVANS     | 1.00   |   |                       |         |              |                              |         |   |  |   |
| TRUSTEE               | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (10) DIANE GARFIELD   | 1.00   |   |                       |         |              |                              |         |   |  |   |
| TRUSTEE               | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (11) MARTHA GRANT     | 1.00   |   |                       |         |              |                              |         |   |  |   |
| TRUSTEE               | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|---------|---|--|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |   |  |   |
| (12) BARBARA GROSSMAN  | 1.00   |  |                       |         |              |                              |         |   |  |   |
| TRUSTEE  | 0.00   | X  |                       |         |              |                              | 0       | 0   | 0  |   |
| (13) CARL LEHNER   | 1.00   |  |                       |         |              |                              |         |   |  |   |
| TRUSTEE  | 0.00   | X  |                       |         |              |                              | 0       | 0   | 0  |   |
| (14) DAVID MURPHY  | 1.00   |  |                       |         |              |                              |         |   |  |   |
| TRUSTEE  | 0.00   | X  |                       |         |              |                              | 0       | 0   | 0  |   |
| (15) EMILY PRESTON   | 1.00   |  |                       |         |              |                              |         |   |  |   |
| TRUSTEE  | 0.00   | X  |                       |         |              |                              | 0       | 0   | 0  |   |
| (16) CRIS SALOMON  | 1.00   |  |                       |         |              |                              |         |   |  |   |
| TRUSTEE  | 0.00   | X  |                       |         |              |                              | 0       | 0   | 0  |   |
| (17) RICHARD STARBUCK  | 1.00   |  |                       |         |              |                              |         |   |  |   |
| TRUSTEE  | 0.00   | X  |                       |         |              |                              | 0       | 0   | 0  |   |
| (18) FRANK STEVENS   | 1.00   |  |                       |         |              |                              |         |   |  |   |
| TRUSTEE  | 0.00   | X  |                       |         |              |                              | 0       | 0   | 0  |   |
| (19) GEOFFREY STEWART  | 1.00   |  |                       |         |              |                              |         |   |  |   |
| TRUSTEE  | 0.00   | X  |                       |         |              |                              | 0       | 0   | 0  |   |
| <b>1b Subtotal</b>   |  |  |                       |         |              |                              | 128,817 |   | 16,783   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |         |   |  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              | 128,817 |   | 16,783   |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0



Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

**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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 145,600               |                                 | 72,800                                 | 72,800                      |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 1,403,054             | 1,060,364                       | 233,939                                | 108,751                     |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 42,767                | 29,789                          | 7,901                                  | 5,077                       |
| <b>9</b> Other employee benefits   | 189,282               | 92,536                          | 83,156                                 | 13,590                      |
| <b>10</b> Payroll taxes  | 120,182               | 82,796                          | 23,500                                 | 13,886                      |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   |                       |                                 |  |                             |
| <b>c</b> Accounting  |                       |                                 |  |                             |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  | 138,717               | 83,824                          | 54,893                                 |                             |
| <b>12</b> Advertising and promotion  | 62,426                | 62,426                          |  |                             |
| <b>13</b> Office expenses  | 58,114                | 14,972                          | 27,586                                 | 15,556                      |
| <b>14</b> Information technology   |                       |                                 |  |                             |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  |                       |                                 |  |                             |
| <b>17</b> Travel   |                       |                                 |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   |                       |                                 |  |                             |
| <b>20</b> Interest   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 376,401               | 376,051                         | 350                                    |                             |
| <b>23</b> Insurance  | 56,961                | 13,318                          | 41,460                                 | 2,183                       |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                      |                       |                                 |  |                             |
| <b>a</b> MAINTENANCE & UTILITIES   | 201,247               | 972                             | 200,275                                |                             |
| <b>b</b> OTHER EXPENSES  | 113,865               | 38,801                          | 70,924                                 | 4,140                       |
| <b>c</b> ANIMAL CARE   | 104,750               | 104,750                         |  |                             |
| <b>d</b> COGS  | 63,043                |                                 |  | 63,043                      |
| <b>e</b> All other expenses  | 70,039                | 69,480                          | 559                                    |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 3,146,448             | 2,030,079                       | 817,343                                | 299,026                     |
| <b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

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

|                                    |  | (A)<br>Beginning of year  |                | (B)<br>End of year |            |
|------------------------------------|--|---|----------------|--------------------|------------|
| <b>Assets</b>                      | 1  | Cash—non-interest-bearing   | 885,321        | 1                  | 618,384    |
|                                    | 2  | Savings and temporary cash investments  |                | 2                  |            |
|                                    | 3  | Pledges and grants receivable, net  | 315,144        | 3                  | 88,899     |
|                                    | 4  | Accounts receivable, net  | 2,606          | 4                  | 6,025      |
|                                    | 5  | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |                | 5                  |            |
|                                    | 6  | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |                | 6                  |            |
|                                    | 7  | Notes and loans receivable, net   |                | 7                  |            |
|                                    | 8  | Inventories for sale or use   | 20,677         | 8                  | 20,575     |
|                                    | 9  | Prepaid expenses and deferred charges   | 58,988         | 9                  | 72,221     |
|                                    | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a 11,969,210 |                    |            |
|                                    | b  | Less: accumulated depreciation  | 10b 6,882,164  | 10c                | 5,087,046  |
|                                    | 11   | Investments—publicly traded securities  |                | 11                 |            |
|                                    | 12   | Investments—other securities. See Part IV, line 11  | 6,126,178      | 12                 | 5,141,060  |
|                                    | 13   | Investments—program-related. See Part IV, line 11   |                | 13                 |            |
|                                    | 14   | Intangible assets   | 1,546          | 14                 | 1,196      |
|                                    | 15   | Other assets. See Part IV, line 11  | 13,335         | 15                 | 621,671    |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)   | 12,575,255  | 16             | 11,657,077         |            |
| <b>Liabilities</b>                 | 17   | Accounts payable and accrued expenses   | 97,776         | 17                 | 79,667     |
|                                    | 18   | Grants payable  |                | 18                 |            |
|                                    | 19   | Deferred revenue  | 69,980         | 19                 | 95,499     |
|                                    | 20   | Tax-exempt bond liabilities   |                | 20                 |            |
|                                    | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D   |                | 21                 |            |
|                                    | 22   | Loans and other 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      |                | 22                 |            |
|                                    | 23   | Secured mortgages and notes payable to unrelated third parties  |                | 23                 |            |
|                                    | 24   | Unsecured notes and loans payable to unrelated third parties  |                | 24                 |            |
|                                    | 25   | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   |                | 25                 |            |
|                                    | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 167,756        | 26                 | 175,166    |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b> |   |                |                    |            |
|                                    | 27   | Net assets without donor restrictions   | 9,271,626      | 27                 | 8,881,648  |
|                                    | 28   | Net assets with donor restrictions  | 3,135,873      | 28                 | 2,600,263  |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>          |   |                |                    |            |
|                                    | 29   | Capital stock or trust principal, or current funds  |                | 29                 |            |
|                                    | 30   | Paid-in or capital surplus, or land, building, or equipment fund  |                | 30                 |            |
|                                    | 31   | Retained earnings, endowment, accumulated income, or other funds  |                | 31                 |            |
|                                    | 32   | <b>Total net assets or fund balances</b>  | 12,407,499     | 32                 | 11,481,911 |
| 33                                 | <b>Total liabilities and net assets/fund balances</b>  | 12,575,255  | 33             | 11,657,077         |            |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 3,059,373  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 3,146,448  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -87,075    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 12,407,499 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -1,445,264 |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 606,751    |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  |            |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 11,481,911 |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant?<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| <b>2c</b> | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   | X   |    |
| <b>3a</b> | 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?   |     | X  |
| <b>3b</b> | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  |     |    |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include SARAH BROWN (CHAIR), JUSTIN VAN ETTEN (VICE CHAIR), ANNE LOVETT (TREASURER), and SUSAN LYNCH (SECRETARY).

Summary rows: 1b Subtotal, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Table with 3 columns: Question number, Yes, No. Rows 3, 4, 5 regarding compensation reporting requirements.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Five rows for listing independent contractors.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

SQUAM LAKES NATURAL SCIENCE CENTER

Employer identification number

02-0271824

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
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 normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  |          |          |          |          |          |           |
| <b>5</b> 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) |          |          |          |          |          |           |
| <b>6</b> Public support. Subtract line 5 from line 4   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4   |          |          |          |          |          |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources |          |          |          |          |          |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                              |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          |           |

**12** Gross receipts from related activities, etc. (see instructions) 12

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 %

**15** Public support percentage from 2021 Schedule A, Part II, line 14 15 %

**16a 33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2018  | (b) 2019  | (c) 2020  | (d) 2021  | (e) 2022  | (f) Total  |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 1,189,270 | 1,119,707 | 1,544,379 | 1,447,425 | 732,680   | 6,033,461  |
| <b>2</b> 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 | 1,522,319 | 1,786,751 | 865,412   | 1,644,561 | 1,834,980 | 7,654,023  |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |           |           |           |           |           |            |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |           |           |           |           |           |            |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |           |           |           |           |           |            |
| <b>6 Total.</b> Add lines 1 through 5   | 2,711,589 | 2,906,458 | 2,409,791 | 3,091,986 | 2,567,660 | 13,687,484 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |           |           |           |           |           |            |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |           |           |           |           |           |            |
| <b>c</b> Add lines 7a and 7b  |           |           |           |           |           |            |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |           |           |           |           |           | 13,687,484 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018  | (b) 2019  | (c) 2020  | (d) 2021  | (e) 2022  | (f) Total  |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| <b>9</b> Amounts from line 6   | 2,711,589 | 2,906,458 | 2,409,791 | 3,091,986 | 2,567,660 | 13,687,484 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 105,632   | 117,178   | 86,538    | 104,546   | 115,734   | 529,628    |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                           |           |           |           |           |           |            |
| <b>c</b> Add lines 10a and 10b   | 105,632   | 117,178   | 86,538    | 104,546   | 115,734   | 529,628    |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on      | 100,403   | 68,326    | 38,665    | 44,243    | 63,099    | 314,736    |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                  |           |           |           |           |           |            |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   | 2,917,624 | 3,091,962 | 2,534,994 | 3,240,775 | 2,746,493 | 14,531,848 |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|   |           |         |
|---|-----------|---------|
| <b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) | <b>15</b> | 94.19 % |
| <b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15                       | <b>16</b> | 94.15 % |

**Section D. Computation of Investment Income Percentage**

|  |           |     |
|--|-----------|-----|
| <b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) | <b>17</b> | 4 % |
| <b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17                         | <b>18</b> | 4 % |

**19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>   |     |    |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>  |     |    |
| 3a  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>  |     |    |
| c   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   |     |    |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>   |     |    |
| 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)? <i>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.</i>  |     |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| b   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| c   | <b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>   |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>   |     |    |
| 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))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 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)? <i>If "Yes," answer line 10b below.</i>   |     |    |
| b   | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>  |     |    |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A – Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year<br>(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                                       | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                                |
| <b>Section B – Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year<br>(optional) |
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |                |                                |
| a                                       | Average monthly value of securities  | 1a             |                                |
| b                                       | Average monthly cash balances  | 1b             |                                |
| c                                       | Fair market value of other non-exempt-use assets   | 1c             |                                |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                                |
| e                                       | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |                |                                |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets   | 2              |                                |
| 3                                       | Subtract line 2 from line 1d.  | 3              |                                |
| 4                                       | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | 4              |                                |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5              |                                |
| 6                                       | Multiply line 5 by 0.035.  | 6              |                                |
| 7                                       | Recoveries of prior-year distributions   | 7              |                                |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | 8              |                                |
| <b>Section C – Distributable Amount</b> |  |                | Current Year                   |
| 1                                       | Adjusted net income for prior year (from Section A, line 8, column A)  | 1              |                                |
| 2                                       | Enter 0.85 of line 1.  | 2              |                                |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, column A)   | 3              |                                |
| 4                                       | Enter greater of line 2 or line 3.   | 4              |                                |
| 5                                       | Income tax imposed in prior year   | 5              |                                |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6              |                                |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                                |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Table with 2 main columns: Section D - Distributions and Current Year. Rows 1-10 detailing distribution amounts and total annual distributions.

Table with 4 main columns: Section E - Distribution Allocations (see instructions), (i) Excess Distributions, (ii) Underdistributions Pre-2022, and (iii) Distributable Amount for 2022. Rows 1-24 detailing allocation details.



**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

SQUAM LAKES NATURAL SCIENCE CENTER

Employer identification number

02-0271824

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 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 foundationCheck 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**

- 
- 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
- <sup>1</sup>
- /
- <sub>3</sub>
- % 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 year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization

SQUAM LAKES NATURAL SCIENCE CENTER

Employer identification number

02-0271824

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | .....<br>.....<br>.....           | \$ ..... 25,000            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | .....<br>.....<br>.....           | \$ ..... 50,000            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | .....<br>.....<br>.....           | \$ ..... 25,000            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | .....<br>.....<br>.....           | \$ ..... 25,000            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | .....<br>.....<br>.....           | \$ ..... 18,000            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | .....<br>.....<br>.....           | \$ ..... 100,000           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

SQUAM LAKES NATURAL SCIENCE CENTER

Employer identification number

02-0271824

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | .....<br>.....<br>.....           | \$ ..... 15,200            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | .....<br>.....<br>.....           | \$ ..... 85,000            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| .....      | .....<br>.....<br>.....           | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| .....      | .....<br>.....<br>.....           | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| .....      | .....<br>.....<br>.....           | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| .....      | .....<br>.....<br>.....           | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



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

2022

Open to Public Inspection

Name of the organization

SQUAM LAKES NATURAL SCIENCE CENTER

Employer identification number

02-0271824

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII .....

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance .....                     | 1,792,166        | 1,580,376      | 1,459,184          | 1,254,498            | 1,415,511           |
| <b>b</b> Contributions .....                                  |                  | 50,000         |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses .....     | -276,456         | 228,983        | 176,689            | 262,240              | -78,302             |
| <b>d</b> Grants or scholarships .....                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs ..... | 64,203           | 67,194         | 55,497             | 57,554               | 82,751              |
| <b>f</b> Administrative expenses .....                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance .....                            | 1,451,507        | 1,792,165      | 1,580,376          | 1,459,184            | 1,254,498           |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment .....%
- b** Permanent endowment 100.00 %
- c** Term endowment .....%

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations .....
- (ii)** Related organizations .....

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     | X  |
| <b>3a(ii)</b> |     | X  |
| <b>3b</b>     |     |    |

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land .....   |                                      | 636,351                         |                              | 636,351        |
| <b>b</b> Buildings .....   |                                      | 5,238,348                       | 2,776,206                    | 2,462,142      |
| <b>c</b> Leasehold improvements .....  |                                      | 2,160,680                       | 1,325,891                    | 834,789        |
| <b>d</b> Equipment .....   |                                      | 880,147                         | 739,804                      | 140,343        |
| <b>e</b> Other .....   |                                      | 3,053,684                       | 2,040,263                    | 1,013,421      |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ..... |                                      |                                 |                              | 5,087,046      |

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives   |                |  |
| (2) Closely held equity interests   |                |  |
| (3) Other MARKETABLE SECURITIES   | 5,141,060      | MARKET   |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 5,141,060      |  |

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) |                |  |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) OTHER RECEIVABLE  | 606,751        |
| (2) OTHER   | 14,920         |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 621,671        |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) |                |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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          | 1,632,044  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |            |            |
| a | Net unrealized gains (losses) on investments                                    | 2a | -1,445,264 |            |
| b | Donated services and use of facilities  | 2b | 18,494     |            |
| c | Recoveries of prior year grants   | 2c |            |            |
| d | Other (Describe in Part XIII.)  | 2d |            |            |
| e | Add lines 2a through 2d   |    | 2e         | -1,426,770 |
| 3 | Subtract line 2e from line 1  |    | 3          | 3,058,814  |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |            |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a | 559        |            |
| b | Other (Describe in Part XIII.)  | 4b |            |            |
| c | Add lines 4a and 4b   |    | 4c         | 559        |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5          | 3,059,373  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |  |    |        |           |
|---|--|----|--------|-----------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1      | 3,164,383 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |        |           |
| a | Donated services and use of facilities   | 2a | 18,494 |           |
| b | Prior year adjustments   | 2b |        |           |
| c | Other losses   | 2c |        |           |
| d | Other (Describe in Part XIII.)   | 2d |        |           |
| e | Add lines 2a through 2d  |    | 2e     | 18,494    |
| 3 | Subtract line 2e from line 1   |    | 3      | 3,145,889 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |        |           |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a | 559    |           |
| b | Other (Describe in Part XIII.)   | 4b |        |           |
| c | Add lines 4a and 4b  |    | 4c     | 559       |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5      | 3,146,448 |

**Part XIII Supplemental Information.**

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

TO PRESERVE THE CAPITAL ENDOWMENT FUND AND EARN A COMPETITIVE RETURN FROM INCOME AND CAPITAL GAINS, DOING SO WITHOUT EXPOSING THE FUND TO UNDUE OR IMPRUDENT RISK.



**SCHEDULE G  
(Form 990)**

**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.

**U Attach to Form 990 or Form 990-EZ.**

**U Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

SQUAM LAKES NATURAL SCIENCE CENTER

Employer identification number

02-0271824

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    |                                   |   |   |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

|  |   | (a) Event #1           | (b) Event #2 | (c) Other events | (d) Total events                |
|--|---|------------------------|--------------|------------------|---------------------------------|
|  |   | <u>VARIOUS SPECIAL</u> | _____        | <u>NONE</u>      | (add col. (a) through col. (c)) |
|  |   | (event type)           | (event type) | (total number)   |                                 |
| Revenue  | <b>1</b> Gross receipts .....   | 123,208                |              |                  | 123,208                         |
|  | <b>2</b> Less: Contributions .....  |                        |              |                  |                                 |
|  | <b>3</b> Gross income (line 1 minus line 2) .....                           | 123,208                |              |                  | 123,208                         |
| Direct Expenses  | <b>4</b> Cash prizes .....  |                        |              |                  |                                 |
|  | <b>5</b> Noncash prizes .....   |                        |              |                  |                                 |
|  | <b>6</b> Rent/facility costs .....  |                        |              |                  |                                 |
|  | <b>7</b> Food and beverages .....   |                        |              |                  |                                 |
|  | <b>8</b> Entertainment .....  |                        |              |                  |                                 |
|  | <b>9</b> Other direct expenses .....  |                        |              |                  |                                 |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |                        |              |                  |                                 |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) ..... |   |                        |              | 123,208          |                                 |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|---|---|---|--|
| Revenue         | <b>1</b> Gross revenue .....  |   |   |   |  |
| Direct Expenses | <b>2</b> Cash prizes .....  |   |   |   |  |
|                 | <b>3</b> Noncash prizes .....   |   |   |   |  |
|                 | <b>4</b> Rent/facility costs .....  |   |   |   |  |
|                 | <b>5</b> Other direct expenses .....  |   |   |   |  |
|                 | <b>6</b> Volunteer labor .....  | <input type="checkbox"/> Yes ..... %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes ..... %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes ..... %<br><input type="checkbox"/> No |  |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....        |   |   |   |  |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |   |   |   |  |

**9** Enter the state(s) in which the organization conducts gaming activities: .....  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: .....  
 .....

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: .....  
 .....





**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Name of the organization

SQUAM LAKES NATURAL SCIENCE CENTER

Employer identification number

02-0271824

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

ORGANIZATION HAS MEMBERS THAT PAY ANNUAL DUES

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE MEMBERS OF THE ORGANIZATION HAVE THE ABILITY TO ELECT PERSONS TO THE  
GOVERNING BODY AT THE ANNUAL MEETING

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF THE COMPLETED FORM 990 IS PROVIDED TO THE GOVERNING BODY FOR  
REVIEW AND APPROVAL BEFORE IT IS FILED

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE BOARD OF TRUSTEES MUST REVIEW THE CONFLICT OF INTEREST POLICY AND SIGN  
A DISCLOSURE STATEMENT ANNUALLY

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE PERSONNEL COMMITTEE CONDUCTS AN ANNUAL REVIEW OF THE EXECUTIVE  
DIRECTOR. A SALARY SURVEY IS PREPARED WITH MULTIPLE SOURCES (ASSOCIATION OF  
ZOOS AND AQUARIUMS, ASSOCIATION OF NATURE CENTER ADMINISTRATORS, NON-PROFIT  
TIMES, NH CENTER FOR NON-PROFITS) TO CREATE A SALARY STRUCTURE. THE  
STRUCTURE IS PRESENTED TO THE PERSONNEL COMMITTEE FOR REVIEW AND APPROVAL  
AND ACCEPTED BY THE BOARD.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

COMPENSATION FOR OTHER KEY EMPLOYEES IS DETERMINED BY EXECUTIVE DIRECTOR

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

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

SQUAM LAKES NATURAL SCIENCE CENTER

02-0271824

USING AN ORGANIZATION-WIDE SALARY RANGE STRUCTURE. THE STRUCTURE WAS  
 CREATED IN 2008 USING SALARY SURVEY DATA FROM MULTIPLE SOURCES (ASSOCIATION  
 OF ZOOS AND AQUARIUMS, ASSOCIATION OF NATURE CENTER ADMINISTRATORS, NON-  
 PROFIT TIMES, NH CENTER FOR NON-PROFITS, ETC.). THE ORGANIZATION-WIDE  
 SALARY RANGE STRUCTURE WAS REVIEWED AND APPROVED BY THE PERSONNEL  
 COMMITTEE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
 THE ORGANIZATION PROVIDES A COPY OF THE 990 ON ITS OWN WEBSITE. A COPY  
 WILL ALSO BE PROVIDED UPON REQUEST

## Filing Instructions

### Squam Lakes Natural Science Center

### Exempt Organization Business Tax Return

Taxable Year Ended December 31, 2022

- Date Due:** AS SOON AS POSSIBLE
- Remittance:** None is required. Your Form 990-T for the tax year ended 12/31/22 shows a total overpayment of \$632, all of which is to be credited to your estimated tax liability for the coming year.
- Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:
- Malone, Dirubbo & Company, P.C.  
501 Union Ave, Ste 1  
Laconia, NH 03246-2817
- Important:*** Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.
- Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **990-T**

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

OMB No. 1545-0047

**2022**

Department of the Treasury  
Internal Revenue Service

For calendar year 2022 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

Open to Public Inspection  
for 501(c)(3)  
Organizations Only

|  |   |                              |   |   |
|--|---|------------------------------|---|---|
| <b>A</b> <input type="checkbox"/> Check box if address changed.          | <b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501( C )( 3 )<br><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A | <b>Print<br/>or<br/>Type</b> | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><b>SQUAM LAKES NATURAL SCIENCE CENTER</b><br>Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>P.O. BOX 173, ROUTE 113</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>HOLDERNESS NH 03245</b> | <b>D Employer identification number</b><br>02-0271824<br><br><b>E Group exemption number</b><br>(see instructions)<br><br><b>F</b> <input type="checkbox"/> Check box if an amended return. |
| <b>C</b> Book value of all assets at end of year ..... <b>11,657,077</b> |   |                              |   |   |

**G** Check organization type     501(c) corporation     501(c) trust     401(a) trust     Other trust     State college/university

**H** Check if filing only to     Claim credit from Form 8941     Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation .....

**J** Enter the number of attached Schedules A (Form 990-T) ..... **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?     Yes  No  
If "Yes," enter the name and identifying number of the parent corporation

**L** The books are in care of **SQUAM LAKES NATURAL SCIEN** Telephone number **603-968-7194**

**Part I Total Unrelated Business Taxable Income**

|  |           |       |
|--|-----------|-------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....               | <b>1</b>  | 3,934 |
| 2 Reserved .....   | <b>2</b>  |       |
| 3 Add lines 1 and 2 .....  | <b>3</b>  | 3,934 |
| 4 Charitable contributions (see instructions for limitation rules) .....   | <b>4</b>  |       |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....                             | <b>5</b>  | 3,934 |
| 6 Deduction for net operating loss. See instructions .....   | <b>6</b>  | 0     |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 ..... | <b>7</b>  | 3,934 |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....  | <b>8</b>  | 1,000 |
| 9 <b>Trusts.</b> Section 199A deduction. See instructions .....  | <b>9</b>  |       |
| 10 <b>Total deductions.</b> Add lines 8 and 9 .....  | <b>10</b> | 1,000 |
| 11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....       | <b>11</b> | 2,934 |

**Part II Tax Computation**

|   |          |     |
|---|----------|-----|
| 1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....  | <b>1</b> | 616 |
| 2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... | <b>2</b> | 0   |
| 3 <b>Proxy tax.</b> See instructions .....  | <b>3</b> |     |
| 4 Other tax amounts. See instructions .....   | <b>4</b> |     |
| 5 Alternative minimum tax (trusts only) .....   | <b>5</b> |     |
| 6 <b>Tax on noncompliant facility income.</b> See instructions .....  | <b>6</b> |     |
| 7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....   | <b>7</b> | 616 |

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
1b Other credits (see instructions)
1c General business credit. Attach Form 3800 (see instructions)
1d Credit for prior year minimum tax (attach Form 8801 or 8827)
1e Total credits. Add lines 1a through 1d
2 Subtract line 1e from Part II, line 7
3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statement)
4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)
6a Payments: A 2021 overpayment credited to 2022
6b 2022 estimated tax payments. Check if section 643(g) election applies
6c Tax deposited with Form 8868
6d Foreign organizations: Tax paid or withheld at source (see instructions)
6e Backup withholding (see instructions)
6f Credit for small employer health insurance premiums (attach Form 8941)
6g Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total
7 Total payments. Add lines 6a through 6g
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$
4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.
6a Did the organization change its method of accounting? (see instructions)
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V

Part V Supplemental Information

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

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer Date Title TREASURER
Print/Type preparer's name Preparer's signature Date Check if PTIN
RONDA J KILANOWSKI, CPA RONDA J KILANOWSKI, CPA 07/16/23 self-employed P00234628
Firm's name MALONE, DIRUBBO & COMPANY, P.C. Firm's EIN 02-0436087
Firm's address LACONIA, NH 03246-2817 Phone no. 603-528-2241

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

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

OMB No. 1545-0047

**2022**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Open to Public Inspection for  
501(c)(3) Organizations Only

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

|   |   |
|---|---|
| <b>A</b> Name of the organization<br>SQUAM LAKES NATURAL SCIENCE CENTER | <b>B</b> Employer identification number<br>02-0271824 |
| <b>C</b> Unrelated business activity code (see instructions) 812900     | <b>D</b> Sequence: 1 of 1                             |

**E** Describe the unrelated trade or business UNRELATED BUSINESS ACTIVITY

| Part I Unrelated Trade or Business Income   | (A) Income | (B) Expenses | (C) Net |
|---|------------|--------------|---------|
| <b>1a</b> Gross receipts or sales _____   |            |              |         |
| <b>b</b> Less returns and allowances _____ <b>c</b> Balance .....                                 | <b>1c</b>  |              |         |
| <b>2</b> Cost of goods sold (Part III, line 8) .....  | <b>2</b>   |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c .....   | <b>3</b>   |              |         |
| <b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions ..... | <b>4a</b>  |              |         |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions .....                   | <b>4b</b>  |              |         |
| <b>c</b> Capital loss deduction for trusts .....  | <b>4c</b>  |              |         |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....            | <b>5</b>   |              |         |
| <b>6</b> Rent income (Part IV) .....  | <b>6</b>   |              |         |
| <b>7</b> Unrelated debt-financed income (Part V) .....  | <b>7</b>   |              |         |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) ..... | <b>8</b>   |              |         |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....      | <b>9</b>   |              |         |
| <b>10</b> Exploited exempt activity income (Part VIII) .....                                      | <b>10</b>  |              |         |
| <b>11</b> Advertising income (Part IX) .....  | <b>11</b>  |              |         |
| <b>12</b> Other income (see instructions; attach statement) <u>SEE STMT 1</u>                     | <b>12</b>  | 34,900       | 34,900  |
| <b>13</b> <b>Total.</b> Combine lines 3 through 12 .....  | <b>13</b>  | 34,900       | 34,900  |

| Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income |           |       |        |
|---|-----------|-------|--------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X) .....   | <b>1</b>  |       |        |
| <b>2</b> Salaries and wages .....   | <b>2</b>  |       | 9,504  |
| <b>3</b> Repairs and maintenance .....  | <b>3</b>  |       | 3,058  |
| <b>4</b> Bad debts .....  | <b>4</b>  |       |        |
| <b>5</b> Interest (attach statement). See instructions .....  | <b>5</b>  |       |        |
| <b>6</b> Taxes and licenses .....   | <b>6</b>  |       | 771    |
| <b>7</b> Depreciation (attach Form 4562). See instructions .....  | <b>7</b>  | 4,728 |        |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return .....  | <b>8a</b> |       | 4,728  |
| <b>9</b> Depletion .....  | <b>9</b>  |       |        |
| <b>10</b> Contributions to deferred compensation plans .....  | <b>10</b> |       |        |
| <b>11</b> Employee benefit programs .....   | <b>11</b> |       | 151    |
| <b>12</b> Excess exempt expenses (Part VIII) .....  | <b>12</b> |       |        |
| <b>13</b> Excess readership costs (Part IX) .....   | <b>13</b> |       |        |
| <b>14</b> Other deductions (attach statement) <u>SEE STATEMENT 2</u>  | <b>14</b> |       | 12,754 |
| <b>15</b> <b>Total deductions.</b> Add lines 1 through 14 .....   | <b>15</b> |       | 30,966 |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....                                | <b>16</b> |       | 3,934  |
| <b>17</b> Deduction for net operating loss. See instructions .....  | <b>17</b> |       |        |
| <b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16 .....   | <b>18</b> |       | 3,934  |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold**

Enter method of inventory valuation

|   |  |   |  |
|---|--|---|--|
| 1 | Inventory at beginning of year   | 1 |  |
| 2 | Purchases  | 2 |  |
| 3 | Cost of labor  | 3 |  |
| 4 | Additional section 263A costs (attach statement)   | 4 |  |
| 5 | Other costs (attach statement)   | 5 |  |
| 6 | <b>Total.</b> Add lines 1 through 5  | 6 |  |
| 7 | Inventory at end of year   | 7 |  |
| 8 | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2                           | 8 |  |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

|   | A | B | C | D |
|---|---|---|---|---|
| 2 Rent received or accrued  |   |   |   |   |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)                           |   |   |   |   |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |   |   |   |   |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D   |   |   |   |   |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)                            |   |   |   |   |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)   |   |   |   |   |
| 5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)                                     |   |   |   |   |

**Part V Unrelated Debt-Financed Income (see instructions)**

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

|   | A | B | C | D |
|---|---|---|---|---|
| 2 Gross income from or allocable to debt-financed property  |   |   |   |   |
| 3 Deductions directly connected with or allocable to debt-financed property   |   |   |   |   |
| a Straight line depreciation (attach statement)   |   |   |   |   |
| b Other deductions (attach statement)   |   |   |   |   |
| c Total deductions (add lines 3a and 3b, columns A through D)   |   |   |   |   |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)                   |   |   |   |   |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement)                               |   |   |   |   |
| 6 Divide line 4 by line 5   | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6  |   |   |   |   |
| 8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)         |   |   |   |   |
| 9 Allocable deductions. Multiply line 3c by line 6  |   |   |   |   |
| 10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) |   |   |   |   |
| 11 <b>Total dividends-received deductions</b> included in line 10   |   |   |   |   |

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organization                    |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

| Nonexempt Controlled Organizations |   |                                     |  |  |
|------------------------------------|---|-------------------------------------|--|--|
| 7. Taxable income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10         |
| (1)                                |   |                                     |  |  |
| (2)                                |   |                                     |  |  |
| (3)                                |   |                                     |  |  |
| (4)                                |   |                                     |  |  |
|                                    |   |                                     | Add columns 5 and 10. Enter here and on Part I, line 8, column (A)                   | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |

Totals .....

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement)                   | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4)              |
|--------------------------|---------------------|---|----------------------------------|---|
| (1)                      |                     |   |                                  |   |
| (2)                      |                     |   |                                  |   |
| (3)                      |                     |   |                                  |   |
| (4)                      |                     |   |                                  |   |
|                          |                     | Add amounts in column 2. Enter here and on Part I, line 9, column (A) |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |

Totals .....

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|  |   |
|--|---|
| 1 Description of exploited activity: .....   |   |
| 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....                                    | 2 |
| 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....                  | 3 |
| 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....                   | 4 |
| 5 Gross income from activity that is not unrelated business income .....   | 5 |
| 6 Expenses attributable to income entered on line 5 .....  | 6 |
| 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 ..... | 7 |



Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

Form with columns A, B, C, D and checkboxes for reporting multiple periodicals.

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns: A, B, C, D. Row 2: Gross advertising income

a Add columns A through D. Enter here and on Part I, line 11, column (A)

Table with 4 columns: A, B, C, D. Row 3: Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B)

Table with 4 columns: A, B, C, D. Row 4: Advertising gain (loss). Subtract line 3 from line 2.

Table with 4 columns: A, B, C, D. Row 5: Readership costs

Table with 4 columns: A, B, C, D. Row 6: Circulation income

Table with 4 columns: A, B, C, D. Row 7: Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5.

Table with 4 columns: A, B, C, D. Row 8: Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business. Includes Total row.

Part XI Supplemental Information (see instructions)

Series of horizontal dotted lines for supplemental information.

**Federal Statements****Unrelated Business Activity****Statement 1 - Schedule A (990T), Part I, Line 12 - Other Income**

| <u>Description</u>       | <u>Amount</u> |
|--------------------------|---------------|
| TRANSPORTATION TO ISLAND | \$ 34,900     |
| TOTAL                    | \$ 34,900     |

**Unrelated Business Activity****Statement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions**

| <u>Deduction<br/>Description</u> | <u>Deduction<br/>Amount</u> |
|----------------------------------|-----------------------------|
| BOAT INSURANCE                   | \$ 3,270                    |
| FUEL                             | 2,069                       |
| OTHER BOAT FEES                  | 164                         |
| OTHER MANAGEMENT FEES            | 6,874                       |
| ADVERTISING                      | 377                         |
| TOTAL                            | \$ 12,754                   |

Form **2220**

**Underpayment of Estimated Tax by Corporations**

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

Attach to the corporation's tax return.

Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

**2022**

Name SQUAM LAKES NATURAL SCIENCE CENTER Employer identification number 02-0271824

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

|   |           |     |
|---|-----------|-----|
| <b>1</b> Total tax (see instructions) .....   | <b>1</b>  | 616 |
| <b>2a</b> Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1  | <b>2a</b> |     |
| <b>b</b> Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....  | <b>2b</b> |     |
| <b>c</b> Credit for federal tax paid on fuels (see instructions) .....  | <b>2c</b> |     |
| <b>d Total.</b> Add lines 2a through 2c .....   | <b>2d</b> |     |
| <b>3</b> Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....   | <b>3</b>  | 616 |
| <b>4</b> Enter the tax shown on the corporation's 2021 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 ..... | <b>4</b>  |     |
| <b>5 Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....   | <b>5</b>  | 616 |

**Part II Reasons for Filing**—Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6** The corporation is using the adjusted seasonal installment method.
- 7** The corporation is using the annualized income installment method.
- 8** The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

|   | (a) | (b)      | (c)      | (d)      |          |
|---|-----|----------|----------|----------|----------|
| <b>9</b> <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. ....  | 9   | 04/15/22 | 06/15/22 | 09/15/22 | 12/15/22 |
| <b>10</b> <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column ..... | 10  | 154      | 154      | 154      | 154      |
| <b>11</b> Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....   | 11  |          |          |          |          |
| <i>Complete lines 12 through 18 of one column before going to the next column.</i>  |     |          |          |          |          |
| <b>12</b> Enter amount, if any, from line 18 of the preceding column .....  | 12  |          |          |          |          |
| <b>13</b> Add lines 11 and 12 .....   | 13  |          |          |          |          |
| <b>14</b> Add amounts on lines 16 and 17 of the preceding column .....  | 14  |          | 154      | 308      | 462      |
| <b>15</b> Subtract line 14 from line 13. If zero or less, enter -0- .....   | 15  | 0        | 0        | 0        | 0        |
| <b>16</b> If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....   | 16  |          | 154      | 308      |          |
| <b>17</b> <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....  | 17  | 154      | 154      | 154      | 154      |
| <b>18</b> <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....   | 18  |          |          |          |          |

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17—no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2022)

**Part IV Figuring the Penalty**

|  | (a)                     | (b) | (c) | (d)             |
|--|-------------------------|-----|-----|-----------------|
| <b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions ..... | <b>19</b> SEE WORKSHEET |     |     |                 |
| <b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....   | <b>20</b>               |     |     |                 |
| <b>21</b> Number of days on line 20 after 4/15/2022 and before 7/1/2022  | <b>21</b>               |     |     |                 |
| <b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 4% (0.04)   | <b>22</b> \$            | \$  | \$  | \$              |
| <b>23</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022   | <b>23</b>               |     |     |                 |
| <b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 5% (0.05)   | <b>24</b> \$            | \$  | \$  | \$              |
| <b>25</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023  | <b>25</b>               |     |     |                 |
| <b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 6% (0.06)   | <b>26</b> \$            | \$  | \$  | \$              |
| <b>27</b> Number of days on line 20 after 12/31/2022 and before 4/1/2023   | <b>27</b>               |     |     |                 |
| <b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 7% (0.07)   | <b>28</b> \$            | \$  | \$  | \$              |
| <b>29</b> Number of days on line 20 after 3/31/2023 and before 7/1/2023  | <b>29</b>               |     |     |                 |
| <b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x %   | <b>30</b> \$            | \$  | \$  | \$              |
| <b>31</b> Number of days on line 20 after 6/30/2023 and before 10/1/2023   | <b>31</b>               |     |     |                 |
| <b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x %   | <b>32</b> \$            | \$  | \$  | \$              |
| <b>33</b> Number of days on line 20 after 9/30/2023 and before 1/1/2024  | <b>33</b>               |     |     |                 |
| <b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x %   | <b>34</b> \$            | \$  | \$  | \$              |
| <b>35</b> Number of days on line 20 after 12/31/2023 and before 3/16/2024  | <b>35</b>               |     |     |                 |
| <b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{366}$ x %   | <b>36</b> \$            | \$  | \$  | \$              |
| <b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....   | <b>37</b> \$            | \$  | \$  | \$              |
| <b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....   |                         |     |     | <b>38</b> \$ 27 |

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

## Form 2220 Worksheet

Form **2220****2022**

For calendar year 2022, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name

Employer Identification Number

SQUAM LAKES NATURAL SCIENCE CENTER02-0271824

|                               | 1st Quarter     | 2nd Quarter     | 3rd Quarter     | 4th Quarter     |
|-------------------------------|-----------------|-----------------|-----------------|-----------------|
| Due date of estimated payment | <u>04/15/22</u> | <u>06/15/22</u> | <u>09/15/22</u> | <u>12/15/22</u> |
| Amount of underpayment        | <u>154</u>      | <u>154</u>      | <u>154</u>      | <u>154</u>      |

Prior year overpayment applied \_\_\_\_\_

|                   | 1st Payment | 2nd Payment | 3rd Payment | 4th Payment | 5th Payment |
|-------------------|-------------|-------------|-------------|-------------|-------------|
| Date of payment   | _____       | _____       | _____       | _____       | _____       |
| Amount of payment | _____       | _____       | _____       | _____       | _____       |

| QTR           | FROM     | TO       | UNDERPAYMENT | #DAYS | RATE | PENALTY |
|---------------|----------|----------|--------------|-------|------|---------|
| 1             | 4/15/22  | 6/30/22  | 154          | 76    | 4.00 | 1       |
| 1             | 6/30/22  | 9/30/22  | 154          | 92    | 5.00 | 2       |
| 1             | 9/30/22  | 12/31/22 | 154          | 92    | 6.00 | 2       |
| 1             | 12/31/22 | 5/15/23  | 154          | 135   | 7.00 | 4       |
| 2             | 6/15/22  | 6/30/22  | 154          | 15    | 4.00 | 0       |
| 2             | 6/30/22  | 9/30/22  | 154          | 92    | 5.00 | 2       |
| 2             | 9/30/22  | 12/31/22 | 154          | 92    | 6.00 | 2       |
| 2             | 12/31/22 | 5/15/23  | 154          | 135   | 7.00 | 4       |
| 3             | 9/15/22  | 9/30/22  | 154          | 15    | 5.00 | 0       |
| 3             | 9/30/22  | 12/31/22 | 154          | 92    | 6.00 | 2       |
| 3             | 12/31/22 | 5/15/23  | 154          | 135   | 7.00 | 4       |
| 4             | 12/15/22 | 12/31/22 | 154          | 16    | 6.00 | 0       |
| 4             | 12/31/22 | 5/15/23  | 154          | 135   | 7.00 | 4       |
| -----         |          |          |              |       |      | -----   |
| TOTAL PENALTY |          |          |              |       |      | 27      |
|               |          |          |              |       |      | =====   |

Form **4562**

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

OMB No. 1545-0172

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return

SQUAM LAKES NATURAL SCIENCE CENTER

Identifying number

02-0271824

Business or activity to which this form relates

INDIRECT DEPRECIATION

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            | 1,080,000        |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                            | 2,700,000        |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2021 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11  | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12   | 13                           |                  |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |  |    |         |
|----|--|----|---------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 |         |
| 15 | Property subject to section 168(f)(1) election   | 15 |         |
| 16 | Other depreciation (including ACRS)  | 16 | 375,176 |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

|    |  |    |     |
|----|--|----|-----|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2022   | 17 | 554 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |     |

**Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
|                                |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs.             | MM             | S/L        |                            |
|                                |                                      |  |                     | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |    |     |  |
|----------------|--|--|---------|----|-----|--|
| 20a Class life |  |  |         |    | S/L |  |
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 30-year      |  |  | 30 yrs. | MM | S/L |  |
| d 40-year      |  |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |   |    |         |
|----|---|----|---------|
| 21 | Listed property. Enter amount from line 28  | 21 |         |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 375,730 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | 23 |         |

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2022 tax year (see instructions): 43 Amortization of costs that began before your 2022 tax year 44 Total. Add amounts in column (f). See the instructions for where to report