Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2023 Open to Public

Department of the Treasury

men	iai iteveiit	ue Service	Go to www.iis.gov/Form990 for instructions and the latest information	1.		inspection
Α	For the	e 2023 c	alendar year, or tax year beginning , and ending			
В	Check if a	pplicable:	C Name of organization		Employer	identification number
	Address cl		SQUAM LAKES NATURAL SCIENCE CENTER			
Λ	Address C	nange	2		00 0	071004
	Name cha	inge	Doing business as			271824
Ħ		-	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	ie E	Felephone	
_	Initial retur		23 SCIENCE CENTER ROAD		003-	968-7194
	Final returi terminated		City or town, state or province, country, and ZIP or foreign postal code			
			HOLDERNESS NH 03245		Gross rece	eipts \$ 3,181,871
	Amended	return	F Name and address of principal officer:			
	Application	pendina	ANNE LOVETT	s this a group	return for s	ubordinates? Yes X No
_		1 3				ded? Yes No
				all subor		ucu
			BOSTON MA 02116	If "No," a	ttach a list.	See instructions
ı	Tax-exem	npt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
. 	Website:			roup ovemn	tion number	
				Froup exemp		NTII
_		organization:	X Corporation Trust Association Other L Year of form	ation: エタ	00	M State of legal domicile: NH
<u> P</u>	art I	Su	ımmary			
	1 E	Briefly de	scribe the organization's mission or most significant activities:			
		т́ д	DVANCE UNDERSTANDING OF ECOLOGY BY EXPLORING NEW HAMPSHI	יים א מיס ז	·····∆⊓™™™™	.T.
õ						· · · · · · · · · · · · · · · · · · ·
ğ		WORL	υ .			
Governance						
õ	2 (Check thi	s box if the organization discontinued its operations or disposed of more than 25% of its net	assets.		
	3 1	dumber d	of voting members of the governing body (Part VI, line 1a)		3	19
త						19
ies	4 1	number c	of independent voting members of the governing body (Part VI, line 1b)		4	
Activities	5 T	Total num	nber of individuals employed in calendar year 2023 (Part V, line 2a)		5	65
ķ	6 T	Total nun	nber of volunteers (estimate if necessary)		6	318
•	7a⊺	Total unre	elated business revenue from Part VIII, column (C), line 12		7a	26,568
			ated business taxable income from Form 990-T, Part I, line 11		7b	4,017
	D I	vet uniter		Prior Year	170	Current Year
					,680	
<u>e</u>	8	ontributi	ons and grants (Part VIII, line 1h)		_	785,758
Revenue	9 F	Program	` "	.,603	-	1,741,624
ě	10 li	nvestmer	nt income (Part VIII, column (A), lines 3, 4, and 7d)	467	,492	144,658
ď	11 (Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	255	,776	350,877
			enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	,059		3,022,917
				, 037	, 5 / 5	
			nd similar amounts paid (Part IX, column (A), lines 1-3)			7,726
	14 E	Benefits p	paid to or for members (Part IX, column (A), line 4)			0
s	15 8	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	.,900	,885	2,101,789
Se			nal fundraising fees (Part IX, column (A), line 11e)			0
benses	h T	Fotal fund	draising expenses (Part IX, column (D), line 25) 375,088			
Ä				245	ГСЭ	1,417,286
_	17 (otner exp	penses (Part IX, column (A), lines 11a–11d, 11f–24e)		,563	
	18 T	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	,146		3,526,801
	19 F	Revenue	less expenses. Subtract line 18 from line 12		,075	-503,884
Net Assets or Fund Balances			Beginnin	ng of Curre	nt Year	End of Year
ets	20 T	Total ass	ets (Part X, line 16) 11	,657	,077	11,868,784
Ass	21 1		lities (Part X, line 26)	175	,166	192,726
let	22 1		s or fund balances. Subtract line 21 from line 20.			11,676,058
				, 101	, , , , , ,	11,070,030
<u> </u>	art II	Sig	gnature Block			
			perjury, I declare that I have examined this return, including accompanying schedules and statements, and to		of my knov	wledge and belief, it is
tru	ue, corre	ect, and co	emplete. Declaration of preparer (other than officer) is based on all information of which preparer has any kr	owledge.		
Sig	ın	Signature	of officer		Date	
_		_			Date	
He	re	ANNI	E LOVETT TREASURER			
		Type or p	rint name and title			
		Print/Type	preparer's name Preparer's signature handa \(\) Kulanawaki	Date	Check	if PTIN
Paid	d	D UVID A	T KITANOWSKI CDA PONTA I KITANOWSKI CDA	08/00/5		ploved D00334639
	parer		J KILANOWSKI, CPA RONDA J KŪLANOWSKI, CPA	08/09/2	_	
	•	Firm's nai		Firn	n's EIN	02-0436087
USE	Only		501 UNION AVE, STE 1			
		Firm's ad	dress LACONIA, NH 03246-2817	Pho	ne no.	603-528-2241
Mav	the IR		s this return with the preparer shown above? See instructions	•		Yes No

Form 990 (2023) SQUAM LAKES NATURA		02-0271824	Page 2
Part III Statement of Program Service Check if Schedule O contains a	•	in this Part III	
1 Briefly describe the organization's mission:			I.C. MARIEDAT
TO ADVANCE UNDERSTANDING WORLD.	OF ECOLOGY BY EXPL	ORING NEW HAMPSHIRE	'S NATURAL
·			
2 Did the organization undertake any significant pro	gram services during the year which w	ere not listed on the	
prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule	 e O.		Yes X No
3 Did the organization cease conducting, or make s		any program	
services? If "Yes," describe these changes on Schedule O.			Yes X No
Describe the organization's program service according to the servi	mplishments for each of its three large	est program services, as measured by	
expenses. Section 501(c)(3) and 501(c)(4) organithe total expenses, and revenue, if any, for each		unt of grants and allocations to others,	
	· · ·		
4a (Code:) (Expenses \$ 1,89 WILDLIFE & EARTH SCIENCE) (Revenue \$	1,449,499)
WIDDLIFE & EARTH SCIENCE	EDUCATION SERVICES		
·			
·			
•			
·			
·			
4b (Code:) (Expenses \$ 31 NATURE-BASED MONTESSORI E	ARLY LEARNING CENTI	7,726)(Revenue \$ ER WITH A CHILD-FOCT	292,125) USED APPROACH
AND DAILY OUTDOOR EXPERIE	INCED		
•			
·			
•			
		\ (D	
4c (Code:) (Expenses \$ N/A	including grants of \$) (Revenue \$	·
IV/ A			
•			
•			
•			
*			
Ad Other program consider (Describe on October 11)	11		
4d Other program services (Describe on Schedule C (Expenses \$ include include the content of t	o.) ling grants of \$) (Revenue \$)
	2.202.112	, (+	/

Form 990 (2023) SOUAM LAKES NATURAL SCIENCE CENTER 02-0271824 Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Χ 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes." complete Schedule C. Part I 3 Χ 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Χ 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 Χ assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Χ 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Χ 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Χ 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Χ 11b Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Χ 11c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a 12a Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Χ 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20a

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

20b

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Χ 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Χ 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Χ 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Χ 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Χ 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Χ 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these Χ 27 persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. ... 38 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 Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ...

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ıed)			Yes	No
2a	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	2a	65			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	?		2b	X	
3a	Did the expenientian have unrelated business group income of \$4,000 or more during the year?			20	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O				Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut					
	a financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)	?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction					Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	i file a	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	ا ما	1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					1
40-	against amounts due or received from them.)	11b		—— <u>. </u>		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	1 1	r · · · · · · · · · · · · · · · · · · ·	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40.5		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	13b	1			
_	Establishment of the control of the	13b				
C 1/12	Enter the amount of reserves on hand			14a		Х
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Co					<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration					
				15		Х
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.					<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	nme?		16		Х
. •	If "Yes," complete Form 4720, Schedule O.)(IIIC:				
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities	es.				1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		1
	If "Yes." complete Form 6069.			''		

12520 Form 990 (2023) SQUAM LAKES NATURAL SCIENCE CENTER 02-0271824 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year 19 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 19 Enter the number of voting members included on line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 7а Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, b stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? b 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Did the organization have local chapters, branches, or affiliates? 10a Χ If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? Χ 13 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by

	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
800	tion C. Disclosure			

Section	C	Disclosure	
OCCHOIL	U .	Disclosure	

<u> Sec</u>	ction C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed NH
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

X Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

SOUAM LAKES NATURAL SCIENCE CENTER ROUTE 113

03245

HOLDERNESS

Form 990 (2023) SQUAM LAKES NATURAL SCIENCE CENTER

02-0271824

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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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 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	y related organization	compensated any	current officer, director, or trustee.
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	hours per week	box	x, unle	check ess pe nd a c	rson is	ore than one on is both an ector/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) IAIN MACLEOD	40.00									
EXEC. DIRECT	0.00	Χ		Χ				133,332	0	16,976
(2) TORY AMORELLO	1.00									
TRUSTEE	0.00	Х						0	0	0
(3) BRENT ANDERSON	1.00									
TRUSTEE	0.00	Х						0	0	0
(4) LISA AULET										
TRUSTEE	1.00	Х						0	0	0
(5) KEVIN BARRETT	0.00	77						0	0	<u> </u>
	1.00	37						0	0	0
TRUSTEE (6) LISA BENNETT	0.00	Х						0	0	0
TRUSTEE	1.00	Х						0	0	0
(7) CATHERINE DENIOU		21						Ŭ	Ü	
TRUSTEE	1.00	Х						0	0	0
(8) ANN EHRHART	0.00	22						0	0	<u> </u>
TRUSTEE	1.00	Х						0	0	0
(9) DIANE GARFIELD	3,33									
TRUSTEE	1.00	Х						0	0	0
(10) MARTHA GRANT										
TRUSTEE	1.00	Х						0	0	0
(11) BARBARA GROSSMAN										
TRUSTEE	1.00	Х						0	0	0 Form 990 (2023)

Part VII

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

(C)

(A) (B) Name and title Average hours per week		bo	x, unle	Pos check ess pe and a	more rson i	than o	an Reportable ee) compensation from the		(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	or	from the ganization and organization organiz	he n and	;
(12) SUSAN LYNCH (12) TRUSTEE	1.00	Х						0	0				0
(13) DAVID MURPHY (13) TRUSTEE	1.00	Х						0	0				0
(14) CRIS SALOMON (14)	1.00	X						0	0				0
(15) FRANK STEVENS (15) TRUSTEE		X						0	0				0
(16) GEOFFREY STEW (16)	ART 1.00								-				
TRUSTEE (17) SARAH BROWN (17)	1.00 0.00	X		Х				0	0				0
CHAIR (18) LISA DONER (18)	1.00			X				0	0				0
SECRETARY (19) JUSTIN VAN ET	TEN 1.00							0					0
VICE CHAIR 1b Subtotal c Total from continuation shee								133,332	0			16,9	
Total (add lines 1b and 1c) Total number of individuals (inc reportable compensation from the compens	-							who received more than \$1	00,000 of			16,9	
 3 Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related organization and related organization individual 5 Did any person listed on line 1a for services rendered to the organization and the formula of the organization and the formula of the organization listed on line 1a for services rendered to the organization list any formula of the organization list any formula organization list any formu	complete Schedu 1a, is the sum of cations greater the cations greater the cations areceive or accretions.	of reponants inan s inan s inan s	for sortal \$150 	ole co ,000° ensat	indivompe ompe ? If " ion f	ridual ensat 'Yes,'	ion coi	and other compensation from mplete Schedule J for such unrelated organization or inc	n the dividual		3 4 5	X	X
Section B. Independent Contractor 1 Complete this table for your five compensation from the organize	e highest comper												
	(A) business address	iperi	Salio	11 101	uie	Calei	luai		(B)		Cor	(C) mpensatio	on
2 Total number of independent or received more than \$100,000 or							ose	e listed above) who	0				
DAA	Joinpondation			J. Yai	<u>_</u>	.011			U		Forr	n 990	(2023)

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (A) (C) (B) Related or exempt (D) Revenue excluded Unrelated Total revenue function revenue business revenue from tax under sections 512-514 1a Federated campaigns Gifts, Grants ilar Amounts 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) Contributions, and Other Simi 1e All other contributions, gifts, grants, and similar amounts not included above 1f 785,758 g Noncash contributions included in 1g 785,758 h Total. Add lines 1a-1f Business Code 1,446,234 1,446,234 2a PROGRAM FEES Program Service Revenue b MEMBERSHIP DUES 268,822 268,822 812900 26,568 26,568 TRANSPORTATION TO ISLAND f All other program service revenue 1,741,624 g Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) 180,641 180,641 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents **b** Less: rental expenses 6h c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory **b** Less: cost or other Revenue 7b 35,983 basis and sales exps. c Gain or (loss) -35,9837с -35,983 -35,983 d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 185,278 **b** Less: direct expenses 8b 185,278 185,278 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances 10a 275,081 **b** Less: cost of goods sold 122,971 10b 152,110 c Net income or (loss) from sales of inventory 152,110 Business Code 11a MISCELLANEOUS 13,932 13,932 -443-443BOOK/TAX ASSET SALE d All other revenue 13,489 e Total. Add lines 11a-11d. 26,568 365,919 Total revenue. See instructions 3,022,917 1,844,672

Form 990 (2023)

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All other o	-	e column (A).	
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, lb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	7,726	7,726		
3	Grants and other assistance to foreign	,	, -		
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	150,308		75,154	75,154
6	Compensation not included above to disqualified			,	,
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,573,455	1,185,513	270,302	117,640
8	Pension plan accruals and contributions (include	= , 0 . 0 , 100	=, ===, ===	=.0,002	
-	section 401(k) and 403(b) employer contributions)	39,361	26,423	8,232	4,706
9	Other employee benefits	213,153	122,978	66,473	23,702
10	Payroll taxes	125,512	87,248	24,897	13,367
11	Fees for services (nonemployees):	120,012	0,7210	21,001	±3,301
	Management				
C	Legal				
	Accounting				
e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				_
9	(A) amount, list line 11g expenses on Schedule O.)	107,721	1,663	106,058	
12	Advertising and promotion	68,943	68,943	100,030	
13		57,342	15,017	23,687	18,638
14	Office expenses Information technology	37,312	13,017	23,007	10,030
15					
16	Royalties				
17	Occupancy Travel				
18					
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Interest Payments to affiliates		+		
22	Depreciation, depletion, and amortization	394,474	394,124	350	
23		58,247	13,397	42,520	2,330
24	Insurance Other expenses. Itemize expenses not covered	30,217	±3,321	12,520	2,550
47	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.)				
а	MAINTENANCE & UTILITIES	244,084	+	244,084	
a b	OTHER EXPENSES	164,713	60,237	87,631	16,845
C	ANIMAL CARE	137,383	137,383	0,,001	10,013
d	dodd	102,706	137,303		102,706
		81,673	81,460	213	102,700
	All other expenses	3,526,801	2,202,112	949,601	375,088
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	J, JZU, OUI	2,202,112	9 19,001	313,000
_•	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Pa	art X		4. 4	r	d's Dad V			
		Check if Schedule O contains a response or no	te to any	line ir	n this Part X	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				618,384	1	401,315
	2	Savings and temporary cash investments				,	2	,
	3	Pledges and grants receivable, net				88,899	3	23,960
	4	Accounts receivable, net				6,025	4	2,250
	5	Loans and other receivables from any current or form	ner officer.	. direc	ctor.	,		•
		trustee, key employee, creator or founder, substantial			<i>'</i>			
		controlled entity or family member of any of these per					5	
	6	Loans and other receivables from other disqualified p						
s		under section 4958(f)(1)), and persons described in s					6	
Assets	7	Notes and loans receivable, net					7	
As	8	Inventories for sale or use				20,575	8	46,224
	9	Prepaid expenses and deferred charges				72,221	9	83,238
		Land, buildings, and equipment: cost or other		1		,		
		basis. Complete Part VI of Schedule D	10	a	11,775,927			
	b	Less: accumulated depreciation	40	b	6,900,651	5,087,046	10c	4,875,276
	11	Investments—publicly traded securities		0,00.,010	11	= 70.07=.0		
	12	Investments—other securities. See Part IV, line 11		5,141,060	12	6,324,541		
	13	Investments—program-related. See Part IV, line 11		3/111/000	13	0/321/311		
	14	lateracible access				1,196	14	846
	15	Other assets. See Part IV, line 11				621,671	15	111,134
	16	Total assets. Add lines 1 through 15 (must equal line				11,657,077	16	11,868,784
\neg	17	Accounts payable and accrued expenses		79,667	17	84,441		
	18			157001	18	01/111		
	19	Grants payable Deferred revenue				95,499	19	108,285
	20	Tax-exempt bond liabilities		20 / 122	20	100/100		
	21	Escrow or custodial account liability. Complete Part IV			21			
	22	Loans and other payables to any current or former of			´ · · · · · · · · · · · · · · · · · · ·			
Liabilities		trustee, key employee, creator or founder, substantial			35%			
pili		controlled entity or family member of any of these per					22	
Lia	23	Secured mortgages and notes payable to unrelated the					23	
	24	Unsecured notes and loans payable to unrelated third					24	
	25	Other liabilities (including federal income tax, payables						
		parties, and other liabilities not included on lines 17-2						
		· (0 · · -					25	
	26	Total liabilities. Add lines 17 through 25				175,166	26	192,726
		Organizations that follow FASB ASC 958, check I		X		1737100		100/100
တ္သ		and complete lines 27, 28, 32, and 33.						
ü	27	Net assets without donor restrictions				8,881,648	27	8,749,237
sala	28					2,600,263	28	2,926,821
P E	_0	Organizations that do not follow FASB ASC 958,	check he	ere [2,000,203		2//20/011
ᇤ		and complete lines 29 through 33.	OHOOK HO					
٥	29	Capital stock or trust principal, or current funds					29	
3ts	30	Paid-in or capital surplus, or land, building, or equipm	ent fund				30	
~ .								
SS	31	Retained earnings endowment accumulated income	or other	funde	<u>.</u>		31	
Ass	31 32	Retained earnings, endowment, accumulated income, Total net assets or fund balances			S	11,481,911	31 32	11,676,058

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	3,0	22,	9 <u>17</u>
2	Total expenses (must equal Part IX, column (A), line 25)	3,5	26,8	801
3	Revenue less expenses. Subtract line 2 from line 1	-5	03,	884
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	11,4	81,9	911
5	Net unrealized gains (losses) on investments 5	6	98,	031
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B)) 10	11,6	76,0	058
Pa	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			$oldsymbol{ol}}}}}}}}}}}}}}}}}}$
			Yes	No
1	Accounting method used to prepare the Form 990:	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both.			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2023)

<u></u>	I VII Section A. Onicers	, Directors, Trus	3100	5, r.c	<i>y</i> ∟ı	IIPIC	yees	, aı	id riigilest compensated	Linployees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	bo	ox, unle ficer a	Pos check ess pe	rson i	than of solution by the solution of the soluti	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	0	(F) stimated of oth compens from t rganizatio ted orga	er ation he n and	:
(20 (12))) ANNE LOVETT	1.00 0.00	96	stee	X		nsated		0	0				0
(13)														
(14)														
(15)														
(16)														
(17)														
(18)														
(19)														
1b c d 2	Total from continuation shee Total (add lines 1b and 1c) Total number of individuals (increportable compensation from	ts to Part VII, S	ectio	on A		 	<u> </u>	<u></u>	who received more than \$1	00,000 of				
3 4 5	Did the organization list any for employee on line 1a? <i>If</i> "Yes," For any individual listed on line organization and related organi <i>individual</i> Did any person listed on line 1s for services rendered to the organization	rmer officer, directly complete Scheduler, as the sum of izations greater that a receive or accreganization? If "Yestime"	of reponents	for sortal \$150 	ole co ,000'	indivompe ompe ? If " ion f	idual ensat Yes, rom	ion a con	and other compensation from the schedule J for such unrelated organization or incomplete.	n the dividual		3 4 5	Yes	No
Sect 1	ion B. Independent Contracto Complete this table for your five compensation from the organiz	e highest compe												
		(A) business address								(B) ion of services		Co	(C) mpensati	on
2	Total number of independent or received more than \$100,000 or							ose	listed above) who					

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Name of the organization Employer identification number SQUAM LAKES NATURAL SCIENCE CENTER 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). 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: 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization (ii) EIN (v) Amount of monetary (iii) Type of organization (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C)

(D)

(E)

Total

02-0271824

Page 2

Schedule A (Form 990) 2023

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				•			
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2010	(h) 2020	(a) 2024	(4) 2022	(a) 200	22 I	(f) T-4-1
		(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc. (see instructions)	•	•	•	•	12	
13	First 5 years. If the Form 990 is for the org							
	organization, check this box and stop here			<u></u>				
Sec	tion C. Computation of Public Su	pport Percent	tage					
14	Public support percentage for 2023 (line 6,	column (f) divided	by line 11, column	(f))			14	%
15	Public support percentage from 2022 Scheo	dule A, Part II, line	14				15	%
16a	33 1/3% support test — 2023. If the organ							
	box and stop here. The organization qualif	ies as a publicly su	upported organization	on				
b	33 1/3% support test — 2022. If the organ							
	this box and stop here. The organization q	ualifies as a public	ly supported organi	ization				
17a	10%-facts-and-circumstances test — 20							
	10% or more, and if the organization meets Part VI how the organization meets the fac organization	ts-and-circumstanc	es test. The organia	zation qualifies as a	a publicly supported	d		Г
b	10%-facts-and-circumstances test — 20							
	15 is 10% or more, and if the organization	meets the facts-and	d-circumstances tes	st, check this box a	nd stop here. Expl	lain		
	in Part VI how the organization meets the f	acts-and-circumsta	nces test. The orga	anization qualifies a	s a publicly suppor	ted		
10	organization Private foundation. If the organization did	not check a bay =	lino 12 165 165	170 or 17h -ha-l-	this boy and ass			
18	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.)

Sec	tion A. Public Support	quality diluci tile	C tests listed by	ciow, picase co	impicte i art ii.)		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees	, ,	ì	Ì) í	ì	• • • • • • • • • • • • • • • • • • • •
	received. (Do not include any "unusual grants.")	1,119,707	1,544,379	1,447,425	732,680	785,758	5,629,949
2	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	1,786,751	865,412	1,644,561	1,834,980	2,003,626	8,135,330
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,906,458	2,409,791	3,091,986	2,567,660	2,789,384	13,765,279
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						10 555 050
<u>Sac</u>	tion B. Total Support						13,765,279
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9		2,906,458	2,409,791	3,091,986	2,567,660	2,789,384	13,765,279
		2,900,438	2,409,791	3,091,980	2,307,000	2,709,304	13,703,279
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	117,178	86,538	104,546	115,734	180,641	604,637
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	117,178	86,538	104,546	115,734	180,641	604,637
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	68,326	38,665	44,243	63,099	86,589	300,922
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	3,091,962	2,534,994	3,240,775	2,746,493	3,056,614	14,670,838
14	First 5 years. If the Form 990 is for the organization, check this box and stop here	-		r fifth tax year as a			
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2023 (line 8,	column (f), divided b	y line 13, column ((f))		15	93.83%
16	Public support percentage from 2022 Scheo						94.19%
<u>Sec</u>	tion D. Computation of Investme						
17	Investment income percentage for 2023 (lin	ne 10c, column (f), di	vided by line 13, c	olumn (f))		17	4 %
18	Investment income percentage from 2022						4 %
19a	33 1/3% support tests — 2023. If the orga						X
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests — 2022. If the organized their statement of the control of						
20	line 18 is not more than 33 1/3%, check this		_				
<u> 20</u>	Private foundation. If the organization did	not check a box on	iiile 14, 19a, or 19	o, check this box an	iu see instructions .		

Schedule A (Form 990) 2023

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

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4.		
	4c		
	5a		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
Sch	edule A	\ (Form 9	990) 2023

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	anizati	ions					
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	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A – Adjusted Net Income (A) Prior Year (B) Current Year (optional)							
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3.	4						
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or collection							
of gross income or for management, conservation, or maintenance of							
property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see							
instructions for short tax year or assets held for part of year):							
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other factors							
explain in detail in Part VI):							
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d.	3						
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
see instructions).	4						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by 0.035.	6						
7 Recoveries of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C – Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, column A)	1						
2 Enter 0.85 of line 1.	2						
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4 Enter greater of line 2 or line 3.	4						
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions).	6						
7 Check here if the current year is the organization's first as a non-functionally integrated Ty	pe III si	upporting organization					

Schedule A (Form 990) 2023

(see instructions).

Schedule A (Form 990) 2023

a Excess from 2019 **b** Excess from 2020 . c Excess from 2021 d Excess from 2022 e Excess from 2023

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Schedule A (Forr	m 000/ 2023	MATIOS	T.AKEG	ΝΔΤΊΤΡ ΔΤ.	SCIENCE	CENTER	02-0271824	Page 8
Part VI	Supplemental III, line 12; Pa	I Information. Firt IV, Section A,	Provide the lines 1, 2, 3	explanations 3b, 3c, 4b, 4c	required by I s, 5a, 6, 9a, 9	Part II, line 10 b, 9c, 11a, 1	; Part II, line 17a or lb, and 11c; Part IV	17b; Part , Section
	3a, and 3b; Pa		t V, Section	B, line 1e; P	art V, Section	n D, lines 5, 6	t IV, Section E, lines i, and 8; and Part V tructions.)	
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Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF.

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

Name of the organization

SQUAM LAKES NATURAL SCIENCE CENTER

02-0271824

Organization type (check one):						
Filers o	of:	Section:				
Form 99	90 or 990-EZ	\boxed{X} 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 foundation				
	Only a section 501(c)(7),	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
Genera	I Rule					
X		g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a butions.				
Special	Rules					
	regulations under section 16b, and that received f	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ns 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or rom any one contributor, during the year, total contributions of the greater of (1) \$5,000; or n (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	contributor, during the y literary, or educational p	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, surposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering ead of the contributor name and address), II, and III.				
	contributor, during the y contributions totaled mo during the year for an ex	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such re than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the pothis organization because it received nonexclusively religious, charitable, etc., contributions during the year	\$			
must a	nswer "No" on Part IV, lir	on't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it no 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 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) (2023)

Schedule B (Form 990) (2023)

Name of organization

SQUAM LAKES NATURAL SCIENCE CENTER

Employer identification number 02-0271824

Part I	eded.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1		\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 68,285	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
No	Name, address, and ZIF + 4	Total contributions \$ 200,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.5		\$ 80,874	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 20,000	Person X Payroll Noncash (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 Pa	e instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
.7		\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

Name of organization

SQUAM LAKES NATURAL SCIENCE CENTER

Employer identification number 02-0271824

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.5	1806 SHARES OF WILLIAMBURG INVT	\$	12/28/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
•••••		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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.

2023 Open to Public

Inspection

Name of the organization Employer identification number SQUAM LAKES NATURAL SCIENCE CENTER 02-0271824 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X.

Schedule D (Form 990) 2023 SOUAM LAKES NATURAL SCIENCE CENTER Page 2 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued, 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). а Public exhibition Loan or exchange program b Scholarly research Other С Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 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? No Yes **b** If "Yes," explain the arrangement in Part XIII and complete the following table. Amount 1c c Beginning balance Additions during the year 1d 1e e Distributions during the year Ending balance 1f 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. (b) Prior year (a) Current year (c) Two years back (d) Three years back (e) Four years back 1,451,507 1,792,166 1,580,376 1,459,184 1,254,498 1a Beginning of year balance **b** Contributions 200,000 50,000 c Net investment earnings, gains, and 256,313 -276,456228,983 176,689 262,240 d Grants or scholarships e Other expenditures for facilities and 67,194 61,035 64,203 55,497 57,554 programs f Administrative expenses End of year balance 1,846,785 1,451,507 1,792,165 1,580,376 1,459,184 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 2 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 Yes No organization by: Χ (i) Unrelated organizations? 3a(i) Χ (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment Part VI 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 (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) depreciation 636,351 636,351 1a Land 337,182 2,886,267 450,915 **b** Buildings 818,293 1,284,555 533,738 c Leasehold improvements 126,993 **d** Equipment 756,082 629,089 228,019 2,100,740 127. **e** Other

4,875,276

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

Part VII	Investments - 0	Other Securities
I all VII	IIIVESHIICHIS — (Juiei Jeculiues

	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)	(b) book value	Cost or end-of-year market value	
1) Financial	derivatives			
2) Closely he	eld equity interests			
	MARKETABLE SECURITIES	6,324,541	MARKET	
		•••		
(E)				
/⊔\				
•	n (b) must equal Form 990, Part X, line 12, col. (B))	6,324,541		
Part VIII	Investments - Program Related			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(7)				
(8) (0)				
(9)	n /h) must squal Form 000, Port V line 12, sql /Pl)			
	n (b) must equal Form 990, Part X, line 13, col. (B))			
	()thar Accate			
Part IX	Other Assets Complete if the organization answered "Yes" if	on Form 990 Part IV line	11d See Form 990 Part X line 15	
Part IX	Complete if the organization answered "Yes"	on Form 990, Part IV, line		e
		on Form 990, Part IV, line	11d. See Form 990, Part X, line 15. (b) Book value	e
(1)	Complete if the organization answered "Yes"	on Form 990, Part IV, line		e
(1) (2)	Complete if the organization answered "Yes"	on Form 990, Part IV, line		e
(1) (2) (3)	Complete if the organization answered "Yes"	on Form 990, Part IV, line		e
(1) (2) (3) (4)	Complete if the organization answered "Yes"	on Form 990, Part IV, line		е
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes"	on Form 990, Part IV, line		e
(1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes"	on Form 990, Part IV, line		e
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes"	on Form 990, Part IV, line		e
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes"	on Form 990, Part IV, line		е
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes"	on Form 990, Part IV, line		e
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) Description	on Form 990, Part IV, line		e
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) Description (a) Description (b) must equal Form 990, Part X, line 15, col. (B))		(b) Book valu	e
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) Description (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities		(b) Book valu	е
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) Description (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes"	on Form 990, Part IV, line	(b) Book valu	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answered "Yes" (a) Description In (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" (line 25.	on Form 990, Part IV, line	(b) Book value 11e or 11f. See Form 990, Part X,	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answered "Yes" (a) Description In (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" (line 25. (a) Description of liabilities	on Form 990, Part IV, line	(b) Book value 11e or 11f. See Form 990, Part X,	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answered "Yes" (a) Description In (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" (line 25. (a) Description of liabilities	on Form 990, Part IV, line	(b) Book value 11e or 11f. See Form 990, Part X,	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X)	Complete if the organization answered "Yes" (a) Description In (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" (line 25. (a) Description of liabilities	on Form 990, Part IV, line	(b) Book value 11e or 11f. See Form 990, Part X,	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Federal (2) (3)	Complete if the organization answered "Yes" (a) Description In (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" (line 25. (a) Description of liabilities	on Form 990, Part IV, line	(b) Book value 11e or 11f. See Form 990, Part X,	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal (2) (3) (4)	Complete if the organization answered "Yes" (a) Description In (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" (line 25. (a) Description of liabilities	on Form 990, Part IV, line	(b) Book value 11e or 11f. See Form 990, Part X,	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X (1) Federal (2) (3) (4) (5)	Complete if the organization answered "Yes" (a) Description In (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" (line 25. (a) Description of liabilities	on Form 990, Part IV, line	(b) Book value 11e or 11f. See Form 990, Part X,	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" (a) Description In (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" (line 25. (a) Description of liabilities	on Form 990, Part IV, line	(b) Book value 11e or 11f. See Form 990, Part X,	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" (a) Description In (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" (line 25. (a) Description of liabilities	on Form 990, Part IV, line	(b) Book value 11e or 11f. See Form 990, Part X,	

	edule D (Form 990) 2023 SQUAM LAKES NATURAL SCIENCE	E CENTER	02-027182	4	Page 4
	art XI Reconciliation of Revenue per Audited Financial State				
	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	3,746,334
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	698,031		
b	= : 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2b	25,599		
С		2c			
d		2d			
е				2e	723,630
3	Subtract line 2e from line 1			3	3,022,704
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а		4a	213		
b					
С	Add lines 4a and 4b			4c	213
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,022,917
	art XII Reconciliation of Expenses per Audited Financial Sta			eturn	
	Complete if the organization answered "Yes" on Form 99				
1	Total expenses and losses per audited financial statements			1	3,552,187
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
- a	Donated services and use of facilities	2a	25,599		
b			23 33 3		
C	* * * * * * * * * * * * * * * * * * * *				
d					
	/			20	25,599
e 2				2e 3	3,526,588
3	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·		-	3,320,300
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-	212		
a			213		
b	/				212
C				4c	213
5				5	3,526,801
	art XIII Supplemental Information				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			i, line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		ormation.		
P.	ART V, LINE 4 - INTENDED USES FOR ENDOWM	INT FUNDS			
_			~~		
. T	O PRESERVE THE CAPITAL ENDOWMENT FUND ANI) EARN A (COMPETITIVE		
				RET	URN FROM
I	NCOME AND CAPITAL GAINS, DOING SO WITHOUT	EXPOSING	THE FUND		
I	NCOME AND CAPITAL GAINS, DOING SO WITHOUT	EXPOSING	THE FUND		
	NCOME AND CAPITAL GAINS, DOING SO WITHOUT MPRUDENT RISK.	' EXPOSING	THE FUND		
		EXPOSING	THE FUND		
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		EXPOSING	THE FUND		
		EXPOSING	THE FUND		

Schedule D (Fo	orm 990) 2023 S	SQUAM	LAKES	NATURAL	SCIENCE	CENTER	02-0271824	Page 5
Part XIII	Supplementa	l Inform	ation (cor	ntinued)				
*								
• • • • • • • • • • • • • • • • • • • •								
• • • • • • • • • • • • • • • • • • • •								

SCHEDULE E

(Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Schools

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

Open to Publispection

OMB No. 1545-0047

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

Employer identification number

02-0271824 SQUAM LAKES NATURAL SCIENCE CENTER Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Χ Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, Χ programs, and scholarships? 2 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, Χ 3 Does the organization maintain the following? Χ Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory Χ 4b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II. THE RECORDS FOR THIS PROCESS ARE NOT MAINTAINED Does the organization discriminate by race in any way with respect to: Χ Students' rights or privileges? 5a Χ Admissions policies? b Χ Employment of faculty or administrative staff? 5c Scholarships or other financial assistance? 5d Χ Ч Χ Educational policies? 5e Χ Use of facilities? 5f Χ Athletic programs? 5g Χ 5h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? 6a Has the organization's right to such aid ever been revoked or suspended? Χ 6b If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering

racial nondiscrimination? If "No," explain on Part II.

Schedule E (F	orm 990) 2023	SQT	JAM LAKE	S NATURA	L SCIENCE	CENTER	02-0271824	Page 2
Part II		Information. Proving other additional			by Part I, lines 3	3, 4d, 5h, 6b, and	7, as applicable.	
SCH E	- FINANCI	AL AID OR	GOVERNME	NT ASSIS	TANCE EXF	LANATION		
FUNDIN	G RECEIVE	D FOR CHIL	D CARE A	CHIEVING	STABILIZ	ATION PRO	GRAM	
• • • • • • • • • • • • • • • • • • • •								
• • • • • • • • • • • • • • • • • • • •								

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

2023

Open to Public

Name of the organization Employer identification number SQUAM LAKES NATURAL SCIENCE CENTER 02-0271824 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C d In-person solicitations 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? **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. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 1 10 Total 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.

SQUAM LAKES NATURAL SCIENCE CENTER 02-0271824 Schedule G (Form 990) 2023 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 VARIOUS SPECIAL NONE (add col. (a) through col. (c)) (event type) (event type) (total number) 185,278 185,278 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 185,278 185,278 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sche	dule G (Form 990) 2023	SQUAM LAKES	NATURAL	SCIENCE	CENTER	02-0271824			Page 3
11	Does the organization condi							Yes	No
12	Is the organization a grantor						_		
	formed to administer charita	able gaming?						Yes	☐ No
13	Indicate the percentage of g	gaming activity conducted	in:						
а	The organization's facility						13a		<u>%</u>
b	An outside facility						13b		%
14	Enter the name and address records:	s of the person who prep	ares the organiza	ation's gaming/sp	ecial events book	s and			
	Name								
	Address							• • •	
15a	Does the organization have revenue?	·	-	•			Г	Yes	∏ No
b	If "Yes," enter the amount of	f gaming revenue receive	d by the organiza	ation \$		and the		_	_
	amount of gaming revenue	retained by the third party	, \$						
С	If "Yes," enter name and add	dress of the third party:							
	Name								
	Address								
16	Gaming manager information	on:							
	Name								
	Gaming manager compensa	ation \$							
	Description of services prov	rided							
	Director/officer	Employee	Indepe	ndent contractor					
17	Mandatory distributions:								
''a	Is the organization required	under state law to make	charitable distribu	itions from the a	aming proceeds t	n			
-	retain the state gaming licer			_			Г	Yes	□No
b	Enter the amount of distribu	tions required under state	law to be distrib	uted to other exe	empt organizations	s or			ш -
	spent in the organization's o			\$					
Pa		9, 9b, 10b, 15b, 15c		•		ine 2b, columns (iii) le any additional info	` , .	and	
	See manucho	nio.							

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOUAM LAKES NATURAL SCIENCE CENTER

Employer identification number 02-0271824

	220111 11111111111111111111111111111111	2011101	0=::==:	-					
Р	art I General Information on Grants and	Assistance							
	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.								
	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,								
•	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1)						,			
(2)									
(3)									
(4)									
• • •									
(5)									
(6)									
(7)									
(8)									
٠									
(9)									
2	Enter total number of section 501(c)(3) and government org	ganizations listed in	the line 1	table					

.....

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other) recipients cash grant noncash assistance 1 SCHOLARSHIPS 7,726 TUITION CREDIT **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection
Employer identification number

	SQUAM LAKES NATURAL SCIENCE CENTER 02	-0271824			
Pa	rt I Questions Regarding Compensation				
		_		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form				
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment				
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to				
	explain		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all				
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line				
	1a?		2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the				
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a				
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee X Written employment contract				
	Independent compensation consultant X Compensation survey or study				
	Form 990 of other organizations X Approval by the board or compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
	Receive a severance payment or change-of-control payment?		4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?		4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?		4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
	compensation contingent on the revenues of:				
а	The organization?		5a		X
b	Any related organization?		5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.				
_					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
	compensation contingent on the net earnings of:		_		3.7
a	The organization?		6a		X
b	Any related organization?		6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.				
-	For paragraphic location of Form 200 Port VIII Continue A line 40 did the accompanies and accompanies				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		7		v
0	payments not described on lines 5 and 6? If "Yes," describe in Part III		7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4058 4(a)(3)3 If "Yes " described.				
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe		0		Х
	in Part III		8	$\vdash \vdash$	Λ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
3			9		
	Regulations section 53.4958-6(c)?		•		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2	2 and/or 1099-MISC and/or 1	099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990	
IAIN MACLEOD	133,332	0	C	16,976	0	150,308	0	
1 EXEC. DIRECT		0	C	0	0	0	0	
2) 							
(6)							
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(6)							
(12)							
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14 ()							
15 (1))						_	
16	•							

Schedule J	(Form 990) 2023	SQUAM LAK	ES NATURAL	SCIENCE CEN	NTER 02-02	271824			Page 3
Part III	Suppleme	ntal Information		I fan Dant I linns 4	a 1b 2 1a 1b	4- 5- 5h C- Ch	7 and 0 and fan D	ant II. Alaa aanamlata t	la a a aut
or any a	ne information, dditional inform	explanation, or de	scriptions required	i for Part I, lines 1	a, 1b, 3, 4a, 4b, 4	4c, 5a, 5b, 6a, 6b,	7, and 8, and for Pa	art II. Also complete t	nis part
or arry a	dullonal inioni	auori.							
•									
•									

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Open to Public

Schedule O (Form 990) 2023

02-0271824

Department of the Treasury Internal Revenue Service Name of the organization

SQUAM LAKES NATURAL SCIENCE CENTER

Attach to Form 990 or Form 990-EZ. Inspection Go to www.irs.gov/Form990 for the latest information. Employer identification number

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.

12520	
Schedule O (Form 990) 2023	Page 2
Name of the organization SQUAM LAKES NATURAL SCIENCE CENTER	Employer identification number 02-0271824
USING AN ORGANIZATION-WIDE SALARY RANGE STRUCTURE. TH	E STRUCTURE WAS
CREATED IN 2008 USING SALARY SURVEY DATA FROM MULTIPL	E SOURCES (ASSOCIATION
OF ZOOS AND AQUARIUMS, ASSOCIATION OF NATURE CENTER A	DMINISTRATORS, NON-
PROFIT TIMES, NH CENTER FOR NON-PROFITS, ETC.). THE C	RGANIZATION-WIDE
SALARY RANGE STRUCTURE WAS REVIEWED AND APPROVED BY T	HE PERSONNEL
COMMITTEE.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISC	LOSURE EXPLANATION
THE ORGANIZATION PROVIDES A COPY OF THE 990 ON ITS OW	N WEBSITE. A COPY
WILL ALSO BE PROVIDED UPON REQUEST	

Form **990-T**

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

0			-	•••
2	20	12	3	

	For cal	endar year 2023 or other tax year begi	nning	, and ending				Open to Public Inspection
Department of the Treasury		Go to www.irs.gov/Fo						for 501(c)(3)
Internal Revenue Service	Do	not enter SSN numbers on this	form as it may be r	made public if your o	rganization is	a 501(c)((3).	Organizations Only
A Check box if address changed.		Name of organization (C	Check box if name change	ed and see instructions.)		D Emplo	oyer iden	tification number
B Exempt under section	Print	SQUAM LAKES N.	ATURAL SC	IENCE CENT	'ER	02-	-027	1824
X 501(C)(3)	or	Number, street, and room or suite no. I	f a P.O. box, see instruction	ns.		E Group	exempti	on number
408(e) 220(e)	Type	23 SCIENCE CE	NTER ROAD			(see i	nstructions	3)
		City or town, state or province, countr	y, and ZIP or foreign pos	tal code				
408A 530(a	1)	HOLDERNESS		NH 03245		F	Check	k box if
529(a) 529A	C B	ook value of all assets at end o	of year	11,8	58,784		an an	nended return.
G Check organization type		X 501(c) corporation	501(c) trust	401(a) trust	Other tru	ıst	State	college/university
		6417(d)(1)(A) Applicable 6	entity					
H Check if filing only to c	aim	Credit from Form 8941	Refund shown	n on Form 2439	Elective	payment	amount	from Form 3800
Check if a 501(c)(3) or	ganization	filing a consolidated return wit	h a 501(c)(2) titleho	olding corporation				
		hedules A (Form 990-T)						
K During the tax year, wa	as the corp	oration a subsidiary in an affilia	ated group or a par	ent-subsidiary contro	olled group?			Yes X No
If "Yes," enter the nam	e and ider	tifying number of the parent co	orporation					
L The books are in care		SQUAM LAKES NAT		<u>.V</u>	Teleph	one num	ber	603-968-7194
		Business Taxable Inc						
1 Total of unrelated bu	siness tax	able income computed from al	I unrelated trades of	or businesses (see ii	nstructions)		1	5,017
							2	- 01-
3 Add lines 1 and 2							3	5,017
4 Charitable contribution	ns (see ir	structions for limitation rules)					4	5 01 5
		e income before net operating					5	5,017
		s. See instructions					6	0
		able income before specific de	duction and section	199A deduction.				E 01E
Subtract line 6 from							7	5,017
		1,000, but see instructions for						1,000
		n. See instructions					9	1 000
10 Total deductions.							10	1,000
		income. Subtract line 10 from	line 7. If line 10 is g	reater than line 7, e	nter zero		11	4,017
Part II Tax Co							Τ.	0.4.4
		rporations. Multiply Part I, line					1	844
		See instructions for tax compu						0
Part I, line 11 from:	Ш	rate schedule or Sch	nedule D (Form 10	41)			2	0
3 Proxy tax. See insti							3	
	4	ctions					5	
		income. See instructions					6	
		line 1 or 2, whichever applies					7	844
Part III Tax and								
		attach Form 1118; trusts attac	ch Form 1116)	1a				
		anaci i cim i i i ci, i data anac					1	
c General business cr	edit. Attach	Form 3800 (see instructions)		1c			1	
		ax (attach Form 8801 or 8827)					1	
		ough 1d					1e	
2 Subtract line 1e from	Part II. lin	e 7					2	844
b Amount due from Fo	0011						1	
c Amount due from Fo	0007			20			1	
d Amount due from Fo								
e Other amounts due	(see instru	ctions)						
f Total amounts due.	Add lines 3	a through 3e					3f	
4 Total tax. Add lines	2 and 3f (a through 3esee instructions). Che	ck if includes tax p	reviously deferred u	nder			
section 1294. Ente							4	844
5 Current net 965 tay	iahility nai	from Form 965-A Part II colu					5	

Pa	rt III Tax and Payments (continued)	_						
6a	Payments: Preceding year's overpayment credited to the current year	6	а	632				
	Current year's estimated tax payments. Check if section 643(g) election		-					
	applies	□ 6	b					
С	Tax deposited with Form 8868	6		1,075				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6		,				
е	Backup withholding (see instructions)							
f	Credit for small employer health insurance premiums (attach Form 8941)		if					
g	Elective payment election amount from Form 3800			96,161				
h	Payment from Form 2439	6						
i	Credit from Form 4136	6						
i	Other (see instructions)	6	_					
7	Total payments. Add lines 6a through 6j				7		97,8	368
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached				8		, -	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount of				9			0
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amo				10		97,0	24
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax		863	Refunded	11		96,1	
	rt IV Statements Regarding Certain Activities and Oth	ner Information						
1	At any time during the 2023 calendar year, did the organization have an inter						Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Y	-		•				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes,"		•					
	here			,				Х
2	During the tax year, did the organization receive a distribution from, or was it		r transferor t	o, a foreign trust?				X
	If "Yes," see instructions for other forms the organization may have to file.	,		, 0				
3	Enter the amount of tax-exempt interest received or accrued during the tax y	/ear		\$				
4	Enter available pre-2018 NOL carryovers here \$				ver			
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown							
	Shown on concade A (1 only 300 1). Bont reader the 140L carryover shown	i ficio by ally aca	action topol	ica on				
	Part I, line 6.	There by any dea	double ropor	ica on				
5								
5	Part I, line 6.	post-2017 NOL ca	arryovers. D	on't reduce				
5	Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available p	post-2017 NOL ci	arryovers. D year. See ir	on't reduce	ver			
5	Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available the amounts shown below by any NOL claimed on any Schedule A, Part II, li	post-2017 NOL coine 17 for the tax	arryovers. D year. See ir vailable post	on't reduce				
5	Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available the amounts shown below by any NOL claimed on any Schedule A, Part II, line Business Activity Code	post-2017 NOL cine 17 for the tax Av	arryovers. D year. See ir vailable post	on't reduce estructions. -2017 NOL carryc				
5	Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available part the amounts shown below by any NOL claimed on any Schedule A, Part II, line Business Activity Code	post-2017 NOL coine 17 for the tax Av	arryovers. D year. See ir /ailable post	on't reduce nstructions. -2017 NOL carryc				
	Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available the amounts shown below by any NOL claimed on any Schedule A, Part II, II Business Activity Code	post-2017 NOL crine 17 for the tax Av \$ \$ \$ \$ \$ \$	arryovers. D year. See ir vailable post	on't reduce estructions. -2017 NOL carryc				
	Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available the amounts shown below by any NOL claimed on any Schedule A, Part II, II Business Activity Code	post-2017 NOL crine 17 for the tax Av \$ \$ \$ \$ \$ \$	arryovers. D year. See ir vailable post	on't reduce nstructions. -2017 NOL carryc				
6a b	Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available the amounts shown below by any NOL claimed on any Schedule A, Part II, li Business Activity Code Reserved for future use Reserved for future use	post-2017 NOL caine 17 for the tax Au \$ \$ \$ \$ \$	arryovers. D year. See ir /ailable post	on't reduce nstructions. -2017 NOL carryo				
6a b Pa	Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available part the amounts shown below by any NOL claimed on any Schedule A, Part II, in Business Activity Code Reserved for future use Reserved for future use Tri V Supplemental Information	post-2017 NOL caine 17 for the tax Au \$ \$ \$ \$ \$	arryovers. D year. See ir /ailable post	on't reduce nstructions. -2017 NOL carryo				
6a b Pa	Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available the amounts shown below by any NOL claimed on any Schedule A, Part II, li Business Activity Code Reserved for future use Reserved for future use	post-2017 NOL caine 17 for the tax Au \$ \$ \$ \$ \$	arryovers. D year. See ir /ailable post	on't reduce nstructions. -2017 NOL carryo				
6a b Pa	Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available part the amounts shown below by any NOL claimed on any Schedule A, Part II, in Business Activity Code Reserved for future use Reserved for future use Tri V Supplemental Information	post-2017 NOL caine 17 for the tax Au \$ \$ \$ \$ \$	arryovers. D year. See ir /ailable post	on't reduce nstructions. -2017 NOL carryo				
6a b Pa	Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available part the amounts shown below by any NOL claimed on any Schedule A, Part II, in Business Activity Code Reserved for future use Reserved for future use rt V Supplemental Information de any additional information. See instructions.	post-2017 NOL caine 17 for the tax Av \$ \$ \$ \$	arryovers. D year. See ir /ailable post	on't reduce astructions2017 NOL carryo				
6a b Pa	Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available part the amounts shown below by any NOL claimed on any Schedule A, Part II, in Business Activity Code Reserved for future use Reserved for future use rt V Supplemental Information de any additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including	post-2017 NOL caine 17 for the tax And \$ \$ \$ \$ \$ accompanying scheme.	arryovers. D year. See in /ailable post	on't reduce instructions2017 NOL carryo	e best of r	ny knowledg	e and	
6a b Pa	Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available part the amounts shown below by any NOL claimed on any Schedule A, Part II, in Business Activity Code Reserved for future use Reserved for future use rt V Supplemental Information de any additional information. See instructions.	post-2017 NOL caine 17 for the tax And \$ \$ \$ \$ \$ accompanying scheme.	arryovers. D year. See in /ailable post	on't reduce instructions2017 NOL carryo	e best of r	my knowledg		
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6a <u>b</u> Pa Provid	Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available the amounts shown below by any NOL claimed on any Schedule A, Part II, is Business Activity Code Reserved for future use Reserved for future use Reserved for future use Tr V Supplemental Information de any additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including belief, it is true, correct, and complete. Declaration of preparer (other than taxpate) TREAST Signature of officer Print/Type preparer's name RONDA J KILANOWSKI, CPA Propagation of preparer of the preparer's signature of the preparer's name preparer's name preparer's pr	s s s s s s s s s s s s s s s s s s s	arryovers. D year. See in /ailable post	on't reduce instructions. -2017 NOL carryon atements, and to the of which preparer h	e best of ras any kn	my knowledg owledge. May the IRS dis with the prepare (see instructions y if PTIN	cuss this re r shown be s)? es	elow No
6a b Pa Provid Sigi	Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available the amounts shown below by any NOL claimed on any Schedule A, Part II, ii Business Activity Code Reserved for future use Reserved for future use rt V Supplemental Information de any additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including belief, it is true, correct, and complete. Declaration of preparer (other than taxpath) Business Activity Code Try Supplemental Information Treating Try Signature of Officer Print/Type preparer's name RONDA J KILANOWSKI, CPA Firm's name Preparer's signature of Firm's name RONDA J KILANOWSKI, CPA Firm's name	s s s s s s s s s s s s s s s s s s s	arryovers. D year. See in /ailable post	atements, and to the of which preparer h	check self-emplo	my knowledge. May the IRS dis with the prepare (see instructions	cuss this rer shown be r shown be s)? es	elow No
6a b Pa Provid Her	Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available the amounts shown below by any NOL claimed on any Schedule A, Part II, ii Business Activity Code Reserved for future use Reserved for future use Reserved for future use In the amounts shown below by any NOL claimed on any Schedule A, Part II, ii Business Activity Code Reserved for future use Reserved for future use In the amounts shown below by any NOL claimed on any Schedule A, Part II, ii Business Activity Code Reserved for future use Reserved for future use Reserved for future use Reserved for future use Tr V Supplemental Information Be any additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including belief, it is true, correct, and complete. Declaration of preparer (other than taxportation) TREAST Signature of officer Date Tritle Print/Type preparer's name RONDA J KILANOWSKI, CPA	s s s s s s s s s s s s s s s s s s s	arryovers. D year. See in /ailable post	atements, and to the of which preparer h	Check Self-emplor	my knowledg owledge. May the IRS dis with the prepare (see instructions Y) if PTIN P0 IN 043608	cuss this rer shown be r shown be s)? es	elow No
6a b Pa Provid Her	Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available the amounts shown below by any NOL claimed on any Schedule A, Part II, ii Business Activity Code Reserved for future use Reserved for future use Information Re any additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including belief, it is true, correct, and complete. Declaration of preparer (other than taxped belief, it is true, correct, and complete. Declaration of preparer (other than taxped belief). Signature of officer Print/Type preparer's name RONDA J KILANOWSKI, CPA Firm's name MATONE. DIRIBBO & COMPANY P. C.	s s s s s s s s s s s s s s s s s s s	arryovers. D year. See in /ailable post	atements, and to the of which preparer h	check self-emplo	my knowledg owledge. May the IRS dis with the prepare (see instructions Y) if PTIN P0 IN 043608	cuss this rer shown be r shown be s)? es	elow No

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

202

2023

Department of the Treasury

Internal Revenue Service

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

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

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

	Name of the organization UAM LAKES NATURAL SCIENCE CENTER					B Employe 02-027			tion nu	ımber
<u>C 1</u>	Unrelated business activity code (see instructions) 812900					D Sequenc	e:	1	of	1
FI	Describe the unrelated trade or business UNRELATED BUSINES	SS A	CTTVI	тү						
	art I Unrelated Trade or Business Income			ncome		(B) Expense	s		(C) Ne	et
	Gross receipts or sales									
b	Less returns and allowances c Balance	1c								
2	Cost of goods sold (Part III, line 8)	2								
3	Gross profit. Subtract line 2 from line 1c	3								
4a	Capital gain net income (attach Sch D (Form 1041 or									
	Form 1120)). See instructions	4a								
b	Net gain (loss) (Form 4797) (attach Form 4797). See									
	instructions	4b								
С	Capital loss deduction for trusts	4c								
5	Income (loss) from a partnership or an S corporation (attach									
	statement)	5								
6	Rent income (Part IV)	6								
7	Unrelated debt-financed income (Part V)	7								
8	Interest, annuities, royalties, and rents from a controlled									
	organization (Part VI)	8								
9	Investment income of section 501(c)(7), (9), or (17)									
	organizations (Part VII)	9								
10	Exploited exempt activity income (Part VIII)	10								
11	Advertising income (Part IX)	11								
12	Other income (see instructions; attach statement) SEE STMT 1	12			568					6,568
13_	Total. Combine lines 3 through 12	13			568					6,568
Pa	art II Deductions Not Taken Elsewhere See instructions for	limita	itions on	ded	uctions	s. Deductions	s mu	st be	!	
	directly connected with the unrelated business income					1	.			
1	Compensation of officers, directors, and trustees (Part X)						1			<u> </u>
2	Salaries and wages						2			6,904
3	Repairs and maintenance						3			2,582
4	Bad debts						4			
5	Interest (attach statement). See instructions						5 6			532
6	Taxes and licenses					2,681	•			334
,	Depreciation (attach Form 4562). See instructions			8а		2,001	8b			2,681
8 9	Less depreciation claimed in Part III and elsewhere on return						9			2,001
10	Depletion Contributions to deformed componentian plans						10			
11	Contributions to deferred compensation plans						11			15
12	Employee benefit programs Excess exempt expenses (Part VIII)						12			
13	Excess exempt expenses (Part VIII) Excess readership costs (Part IX)						13			
14	Other deductions (attach statement)		SEE	STA	TEMF	INT 2	14			8,837
15	Total deductions. Add lines 1 through 14					···· · ····	15			1,551
16	Unrelated business income before net operating loss deduction. Subtract line 15 f	rom Pa	nt I, line 1	3,						
	column (C)						16			5,017
17	Deduction for net operating loss. See instructions						17			

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2023

		KES NATURAL SC		02-0271824	Page 2
Part					
	Inventory at beginning of year				
3	Cost of labor				
4 =	Additional section 263A costs (attach statement			5	
5	Other costs (attach statement)			6	
	Total. Add lines 1 through 5				
	Inventory at end of year	Enter here and in Dort Lline			
	Do the rules of section 263A (with respect to pro				Yes No
<u>9</u> Part					les No
	Description of property (property street address,				
	A	ony, state, 211 oddoj. Oricon	in a dadi doc. Occ motido	uono.	
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
	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)				
С	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, col	umns A through D. Enter her	e and on Part I line 6 col	ımn (A)	
•	Total folio footived of doorded. Add line 26, 661	The result of th	and on raiti, into 0, oor	arriir (71)	
	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	gh D. Enter here and on Part	I, line 6, column (B)		
Part		,	,		
	Description of debt-financed property (street add	aress, city, state, ZIP code). (check if a dual-use. See ii	nstructions.	
	A				
	B -				
	Ğ H ————				
		A	В	С	D
2	Gross income from or allocable to debt-financed				
	proporty				
	Deductions directly connected with or allocable				
	to debt-financed property				
	Straight line depreciation (attach statement)				
	Other deductions (attach statement)				
	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)				
	Divide line 4 by line 5	%	%	%	9
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A thr	ough D). Enter here and on B	Part I line 7 column (A)		
			are i, iii o 7, coluitiit (A)		
9	Allocable deductions. Multiply line 3c by line 6				

Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

10 11

Total dividends — received deductions included in line 10

Schedule	e A (Form 990-T) 2023	SQUAM I	LAKES NAT	TURAL SO	CIENCE C	ENTER	₹ 02	-027182	24	Page \$	3
Part \	/I Interest, An	nuities, Roy	alties, and F	Rents From	Controlled	Organ	izations (see instruc	tions)		
						Exe	empt Control	led Organizat	ion		
	Name of controlled organization	1	2. Employer identification number	in	Net unrelated come (loss) instructions)		of specified ents made	5. Part of controlling orgons in	ed in the ganization's	Deductions directly connected with income in column 5	
(1)											_
(2)											_
(3)											_
(4)											_
			N	onexempt Con	trolled Organiz	ations		ı		•	_
	7. Taxable income	incon	unrelated ne (loss) nstructions)		I of specified nents made		10. Part of co that is included controlling orga gross inco	d in the nization's		I. Deductions directly connected with noome in column 10	
(1)											_
(2)											_
(3)											_
(4)											-
Totals Part \	/II Investment	Income of a	a Section 50°	1(c)(7) (9)	or (17) Org	anizatio	line 8, colum	n (A).		ter here and on Part I, line 8, column (B).	_
<u>rait (</u>	Description of in			nount of income	3. Dec	ductions connected statement)		4. Set-asides		5. Total deductions and set-asides (add columns 3 and 4)	
(1)											_
(2)											_
(3)											_
(4) Totals			Enter he	ounts in column 2. ere and on Part I, 9, column (A).						Add amounts in column 5. Enter here and on Part I, line 9, column (B).	_
Part \	/III Exploited E	xempt Activ	vity Income,	Other Than	Advertisin	g Incon	ne (see in	structions)	· ·		_
	escription of exploited a						,				
	oss unrelated business		ide or business. I	Enter here and	on Part I, line	10, columi	n (A)		2		
	penses directly connect										
	. 10 (D)	·							3		
	et income (loss) from un										_
	C 4b				•	•			4		
	ross income from activity	y that is not unr	elated business i	ncome					5		_
6 Ex	penses attributable to ir	ncome entered of	on line 5	* *					6		_
7 E	ress exemnt expenses	Subtract line 5	from line 6 but o	to not enter mo	ore than the am	ount on lir	 ne		-		_

Schedule A (Form 990-T) 2023

4. Enter here and on Part II, line 12

<u>Pa</u> r	rt IX Advertising Income						
1	Name(s) of periodical(s). Check box if reporting	two or more perio	dicals on a	consolidated basis.			
	A B						
	c						
	D						
Enter	r amounts for each periodical listed above in the		ımn.		-		
2	Cross advertising income	Α		В		С	D
2	Gross advertising income						
а	•	Part I, line 11, colum	nn (A)			·····	
3	Direct advertising costs by periodical						
а	Add columns A through D. Enter here and on F	Part I, line 11, colun	nn (B)			-	
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8						
5	Readership costs				-		
6 7	Circulation income Excess readership costs. If line 6 is less than						
	line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-						
8	Excess readership costs allowed as a						
	deduction. For each column showing a gain on						
	line 4, enter the lesser of line 4 or line 7						
а	Add line 8, columns A through D. Enter the gre						
Par	Part II, line 13						
Par	rt X Compensation of Officers,			s (see instruction		3. Percentage	Compensation attributable to
Par							Compensation attributable to unrelated business
Par	rt X Compensation of Officers,			s (see instruction		3. Percentage of time devoted	attributable to
	rt X Compensation of Officers,			s (see instruction		3. Percentage of time devoted	attributable to unrelated business % %
(1) (2) (3)	rt X Compensation of Officers,			s (see instruction		3. Percentage of time devoted	attributable to unrelated business % % %
(1)	rt X Compensation of Officers,			s (see instruction		3. Percentage of time devoted	attributable to unrelated business % %
(1) (2) (3) (4)	rt X Compensation of Officers, 1. Name	Directors, and	I Trustees	s (see instruction 2. Title	ns)	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	rt X Compensation of Officers,	Directors, and	I Trustees	s (see instruction 2. Title	ns)	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name al. Enter here and on Part II, line 1	Directors, and	I Trustees	s (see instruction 2. Title	ns)	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name al. Enter here and on Part II, line 1	Directors, and	I Trustees	s (see instruction 2. Title	ns)	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name al. Enter here and on Part II, line 1	Directors, and	I Trustees	s (see instruction 2. Title	ns)	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name al. Enter here and on Part II, line 1	Directors, and	I Trustees	s (see instruction 2. Title	ns)	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name al. Enter here and on Part II, line 1	Directors, and	I Trustees	s (see instruction 2. Title	ns)	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name al. Enter here and on Part II, line 1	Directors, and	I Trustees	s (see instruction 2. Title	ns)	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name al. Enter here and on Part II, line 1	Directors, and	I Trustees	s (see instruction 2. Title	ns)	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name al. Enter here and on Part II, line 1	Directors, and	I Trustees	s (see instruction 2. Title	ns)	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name al. Enter here and on Part II, line 1	Directors, and	I Trustees	s (see instruction 2. Title	ns)	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name al. Enter here and on Part II, line 1	Directors, and	I Trustees	s (see instruction 2. Title	ns)	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name al. Enter here and on Part II, line 1	Directors, and	I Trustees	s (see instruction 2. Title	ns)	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name al. Enter here and on Part II, line 1	Directors, and	I Trustees	s (see instruction 2. Title	ns)	3. Percentage of time devoted to business	attributable to unrelated business % % %

02-0271824

Federal Statements

FYE: 12/31/2023

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

	 Am	nount		
TRANSPORTATION	TO	ISLAND	\$	26,568
TOTAL			\$	26,568

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

Deduction Description	Deduction Amount						
BOAT INSURANCE FUEL	\$	2,329 1,312					
OTHER BOAT FEES		203					
OTHER MANAGEMENT FEES		4,672					
ADVERTISING		321					
TOTAL	\$	8,837					

Form **3468**

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Investment Credit

Attach to your tax return.

Go to www.irs.gov/Form3468 for instructions and the latest information.

OMB No. 1545-0155 **2023**

Attachment Sequence No. 174

Identifying number

S	OUA	JAM LAKES NATURAL SCIENCE CENTER 02-02718	324
_	rt I		
Α	Che	Check this box if you have petitioned for provisional emission rates and have also received written approval from a certified	
	third	nird-party verifier or a letter from the IRS	
			_
1	Des	Description of the facility: SOLAR - ELECTRICITY GENERATION FOR	
		HEATING/COOLING	_
2a	IRS	RS-issued registration number for the facility: PJ00123000RC	
b	Тур	ype of facility (solar, geothermal, etc.): SOLAR	
3		ocation of facility, including coordinates (latitude and longitude).	
а		ddress of the facility (if applicable): 23 SCIENCE CENTER ROAD	
		HOLDERNESS NH 03245	
b	Coo	Coordinates (if applicable). Latitude: 43. 73.2020 Longitude: 71. 5	8 8 4 1 0
		Enter a "+" (plus) or "-" (minus) sign in the first box. Enter a "+" (plus) or "-" (minus) sign in the first box. CO (10 (20 20 20 20 20 20 20 20 20 20 20 20 20 2	n in the first box.
4		Date construction began (MM/DD/YYYY): 09/19/2022 05/12/2023	
5		rate placed in service (MINVED/11111).	
6		s the facility part of an expansion of an existing closed-loop biomass or open-loop biomass facility? Yes No Does the project produce a net output of less than 1 megawatt (MW) alternating current (ac), or equivalent thermal energy?	
7			
a b	X	Yes.	
C	П	No. Not applicable, the facility doesn't produce electricity.	
8		Does the project satisfy the prevailing wage and apprenticeship requirements?	
а	П	Yes, and sections 48C(e)(5) and (6) apply, and it was declared as provided per Notice 2023-18.	
b	H	Yes, and either (i) section 48(a)(9)(B)(ii) applies if construction began before January 29, 2023; or (ii) sections 48(a)(10) and	
-		_ (11) apply.	
С	Χ		
d		Not applicable.	
9	Doe	does the property qualify for a domestic content bonus credit per section 45(b)(9)(B)?	
а	Ш	Yes, and section 48(a)(9)(B) is satisfied (10% bonus). Attach the required information.	
b	_	Yes, and section 48(a)(9)(B) is not satisfied (2% bonus). Attach the required information.	
С	Χ	☑ No.	
10	Doe	Does the project qualify for an energy community bonus credit per section 48(a)(14)?	
a		Yes, and section 48(a)(9)(B) is satisfied (10% bonus).	
b		Yes, and section 48(a)(9)(B) is not satisfied (2% bonus).	
С.	ш		
11		Does the project qualify as a solar or wind facility in connection with low-income communities bonus credit per section 48(e)(2)? Yes, and the facility is located in a low-income community per section 45D(e) (10% bonus).	
a b	Н	Yes, and the facility is located in a low-income community per section 450(e) (10% bonus).	
C	Н	Yes, and the facility is part of a qualified low-income residential building project facility per section 48(e)(2)(B) (20% bonus).	
d	Н	Yes, and the facility is part of a qualified low-income economic benefit project facility per section 48(e)(2)(C) (20% bonus).	
e	☐ If "Y	"Yes" to 11a, 11b, 11c, or 11d, enter your 48(e) Control Number:	
f			
12	_	inter the nameplate capacity or storage capacity.	
a		Solar energy property or facility nameplate capacity: kilowatt (kW) direct current (dc)	
b		Small wind energy property or facility nameplate capacity: kW	
С		Wind energy property or facility nameplate capacity: kW	
d		Energy storage power capacity rating kW, and energy storage capacity, if applicable, associated w	ith
		the energy property or facility: kWh (hour)	
е	Ш	Solar or wind nameplate capacity is 5MW ac or more	
f	IXI	Not applicable.	

Part I Facility Information (see instructions) (continued) Table				HE BETHNER CI	111111	10 02 027	102	ı rage -
a Solar energy property: Charter Charter Charter Note and proposable. 14 An exposable lines 14st attrough 14e. If you acquired more than one property as a lessee, attach a statement showing the information below separately reported for each property. a Name of lessour: D Address of lessour: C Beardprion of property: d Annount for winds you were treated as having acquired the property. 8 Part II Qualifyring Advanced Coal Project Credit and Qualifyring Gasfrication Project Credit Section 4-Qualifyring Advanced Coal Project Credit and Qualifyring Gasfrication Project Credit Section 4-Qualifyring Advanced Coal Project Credit Under Section 48A (see instructions) 1 a limit the sulphy line 1 to by 20% (0.20) 1 b Mailply line 1 to by 20% (0.20) 2 a limit the sulphy line 2 by 15% (0.15) 3 a limit the sulphy line 2 by 15% (0.15) 3 b Mailply line 2 by 20% (0.30) 4 b Mailply line 2 by 20% (0.30) 5 b Mailply line 4 by 20% (0.30) 5 b Mailply line 4 by 20% (0.30) 5 b Mailply line 4 by 20% (0.30) 5 a line the qualified investment in equalified gasficiation property placed in service during the tax year for projects described in section 48A (see linestructions) 4 a lines the sulphing Gasfrication Project Credit Under Section 48B (see linestructions) 5 b Mailply line 2 by 15% (0.15) 5 a line the qualified investment in advanced coal based generation inchrolary property placed in service during the tax year for projects described in section 48A (see linestructions) 6 c lines the place of the service and the credit of section 48A (see linestructions) 6 c lines the place of the service of the section 48A (see linestructions) 7 Add lines the 2.5 b. 3.6, 4.6, 5.8, and 6.8 Report than in a above placed or service during the tax year for projects described in section 48A (see linestructions) 1 a lines the qualified investment in advanced coal service and sequence of the service and sequence of the service and								
b Wind energy property c Other d Not applicable Are you calculated Are you calc	13		r all ele	ctricity generating energy p	properti	es or facilities in kW.		
or Other:	а							
d Not applicable Not applicable Vest Complete lines 14 m your claiming the investment credit as a lessee based on a section 48(d) (as in effect on November 4, 1990) election?	b	Wind energy property:						
14. Are you deaiming the investment credit as a lessee based on a section 48(d) (as in effect on November 4, 1980) election?	С	Other:						
If "Yes," complete lines 14s through 14e, if you acquired more than one property as a lessee, attach a statement showing the information below separately reported for each property. a Name of lessor: D Address of lessor: C Description of property: d Amount for which you were treated as having acquired the property d Amount for which you were treated as having acquired the property S	d	X Not applicable.					_	_
information below separately reported for each property. a Name of lessor: b Address of lessor: c Description of property: d Amount for which you were treated as having acquired the property. \$ Part II Qualifying Advanced Coal Project Credit under Section 15:0-1 \$ Section A—Qualifying Advanced Coal Project Credit under Section 48A (see instructions) 1a Enter the qualified insertment in regard guidistant contributed cycle project yield in service during the tax year for project described in service during the tax year for project described in service during the tax year for project described in service during the tax year for project described in service during the tax year for project described in service during the tax year for project described in service during the tax year for project described in service during the tax year for project described in service during the tax year for project described in service during the tax year for project described in service during the tax year for project described in service during the tax year for project described in service during the tax year for project described in service during the tax year for project described in service during the tax year for project described in service during the tax year for project described in service during the tax year for project described in service during the tax year for which reduces were allocated or restolated after Chother 3, 2008, and that includes equipment that separates and sequences at least 7% of the project carbon double emissions. 4a Enter the qualified investment in property other than in discovery during the tax year for which reduces were alter 7% of the project carbon double emissions. 5b Multiply line 4a by 30% (0.30) 5c Enter the qualified investment in advanced emission and source during the tax year b I you checked the box in Part I, line 8a, and its consistent with your 4AC epidention provided in protect property placed in service control number e Is the facility in a section 48C energy community	14	Are you claiming the investment credit as a lessee base	d on a	section 48(d) (as in effect of	on Nove	ember 4, 1990) election?		Yes X No
a Name of lessor: b Address of lessor: c Description of property: d Amount for which you were treated as having acquired the property d Amount for which you were treated as having acquired the property e Income inclusion amount reported for tax year under Regulations section 1.50-1. \$ Part II Qualifying Advanced Coal Project Credit and Qualifying Gasification Project Credit Section A—Qualifying Advanced Integrated gasification combined type (property placed in service during the tax year for project Section 48A((see) instructions) 1a Einer the qualified investment in sidenated gasification combined type (property placed in service during the tax year for project Section 48A((s)(3)(8)) 1a Einer the qualified investment in advanced cost-based generation technology property placed in service during the tax year for project Section 48A(s)(3)(3)(8) 2a Einer the qualified investment in advanced cost-based generation technology property glaced in service during the tax year for project Section 48D (see instructions) 3b Multiply line 2 aby 30% (0.30) 3c Ection B—Qualifying Gasification Project Credit Under Section 48B (see instructions) 4a Einer the qualified investment in qualified gasification property placed in service during the tax year to which credits were advanced or rerollated after Corbots 3, 2008, and that includes equipment that separatises and sequestes at least 75% of the projects carbon dioxide emissions 5 b Multiply line 4a by 30% (0.30) 6 Einer the applicable unused investment credit from cooperatives (see instructions) 7 Add lines 1, 2b, 2b, 4b, 5b, 3c, and 6, Report this amount on Form Solice 2023-18, enter 30% If you checked the box in Part I, line 8b, and it's project property placed in service during the tax year 5 b If you checked the box in Part I, line 8b, and it's consistent with your 46C application per Notice 2023-18, enter 30% If you checked the box in Part I, line 8b, and it's consistent with your 46C application per Notice 2023-18, enter 30% If you checked the box in Part I,		If "Yes," complete lines 14a through 14e. If you acquired	more t	nan one property as a less	ee, atta	ach a statement showing th	ie	
b Address of lessor: c Description of property: d Amount for which you were treated as having acquired the property. d Amount for which you were treated as having acquired the property. d Amount for which you were treated for tax year under Regulations section 1.50-1 Part II Qualifying Advanced Coal Project Credit and Qualifying Gasification Project Credit Section A—Qualifying Advanced Coal Project Credit Under Section 48A (see instructions) 1 a Enter the qualified investment in integreted spicition ornhand cycle property placed in service during the tax year for projects described in service during the tax year for projects described in service during the tax year for projects described in service during the tax year for projects described in service during the tax year for projects described in service during the tax year for projects described in service during the tax year for projects described in service during the tax year for projects described in service during the tax year for projects described in service during the tax year for projects described in service during the tax year for projects described in service during the tax year for projects described in service during the tax year for projects described in service during the tax year for projects during the tax year for which redds were allocated or reallocated after October 3, 2008, and that includes equipment that separates and sequences allows service during the tax year for which redds were allocated or reallocated after October 3, 2008, and that includes equipment that separates and sequences allows the service during the tax year for which redds were allocated or reallocated after October 3, 2008, and that includes equipment that separates and sequences allows the section service during the tax year for which redds were allocated or reallocated after October 3, 2008, and that includes equipment that separates and sequences allocated or reallocated after October 3, 2008, and that includes equipment that separates and sequences allocated		information below separately reported for each property.						
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2008, and that includes equipment that separates and sequesters at least 75% of the project's carbon dioxide emissions. b Muttiply line 4a by 30% (0.30). 5a Enter the qualified investment in property other than in 4a above placed in service during the tax year. b Muttiply line 5a by 20% (0.20). 6 Enter the applicable unused investment credit from cooperatives (see instructions). 7 Add lines 1b, 2b, 3b, 4b, 5b, and 6. Report this amount on Form 3800, Part III, line 1a. 7 Part III Qualifying Advanced Energy Project Credit Under Section 48C (see instructions) 1a Enter the qualified investment in advanced energy project property placed in service during the tax year b If you checked the box in Part I, line 8a, and it's consistent with your 48C application per Notice 2023-18, enter 30%. If you checked the box in Part I, line 8c, enter 6%. c Multiply line 1a by line 1b. d Enter your 48C Allocation control number e Is the facility in a section 48C energy community census tract? Yes No 2 Enter the applicable unused investment credit from cooperatives (see instructions)								
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emissions		· · · · · · · · · · · · · · · · · · ·						
b Multiply line 4a by 30% (0.30)								
5a Enter the qualified investment in property other than in 4a above placed in service during the tax year								
4a above placed in service during the tax year					4b			
b Multiply line 5a by 20% (0.20)	5a	Enter the qualified investment in property other than in						
6 Enter the applicable unused investment credit from cooperatives (see instructions) 6 7 Add lines 1b, 2b, 3b, 4b, 5b, and 6. Report this amount on Form 3800, Part III, line 1a 7 Part III Qualifying Advanced Energy Project Credit Under Section 48C (see instructions) 1a Enter the qualified investment in advanced energy project property placed in service during the tax year b If you checked the box in Part I, line 8a, and it's consistent with your 48C application per Notice 2023-18, enter 30%. If you checked the box in Part I, line 8c, enter 6% 1b % c Multiply line 1a by line 1b 1c		4a above placed in service during the tax year	5a					
7 Add lines 1b, 2b, 3b, 4b, 5b, and 6. Report this amount on Form 3800, Part III, line 1a	b	Multiply line 5a by 20% (0.20)			5b			
Part III Qualifying Advanced Energy Project Credit Under Section 48C (see instructions) 1a Enter the qualified investment in advanced energy project property placed in service during the tax year b If you checked the box in Part I, line 8a, and it's consistent with your 48C application per Notice 2023-18, enter 30%. If you checked the box in Part I, line 8c, enter 6% c Multiply line 1a by line 1b d Enter your 48C Allocation control number e Is the facility in a section 48C energy community census tract? 2 Enter the applicable unused investment credit from cooperatives (see instructions)	6	Enter the applicable unused investment credit from coo	perative	s (see instructions)	6			
The Enter the qualified investment in advanced energy project property placed in service during the tax year b If you checked the box in Part I, line 8a, and it's consistent with your 48C application per Notice 2023-18, enter 30%. If you checked the box in Part I, line 8c, enter 6% c Multiply line 1a by line 1b d Enter your 48C Allocation control number e Is the facility in a section 48C energy community census tract? Yes No Enter the applicable unused investment credit from cooperatives (see instructions)							7	
project property placed in service during the tax year b If you checked the box in Part I, line 8a, and it's consistent with your 48C application per Notice 2023-18, enter 30%. If you checked the box in Part I, line 8c, enter 6% c Multiply line 1a by line 1b d Enter your 48C Allocation control number e Is the facility in a section 48C energy community census tract? Yes No 2 Enter the applicable unused investment credit from cooperatives (see instructions)	_ <u>Pa</u>	rt III Qualifying Advanced Energy Project Co	edit U	nder Section 48C (see	instru	ctions)		
b If you checked the box in Part I, line 8a, and it's consistent with your 48C application per Notice 2023-18, enter 30%. If you checked the box in Part I, line 8c, enter 6% c Multiply line 1a by line 1b d Enter your 48C Allocation control number e Is the facility in a section 48C energy community census tract? Yes No Enter the applicable unused investment credit from cooperatives (see instructions)	1a	Enter the qualified investment in advanced energy						
consistent with your 48C application per Notice 2023-18, enter 30%. If you checked the box in Part I, line 8c, enter 6% c Multiply line 1a by line 1b d Enter your 48C Allocation control number e Is the facility in a section 48C energy community census tract? Yes No 2 Enter the applicable unused investment credit from cooperatives (see instructions)		project property placed in service during the tax year	1a					
2023-18, enter 30%. If you checked the box in Part I, line 8c, enter 6% c Multiply line 1a by line 1b d Enter your 48C Allocation control number e Is the facility in a section 48C energy community census tract? Yes No 2 Enter the applicable unused investment credit from cooperatives (see instructions)	b	If you checked the box in Part I, line 8a, and it's						
line 8c, enter 6% c Multiply line 1a by line 1b d Enter your 48C Allocation control number e Is the facility in a section 48C energy community census tract? Enter the applicable unused investment credit from cooperatives (see instructions) 2		consistent with your 48C application per Notice						
c Multiply line 1a by line 1b d Enter your 48C Allocation control number e Is the facility in a section 48C energy community census tract? Enter the applicable unused investment credit from cooperatives (see instructions) 1c Yes No 2		2023-18, enter 30%. If you checked the box in Part I,						
c Multiply line 1a by line 1b		line 8c, enter 6%	1b	%				
d Enter your 48C Allocation control number e Is the facility in a section 48C energy community census tract? Yes No Enter the applicable unused investment credit from cooperatives (see instructions)	С		$\overline{}$		1			
e Is the facility in a section 48C energy community census tract? Yes No Enter the applicable unused investment credit from cooperatives (see instructions)								
2 Enter the applicable unused investment credit from cooperatives (see instructions)			tract?	Yes No	•			
instructions) 2								
·	-	inaterrational		•	2			
	3	*					3	

12520

02-0271824 Form 3468 (2023) SOUAM LAKES NATURAL SCIENCE CENTER Part IV Advanced Manufacturing Investment Credit Under Section 48D (see instructions) 1a Check the box below that applies to your advanced manufacturing investment project. Semiconductor manufacturing facility Semiconductor equipment manufacturing facility Enter the basis in qualified property as part of an b advanced manufacturing facility, placed in service 1b during the tax year 1c Multiply line 1b by 25% (0.25) С Enter the applicable unused investment credit from cooperatives (see 2 Add lines 1c and 2. Report this amount on Form 3800, Part III, line 1o Part V Reserved for Future Use Reserved for future use Part VI **Energy Credit Under Section 48** Section A—Geothermal Energy Credit (see instructions) Enter the basis of property using geothermal energy placed in service during the tax year 1a b If you checked the box in Part I, line 7a or 8b, enter 30%. If you checked the box in Part I, line 7b or 8c, 1b Multiply line 1a by line 1b 1c С If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%. 1d Otherwise, go to line 1f Multiply line 1a by line 1d 1e If you checked the box in Part I, line 10a, enter 10%. If you checked the box in Part I, line 10b, enter 2%. 1f Multiply line 1a by line 1f g Add lines 1c, 1e, and 1g Section B—Solar Energy Credit (see instructions) Enter the basis of property using solar illumination (including electrochromic glass) or either solar energy property or solar facility placed in service during the tax 3a 320,535 If you checked the box in Part I, line 7a or 8b, enter 30%. If you checked the box in Part I, line 7b or 8c, 3b 30 % enter 6% Multiply line 3a by line 3b 3с 96,161 Caution: Property described under section 48(a)(3)(ii) does not qualify for the solar facility in connection with low-income community bonus credit under section 48(e). If completing Section B for a section 48(a)(3)(ii) property, skip lines 3d through 3j, and go to line 3k. If you checked the box in Part I, line 11a or 11b, enter 10%. If you checked the box in Part I, line 11c or 11d, enter 20%. However, if you checked the box in Part I, line 11f; or Part I, line 12e (in relation to lines 11a, 11b, 11c, or 11d), you don't qualify for the bonus credit. In that situation, enter 0% here, go to line 3j and enter -0-3d % 0 (zero), and then go to line 3k Enter the nameplate capacity you were allocated in the 3e allocation letter If the entry on Part I, line 12a, equals the entry on line 3e, multiply line 3a by line 3d and go to line 3j. Otherwise, continue to line 3g 3f If the entry on Part I, line 12a, is more than the entry on

line 3e, divide line 3e by Part I, line 12a

Multiply line 3d by line 3g

3g 3h Form 3468 (2023)

02-0271824

Part \							
Section	B-Solar Energy Credit (see instructions) (continued	d)					
i	Multiply line 3a by line 3h	3i					
j	If Part I, line 12a, is more than the entry on line 3e,		he amount from line	1			
,	3i. Otherwise, enter the amount from line 3f			3j			
k	If you checked the box in Part I, line 9a, enter 10%. If						
	you checked the box in Part I, line 9b, enter 2%.						
	Otherwise, go to line 3m	3k	%	,			
ı	Multiply line 3a by line 3k		•	31			
	If you checked the box in Part I, line 10a, enter 10%. If	[]				
m	you checked the box in Part I, line 10a, enter 10%. If						
		3m	%				
n	Otherwise, go to line 4	`	•	3n			
4	Add lines 3c, 3j, 3l, and 3n				•	4	96,161
	C—Qualified Fuel Cell Property (see instructions)					-	707101
	Enter the basis of property using qualified fuel cell						
5a	property placed in service during the tax year that was						
	acquired after 2005 and before October 4, 2008, and						
	the basis attributable to construction, reconstruction,						
	or erection by the taxpayer after 2005 and before	F					
	October 4, 2008	<u>5a</u>		1			
b	Multiply line 5a by 30% (0.30)	5b		1			
С	Enter the applicable kilowatt capacity of property on						
	line 5a (see instructions)	5c		1			
d	Multiply line 5c by \$1,000	5d		4_			
е	Enter the smaller of line 5b or line 5d	,	1	<u>5e</u>			
f	Enter the basis of property using qualified fuel cell						
	property placed in service during the tax year that is						
	attributable to periods after October 3, 2008	5f		4			
g	If you checked the box in Part I, line 7a or 8b, enter						
	30%. If you checked the box in Part I, line 7b or 8c,						
	enter 6%	5g	%	<u>.</u>			
h	Multiply line 5f by line 5g	5h		1			
i	If you checked the box in Part I, line 9a, enter 10%. If						
	you checked the box in Part I, line 9b, enter 2%.						
	Otherwise, go to line 5I	5i	%				
j	Multiply line 5f by line 5i	5j					
k	Reserved for future use	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	5k			
I	If you checked the box in Part I, line 10a, enter 10%. If						
	you checked the box in Part I, line 10b, enter 2%.						
	Otherwise, go to line 5n	51	%	,			
m	Multiply line 5f by line 5l	5m					
n	Add lines 5h, 5j, and 5m	5n					
0	Enter the applicable kilowatt capacity of property on			1			
	line 5f (see instructions)	50]			
р	Multiply line 5o by \$3,000	5р]			
q	Enter the smaller of line 5n or line 5p			5q			
6	Add lines 5e and 5q					6	
Section	D—Qualified Microturbine Property (see instructio	ns)					
7a	Enter the basis of property using microturbine property						
	placed in service during the tax year that was acquired						
	after 2005, and the basis attributable to construction,						
	reconstruction, or erection by the taxpayer after 2005	7a					
b	If you checked the box in Part I, line 7a or 8b, enter			Ī			
D	10%. If you checked the box in Part I, line 7a of 8b, enter			1			
	enter 2%	7b	%	,			
С	Multiply line 7a by line 7b	7c	,	1			
				1			
d	If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%.						
	Otherwise on to line 7a	74	0/	1			

Page 10

Par	t VI Energy Credit Under Section 48 (continue	ed)					
Secti	on N—Totals and Credit Reduction for Tax-Exempt B	Bonds	(see instructions)				
27	Add Part VI, lines 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22,						
	24, and 26	27	96,161				
28	If proceeds of tax-exempt bonds were not used to						
	finance your facility, skip line 29, and go to line 30.						
29a	Divide. Sum for the tax year and all prior tax						
	Sum, for the tax year and all phor tax						
	years, of all proceeds of tax-exempt						
	bonds (within the meaning of section						
	103) used to finance the qualified facility	29a					
	Aggregate amount of additions to the			1			
	capital account for the qualified facility,						
	for the tax year and all prior tax years,						
	as of the close of the tax year						
h	Multiply line 27 by line 20a	29b					
0	Multiply line 27 by line 29a	29c		1			
ا	Multiply line 27 by 15% (0.15)	29d		1			
a	Enter the smaller of line 29b or line 29c	29e		ł			
e	Subtract line 29d from line 27		Tr	1			
30	If proceeds of tax-exempt bonds were used to finance yo		•	20	06 161		
24	amount from line 29e. Otherwise, enter the amount from Enter the applicable unused investment credit from coop			30	96,161		
31							
	instructions)			31			06 161
32	Add lines 30 and 31. Report this amount on Form 3800,					32	96,161
	t VII Rehabilitation Credit Under Section 47	(see II					
1a	Was there a prior 170(h) deduction on this property?		Yes No				
b	If "Yes" to line 1a, then provide the prior NPS number \dots						
С	Check this box if you are electing under section 47(d)(5)						
	tax year in which paid (or, for self-rehabilitated property, v				-		
	all later tax years. You may not revoke this election without	out IRS	S consent				📙
d	Enter the dates for the 24- or 60-month measuring period	d.					
	Beginning date:						
	End date:						
е	Enter the adjusted basis of the building as of the beginning	ng date	e above (or the first day of	your h	olding		
	period, if later)					<u>\$</u>	
f	Enter the amount of the qualified rehabilitation expenditure				•		
	period on line 1d above	 I				\$	
g	Enter the amount of qualified rehabilitation expenditures	1g					
h	For pre-1936 buildings under the transition rule, multiply ${\bf I}$			1h			
i	For certified historic structures under the transition rule, n	nultiply	/ line 1g by				
	20% (0.20)			1i			
j	For certified historic structures with expenditures paid or	incurr	ed after 2017				
	and not under the transition rule, multiply line 1g by 4% (0.04)		1j			
	Note: This credit is allowed for a 5-year period beginning	in the	tax year that				
	the qualified rehabilitated building is placed in service.						
k	If you completed line 1i or 1j, enter the assigned NPS project num	nber or	the				
	pass-through entity's employer identification number						
	and the date the NPS approved the Request for Certification of C	complet	ed				
	Work						
2	Enter the applicable unused investment credit from coop	erative	es (see instructions)	2			
3	Add lines 1h, 1i, 1j, and 2. Report this amount on Form 3					3	

Form 3800 (2023) SQUAM LAKES NATURAL SCIENCE CENTER 02-0271824 Page 2 Part II Allowable Credit (continued) Note: If you are not required to report any amounts on line 22 or line 24 below, skip lines 18 through 25 and enter -0- on line 26. 18 Multiply line 14 by 75% (0.75). See instructions Enter the greater of line 13 or line 18 19 Subtract line 19 from line 11. If zero or less, enter -0-Subtract line 17 from line 20. If zero or less, enter -0-21 Combine the amounts from line 3 of Part III, column (e), with the sum of the non-passive activity credit amounts in Part IV, line 3, column (e) plus column (f) 22 23 Passive activity credit from line 3 of Part III, column (f) plus the sum of the Enter the applicable passive activity credit allowed for 2023. See instructions 24 Add lines 22 and 24 25 Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 Subtract line 13 from line 11. If zero or less, enter -0-27 Add lines 17 and 26 Subtract line 28 from line 27. If zero or less, enter -0-29 Enter the general business credit from line 5 of Part III: combine column (e) with non-passive amounts in column (g). See instructions Reserved 32 Passive activity credits from line 5 of Part III: combine column (f) with passive amounts in column (g). See instructions Enter the applicable passive activity credits allowed for 2023. See instructions 33 96,161 Carryforward of business credit to 2023. Enter the amount from line 5 of Part IV, column (f), and line 6 of Part IV, column (g). See instructions for statement to attach 34 Check this box if the carryforward was changed or revised from the original reported amount 35 Carryback of business credit from 2024. Enter the amount from line 5 of Part IV, column (e). See instructions 35 96,161 Add lines 30, 33, 34, and 35 37 Enter the smaller of line 29 or line 36 Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36; see instructions) as indicated below or on the applicable line of your return.

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96,161

• Individuals. Schedule 3 (Form 1040), line 6a.

Corporations. Form 1120, Schedule J, Part I, line 5c.
Estates and trusts. Form 1041, Schedule G, line 2b.

Form 3800 (2023)

02-0271824

Part III Current Year General Business Credits (GBCs) (see instructions). If there is more than one credit amount to report on lines 1a through 1zz, line 3, or lines 4a through 4z, enter the number of items you have for that line in column (c) and complete Part V. (continued)

	or lines 4a i	inrough 42, enter t	ne nu	imber of items	you have for that	t line in column (c)	and complete Par	t v. (continuea)		
	(a) Current year credits from:	(b) Elective payment or transfer registration number	(c) # items	(d) Pass-through or transfer credit entity EIN	(e) Credits from non-passive activities	(f) Credits from passive activities	(g) Credit transfer election amount (enter amounts transferred out as a negative amount	(h) Gross elective payment election amount	(i) Net elective payment election amount	(j) Combine columns (e), (f), and (g), less column (i)
3	Form 8844									
4	Specified credits:									
а	Form 3468, Part VI	PJ00123000RC	1	02-0271824		96,161				96,161
b	Form 5884									
С	Form 6478									
d	Form 8586									
е	Form 8835, Part II									
f	Form 8846									
g	Form 8900									
h	Form 8941									
i	Form 6765 ESB credit									
j	Form 8994									
k	Form 3468, Part VII									
ı	Reserved (4I)									
m	Reserved (4m)									
z	Other specified credits									
5	Add lines 4a through 4z .									96,161
6	Add lines 2, 3, and 5.									96,161

Form **3800** (2023)

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Identifying number

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

179

	SQUAM :	LAKES NATUR	AL SCIENCE	CENTER		02-	0271	1824
Busin	ess or activity to which this form relates	i						
II	NDIRECT DEPRECIAT	ION						
Pa	rt I Election To Exper	ise Certain Prope	erty Under Section	on 179				
	Note: If you have a							
1	Maximum amount (see instructions	3)					1	1,160,000
2	Total cost of section 179 property	placed in service (see	instructions)				2	
3	Threshold cost of section 179 prop						3	2,890,000
4	Reduction in limitation. Subtract line						4	
5	Dollar limitation for tax year. Subtract lin						5	
6	(a) Description	n of property	((b) Cost (business use	only) (c)	Elected cost		
					_			
7	Listed property. Enter the amount to	rom line 29			7		Ι.	
8	Total elected cost of section 179 p						8	
9	Tentative deduction. Enter the sm	aller of line 5 or line 8					9	
10	Carryover of disallowed deduction	from line 13 of your 20)22 Form 4562				10	
11	Business income limitation. Enter t						11	
12	Section 179 expense deduction. Ac				13		12	
13 Note	Carryover of disallowed deduction : Don't use Part II or Part III below f				13			
	rt II Special Depreciati	<u> </u>	•	iation (Don't	include listed	nronerty	, Soc	instructions)
14	Special depreciation allowance for					property	y. 366 I	instructions.
1-7							14	
15	during the tax year. See instruction	1) election					15	
16	Property subject to section 168(f)(*Other depreciation (including ACR	S)					16	393,473
	art III MACRS Depreciat						10	373,173
	in in torto poprodiat	ion (Bont molade	Section		110.)			
17	MACRS deductions for assets place	ed in service in tax ve	ears beginning before 2	2023			17	547
18	If you are electing to group any assets placed							
	Section B—	Assets Placed in Ser	rvice During 2023 Ta	x Year Using the	e General Depre	ciation S	ystem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment us only–see instructions)		(e) Convention	(f) Meti	hod	(g) Depreciation deduction
19a	3-year property	COLVICE	only coo mondenting					
b	5-year property							
	7-year property							
d	10-year property							
e	15-year property							
f								
	25-year property			25 yrs.		S/L	,	
h	Residential rental			27.5 yrs.	MM	S/L	,	
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
	Section C—A	ssets Placed in Servi	ice During 2023 Tax	Year Using the	Alternative Dep	reciation	System	1
20a	Class life					S/L		
b	12-year			12 yrs.		S/L		
С	30-year			30 yrs.	MM	S/L		
d	40-year			40 yrs.	MM	S/L		
Pa	rt IV Summary (See ins	structions.)						
21	Listed property. Enter amount from						21	
22	Total. Add amounts from line 12, li							201.005
••	here and on the appropriate lines				ns		22	394,020
23	For assets shown above and place portion of the basis attributable to	•	•					
	portion of the basis attributable to	SCOULDED TO A COSIS	····	23				4500

Amortization of costs that began before your 2023 tax year

Total. Add amounts in column (f). See the instructions for where to report

	QUAM 4562 (202	LAKES NAT	TURAL SCI	ENCE (CENT	ER	02-0	2718	24							Page 2
	art V	Listed Proper	erty (Include a t, recreation, ehicle for which y	or amuse	ement.)								•			rage 2
		24b, columns (a)	through (c) of Se	ection A, all	of Section	on B, and	d Section	C if app	olicable.							
		Section A	—Depreciation	and Other	Informat	tion (Ca			nstruction	s for lim	its for p	assenger	automo	biles.)		
24a	Do you hav	ve evidence to support th		use claimed?			Yes	No	24b	If "Yes,	' is the e	evidence	written?		Yes	N
Tuno	(a)	(b)	(c) Business/	(c		D.	(e)		(f)		(g)		(h)			i)
(list v	of property rehicles first)	Date placed in service	investment use percentage	Cost or of	ther basis		sis for deprusiness/inveuse only	stment	Recover period	' I	Method/ onvention		Depreciati deductio			ection 179 ost
25	Special	depreciation allowa	ince for qualified	listed prope	rty place	d in serv				<u> </u>						
	the tax y	rear and used more	e than 50% in a d	qualified bus	iness us	e. See ir	nstruction	s			2	5				
<u> 26</u>	Property	used more than 5	0% in a qualified	business us	se:				1						1	
			%						1			+				
			0/													
27	Droporty	used 50% or less	in a qualified bus	singer uco:												
<u> </u>	1 Toperty	used 50 % of less	in a quaimed bus	siriess use.												
			%							S/	L-					
			70													
			%							S/	L-					
28	Add amo	ounts in column (h)	, lines 25 through	27. Enter h	nere and	on line 2	21, page	1			2	8				
29		ounts in column (i),									· · · · · · · · · · · · · · · · · · ·			29		
				Sec	tion B—	-Informa	ation on	Use of	Vehicles	3						
		section for vehicles												hicles		
to yo	ur employ	ees, first answer th	ne questions in So	ection C to s					_ 				1	(-)	1 .	'n
						(a) iicle 1		b) icle 2		c) icle 3		(d) nicle 4		(e) iicle 5		(f) icle 6
30		siness/investment i		ng												
24	-	(don't include con							+							
31		mmuting miles drive		ar					1							
32	miles dri	ner personal (nonc	σ,													
33		es driven during th							1							
00			•													
34		vehicle available f	for personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		ng off-duty hours?	•													
35		vehicle used prima														
	than 5%	owner or related p	person?													
36	Is anothe	er vehicle available	for personal use	?												
			Section C—Que	estions for	Employ	ers Who	Provid	e Vehicl	les for U	se by 1	heir En	ployees				
		questions to determ	•	•	to comp	oleting S	ection B	for vehic	cles used	by emp	oloyees v	vho aren	't			
_		owners or related	•												1	
37		maintain a written p	policy statement t	hat prohibits	s all pers	onal use	of vehic	des, inclu	uding cor	nmuting	by				Yes	No
	•															
38	-	maintain a written p	•	•	•											
39		es? See the instructive at all use of vehi														
40		provide more than														
70		ne vehicles, and re														
41		meet the requireme					ration us									
		your answer to 37,														
Pa	art VI	Amortization		,											1	
		(a)		(b	p)			(c)		(0) [(e)	tion		(f)	
		Description of costs		Date am beg	ortization		Amortiza	able amour	nt	Code		Amortiza period		Amortiz	ation for thi	s year
				·								percenta	age			
42	Amortiza	tion of costs that b	pegins during you	r 2023 tax y	/ear (see	instruct	ions):			ı			1			
				ı		1				Ī						

43

43

Form 990 Event Income and Deduction Worksheet 2023

Description STORE SALES

Name
SQUAM LAKES NATURAL SCIENCE CENTER

Taxpayer Identification Number 02-0271824

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales	1. 275,081	Advertising and promotion
2. Advertising income		Office
3. Circulation income		Printing/publication/postage
4. Other income		Info technology/Maintenance
5. Returns and allowances		Royalties & License Fees
6. Contributions received		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6		Travel & Repairs
8. Cost of Goods Sold		Travel/entertainment (officials)
9. Employment Expense		Conferences/meetings
10. Fees for services		Interest
11. Indirect Expense		Insurance
12. Depreciation Expense		Total Indirect Expense
13. Exempt Activity Expense		
14. Fundraising Expense		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 14	122 971	On investment property
16. Net Income/Loss. Line 7 minus Line 15		On non-investment property
To rect mooning 2000; Enter 7 minute Enter 10		Amortization
		Amortization
Expense Details - Cost of Goods Sold:		Depletion Total Depreciation Expense
		Total Depreciation Expense
Beginning inventory	122,971	Expense Details - Exempt Activity Expense:
Purchases	· · · · · · 	
Labor	• • • • • • • • • • • • • • • • • • • •	Repairs and Maintenance
Section 263A costs	· · · · · · · · · · · · · · · · · · · 	Bad debts
Other costs	· · · · · · · · · · · · · · · · · · · 	Taxes/licenses
Ending inventory	122,971	Charitable contributions
Total Cost of Goods Sold	122,911	Dividend recd deductions
Evnence Details Employment Evnence		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers	·····	Total Exempt Activity Expense
Other salaries and wages	·····	Function Details Fundamining Function
Pension plan contributions	····	Expense Details - Fundraising Expense:
Other employee benefits	· · · · · ·	Cash prizes
Payroll taxes	· · · · · ·	Non-cash prizes
Total Employment Expense	· · · · ·	Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting	· · · · · · - · · · · · · · · · · · · ·	
Lobbying	· · · · · · <u> </u>	
Professional fundraising	·····	
Investment management		
Other	·····	
Total Fees for Services		
Information is indicated for use on Form	· ·	Allocation of Expense to Program Service Accomplishments:
	Seq #	First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17	7)	All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

Form 990 Event Income and Deduction Worksheet 2023

Description VARIOUS SPECIAL EVENTS

Name
SQUAM LAKES NATURAL SCIENCE CENTER

Taxpayer Identification Number 02-0271824

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales1	185,278	Advertising and promotion
2. Advertising income 2		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.		Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Insurance
13. Exempt Activity Expense 13.		Total Indirect Expense
		Expense Details - Depreciation Expense:
14. Fundraising Expense 14		
15. Total expenses. Add lines 8 through 14 15.		On investment property
16. Net Income/Loss. Line 7 minus Line 15 16.	02,372	On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs	102,706	Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold	102,706	Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
1!		Total Fundraising Expense
<u> </u>		. Juli 1 directioning Experies
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for the property and T. C.	ahadula A.	Allocation of Evenes to December Comits Assessed in the
Information is indicated for use on Form 990-T, S		Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq #	<u> </u>	First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

SQUAM LAKES NATURAL SCIENCE CENTER 02-0271824 FORM 990-T ESTIMATES

Form	990-W		OMB No. 1545-0047						
Depar	ksheet) tment of the Treasury al Revenue Service		to www.	irs.gov/Form990W f	come for Private Four or instructions and that ot send to the Internal	ne latest	information.		2022
1	Unrelated business taxal	ole income expected	in the ta	ax year				1	4,017
2	Tax on the amount on line	e 1. See instructions fo	r tax com	putation				2	844
3	Alternative minimum tax	for trusts. See instr	uctions					3	
4	Total. Add lines 2 and 3							4	844
5	Estimated tax credits. Se	ee instructions						5	
6	Subtract line 5 from line	6	844						
7	Other taxes. See instruc	tions						7	
8	Total. Add lines 6 and 7	8	844						
9	Credit for federal tax paid	d on fuels. See instr	uctions					9	
10a	Subtract line 9 from line required to make estima instructions								
p	Enter the tax shown on the tax year was for less from line 10a on line 10c 2022 Estimated Tax. El	than 12 months, sk	ip this lin	e and enter the amou	ınt	10b	844		
	line 10b, enter the amou			0	'	•		10c	844
				(a)	(b)		(c)		(d)
11	Installment due dates. instructions			04/15/24	06/17/24		09/16/24		12/16/24
12	Required installments. 25% of line 10c in column through (d). But see installment uses to annualized income installment method, or is organization."	Enter Ins (a) Irructions The Illment The asonal The arge							850
13	2021 Overpayment. Se	e							850
14	Payment due (Subtract from line 12)	line 13							

990-T	Business	Income Acti	vity S	umm	ary		2023
M T.AKES N	ATURAL SCIENCE CENT						r Identification Number 271824
						02 0	271021
-	•	•				NT / 7\	٨
018 Remaining (Line	A minus Line D)						F
018 Net Operating Line	oseas Evoiring this Year						E
018 Net Operating L	osses Carried Forward						
TO NET OPERATING L	osses camed rotward						
Unrelated Busines	ss Income Activity with Income	Code			Net Income		Allocated Pre2018 NO
				1	5.017		
				_			
	•			11.		-	
							
							
other revenue				15.		-	
					5,017		
	Pre-2018 Net Opera Pre-2018 Net Opera Pre-2018 Net Opera Pre-2018 Net Opera 018 Applied (Sum of 018 Remaining (Line 018 Net Operating Lo 018 Net Operating Lo Unrelated Busines URELATED BI	Pre-2018 Net Operating Losses Carried Forward Pre-2018 Net Operating Loss allocated to Sch A activities Pre-2018 Net Operating Loss allocated to Form 990-T, Line D18 Applied (Sum of B and C) D18 Remaining (Line A minus Line D) D18 Net Operating Losses Expiring this Year D18 Net Operating Losses Carried Forward Unrelated Business Income Activity with Income URELATED BUSINESS ACTIVITY	Pre-2018 Net Operating Losses Carried Forward Pre-2018 Net Operating Loss allocated to Sch A activities Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6 D18 Applied (Sum of B and C) D18 Remaining (Line A minus Line D) D18 Net Operating Losses Expiring this Year D18 Net Operating Losses Carried Forward Unrelated Business Income Activity with Income Code URELATED BUSINESS ACTIVITY 812900	Pre-2018 Net Operating Losses Carried Forward Pre-2018 Net Operating Loss allocated to Sch A activities Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6 D18 Applied (Sum of B and C) D18 Remaining (Line A minus Line D) D18 Net Operating Losses Expiring this Year D18 Net Operating Losses Carried Forward Unrelated Business Income Activity with Income Code IRELATED BUSINESS ACTIVITY 812900	Ses Activity Income (and allocation of Prior-2018 NOL) Pre-2018 Net Operating Losses Carried Forward Pre-2018 Net Operating Loss allocated to Sch A activities Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6 2018 Applied (Sum of B and C) 2018 Remaining (Line A minus Line D) 2018 Net Operating Losses Expiring this Year 2018 Net Operating Losses Carried Forward 2018 Net Operating Losses Carried Forward 218 Unrelated Business Income Activity with Income 22 COMBRELIATED BUSINESS ACTIVITY 812900 1. 23 COMBRELIATED BUSINESS ACTIVITY 812900 1. 24 COMBRELIATED SUSINESS ACTIVITY 812900 1. 26 COMBRELIATED SUSINESS ACTIVITY 812900 1. 27 COMBRELIATED SUSINESS ACTIVITY 812900 1. 28 COMBRELIATED SUSINESS SUSINE	Pre-2018 Net Operating Losses Carried Forward Pre-2018 Net Operating Loss allocated to Sch A activities Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6 2018 Applied (Sum of B and C) 2018 Net Operating (Line A minus Line D) 2018 Net Operating Losses Expiring this Year 2018 Net Operating Losses Expiring this Year 2018 Net Operating Losses Carried Forward Unrelated Business Income Activity with Income Unrelated Business Income Activity with Income Unrelated Business Income Activity 812900 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	Pre-2018 Net Operating Losses Carried Forward N/A Pre-2018 Net Operating Loss allocated to Sch A activities Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6 2018 Applied (Sum of B and C) 2018 Net Operating Losses Expiring this Year 2018 Net Operating Losses Expiring this Year 2018 Net Operating Losses Expiring this Year 2018 Net Operating Losses Carried Forward Unrelated Business Income Activity with Income Unrelated Business Income Activity with Income Unrelated Business ACTIVITY 812900 1. 5,017 2. 3. 4. 5. 6. 7. 8. 9. 9. 10. 11. 11. 11.

 5. All other activities
 5.

 6. Totals
 6.

Form **990**

Two Year Comparison Report

ending

For calendar year 2023, or tax year beginning

Name

Taxpayer Identification Number

2022 & 2023

Ş	SQUAM LAKES NATURAL SCIENCE CENTE	lR		02-0	271824
			2022	2023	Differences
	1. Contributions, gifts, grants	1.	732,680	785,758	53,078
	2. Membership dues and assessments	2.			
	3. Government contributions and grants				
n e	4 Program service revenue		1,603,425	1,741,624	138,199
⊆	5. Investment income	5.	115,734	180,641	64,907
>	6. Proceeds from tax exempt bonds	6.			
R e	7. Net gain or (loss) from sale of assets other than inventory	7.	351,758	-35,983	-387,741
	8. Net income or (loss) from fundraising events	8.	123,208	185,278	62,070
	9. Net income or (loss) from gaming				
	10. Net gain or (loss) on sales of inventory		120,892	152,110	31,218
	11. Other revenue		11,676	13,489	1,813
	12. Total revenue. Add lines 1 through 11	12.	3,059,373	3,022,917	-36,456
	13. Grants and similar amounts paid	13.		7,726	7,726
	14. Benefits paid to or for members	14.			
S			145,600	150,308	4,708
S	16. Salaries, other compensation, and employee benefits	16.	1,755,285	1,951,481	196,196
en	17. Professional fundraising fees	17.			
o V	18. Other professional fees	18.	138,717	107,721	-30,996
Ш	19. Occupancy, rent, utilities, and maintenance	19.			
	20. Depreciation and Depletion		376,401	394,474	18,073
	21. Other expenses	1 04	730,445	915,091	184,646
	22. Total expenses. Add lines 13 through 21	22.	3,146,448	3,526,801	380,353
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-87,075	-503,884	-416,809
	24. Total exempt revenue	24.	3,059,373	3,022,917	-36,456
	25. Total unrelated revenue	25.	34,900	26,568	-8,332
<u>io</u>		26.	2,291,793	2,210,591	-81,202
Information	27. Total assets	27.	11,657,077	11,868,784	211,707
for	28. Total liabilities		175,166	192,726	17,560
드	29. Retained earnings	29.	11,481,911	11,676,058	194,147
:her	30. Number of voting members of governing body	30.	22	19	
δ	31. Number of independent voting members of governing body	31.	22	19	
	32. Number of employees	32.	68	65	
	33. Number of volunteers	33.	248	318	

Form **990T**

Two Year Comparison Report

ending

For calendar year 2023, or tax year beginning

2022 & 2023

Name

Taxpayer Identification Number

Nar	ne			Taxpayer Id	lentification Number
2	SQUAM LAKES NATURAL SCIENCE CENTE	ER		02-027	71824
<u>e</u>			2022	2023	Differences
Income	Number of unrelated business activities for this return	1.	1	1	
	2. Unrelated business taxable income from all trades		3,934	5,017	1,083
Taxable	3. Charitable contributions	3.			
аха	4. Section 199A deduction (trusts only)	4.			
	5. Taxable income before NOL loss	5.	3,934	5,017	1,083
Jes	6. Net operating loss (pre-2018)	6.			
Business	7. Specific deduction	7.	1,000	1,000	
ā	8. Unrelated business taxable income.	8.	2,934	4,017	1,083
	9. Income tax (corporate or trust)	9.	616	844	228
	10. Proxy tax				
t s	11. Other taxes	11.			
þ	12. Total taxes	12.	616	844	228
ı.	13. Other credits	13.			
~*	14. General business credit	14.			
×	15. Credit for prior year minimum tax	15.			
Τa	16. Total credits	16.			
	17. Net tax after credits	17.	616	844	228
	18. Recapture taxes and 965 tax	18.			
	19. Total Taxes	19.	616	844	228
	20. Prior year overpayment and estimated tax payments	20.		632	632
70	21. Payment made with extension		1,275	1,075	-200
_	22. Backup withholding and foreign withholding	22.			
) t	23. Other payments	23.			
2	24. Total payments	24.	1,275	1,707	432
e/	25. Balance due/(Overpayment)	25.	-659	-863	-204
ם	26. Overpayment applied to next year	26.	632	863	231
	27. Penalties		27		-27
	28. Total due/(Refund)	28.			
	29. Activity Losses NOL (Post-2017)	29.			

Form **SchA**(990T)

Two Year Comparison for Unrelated Business Activity

2022 & 2023

For calendar year 2023, or tax year beginning

, ending

Taxpayer Identification Number 02-0271824

Organization Name
SQUAM LAKES NATURAL SCIENCE CENTER

		2022	2023	Differences
1. Gross profit/loss on business activities	1.			
2. Capital gains/losses	2.			
3. Income/loss from partnerships and S corporations	3.			
4. Rental income (net of expense)	4.			
5. Unrelated debt-financed income (net of expense)	5.			
6. Interest, and other income from controlled organizations (net of expense)	6.			
7. Investment income of specific organizations (net of expense)	7.			
8. Exploited exempt activity income (net of expense)	8.			
9. Advertising income (net of expense)	9.			
10. Other income	10.	34,900	26,568	-8,3
11. Total trade or business income. Combine lines 1 through 10	11.	34,900	26,568	-8,3
12. Compensation of officers, directors, and trustees	12.			
13. Other salaries and wages	13.	9,504	6,904	-2,6
14. Repairs and maintenance	14.	3,058	2,582	-4
15. Bad debts	15.			
16. Interest	16.			
17. Taxes and licenses	17.	771	532	-2 -2,0
18. Depreciation and Depletion	18.	4,728	2,681	-2,0
19. Contributions to deferred compensation plans	19.			
20. Employee benefit programs	20.	151	15	-1
21. Other deductions	21.	12,754	8,837	-3,9
22. Total deductions. Add lines 12 through 22	22.	30,966	21,551	-9,4
23. Taxable income before deductions. Subtract line 23 from 11	23.	3,934	5,017	1,0
24. Deductible losses	24.			
25. Unrelated business taxable income (loss)	25.	3,934	5,017	1,0

Form 990 Tax Return History 2023
Name Employer Identification Number

SQUAM LAKES NATURAL SCIENCE CENTER 02-0271824

_	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	1,119,707	1,544,379	1,447,425	732,680	785,758	
Membership dues						
Program service revenue	1,554,384	763,866	1,427,653	1,603,425	1,741,624	
Capital gain or loss	151,841	45,186	100,347	351,758	-35,983	
Investment income	117,178	86,538	104,546	115,734	180,641	
Fundraising revenue (income/loss)	127,282	44,492	45,978	123,208	185,278	
Gaming revenue (income/loss)						
Other revenue	144,076	50,572	135,548	132,568	165,599	
Total revenue	3,214,468	2,535,033	3,261,497	3,059,373	3,022,917	
Grants and similar amounts paid					7,726	
Benefits paid to or for members						
Compensation of officers, etc.		144,538	135,944	145,600	150,308	
Other compensation		1,503,695	1,647,766	1,755,285	1,951,481	
Professional fees	145,298	91,693	105,359	138,717	107,721	
Occupancy costs						
Depreciation and depletion	390,152	407,320	373,439	376,401	394,474	
Other expenses		402,269	529,469	730,445	915,091	
Total expenses	2,792,621	2,549,515	2,791,977	3,146,448	3,526,801	
Excess or (Deficit)	421,847	-14,482	469,520	-87,075	-503,884	
_						
Total exempt revenue	3,214,468	2,535,033	3,261,497	3,059,373	3,022,917	
Total unrelated revenue	23,611	3,988	23,117	34,900	26,568	
Total excludable revenue	2,071,150	986,666	1,790,955	2,291,793	2,210,591	
Total Assets	11,077,706	11,468,821	12,575,255	11,657,077	11,868,784	
Total Liabilities	174,075	101,015	167,756	175,166	192,726	
Net Fund Balances	10,903,631	11,367,806	12,407,499	11,481,911	11,676,058	

Name

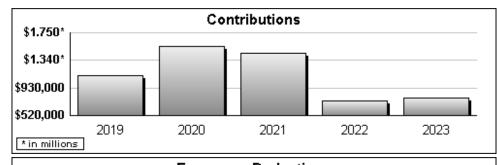
Form 990T Tax Return History	2023
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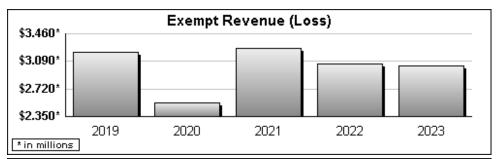
SQUAM LAKES NATURAL SCIENCE CENTER

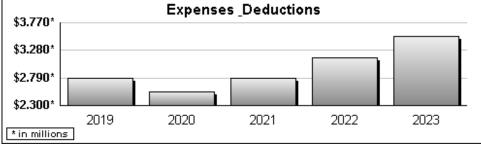
Employer Identification Number 02-0271824

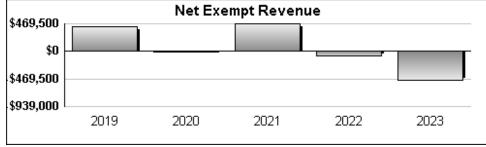
* Income shown net of expense.	511565

	2019	2020	2021	2022	2023	2024
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income	23,611					
Total trade or business income.	23,611	-2,053	28	3,934	5,017	
Compensation of officers, ect.						
Other salaries and wages	6,173					
Repairs and maintenance	1,244					
Bad debts						
Interest						
Taxes and licenses	479					
Depreciation and Depletion	2,051					
Deferred compensation plans						
Employee benefit programs	193					



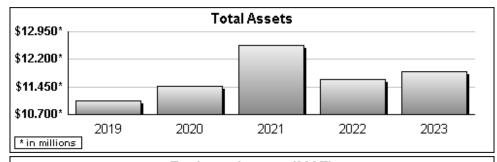


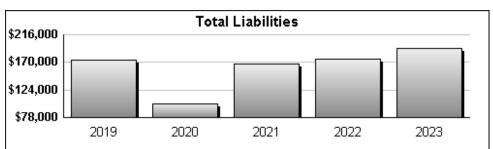


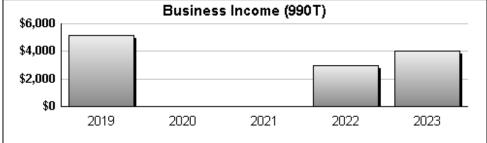


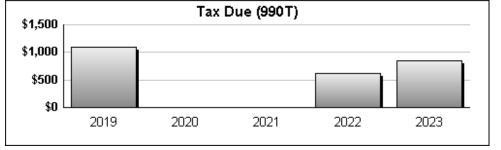
Form 990T	Tax Return History		2023
Name		Employer Iden	ntification Number
	SQUAM LAKES NATURAL SCIENCE CENTER	02-027	1824

	2019	2020	2021	2022	2023	2024
Other deductions	7,301					
Net income (first activity, year 2019 & prior)	6,170	-2,053	28	3,934	5,017	
JBTI from all trades	6,170	0	28	3,934	5,017	
Charitable contributions						
let operating loss deduction						
Specific deduction	1,000		1,000	1,000	1,000	
Section 199A deduction (trusts)						
ncome after deductions	5,170			2,934	4,017	
ncome tax (corporate or trust)	1,086			616	844	
Other taxes						
otal taxes	1,086			616	844	
eneral business credit						•
Other credits						•
let tax after credits	1,086			616	844	•
Estimated tax payments	740				632	•
Other payments	692			2,550	1,075	
Balance due /-Overpayment	-346			-1,934	-863	









12520 Squam Lakes Natural Science Center
02-0271824 Federal Statements

FYE: 12/31/2023

Description						
	 Amount	Unrelated Business		Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST & DIVIDENDS						
	\$ 180,641		14			
TOTAL	\$ 180,641					

12520 Squam Lakes Natural Science Center

02-0271824

FYE: 12/31/2023

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses		Program Service		Management & General		Fund Raising	
CONTRACT LABOR OTHER PROFESSIONAL FEES	\$	47,215 60,506	\$	1,663	\$	47,215 58,843	\$	
TOTAL	\$	107,721	\$	1,663	\$	106,058	\$	0

Form 990, Part IX, Line 24e - All Other Expenses

Total Description Expense			Program Service		Management & General		Fund Raising	
BOAT EXPENSE PROGRAMS INVESTMENT FEES	\$	50,423 31,037 213	\$	50,423 31,037	\$	213	\$	
TOTAL	\$	81,673	\$	81,460	\$	213	\$	0

12520 Squam Lakes Natural Science Center 02-0271824

FYE: 12/31/2023

Federal Statements

FYE: 12/31/2023	
Schedule A, Pa	art III, Line 1(e)
Description	Amount
	\$ 785,758
TOTAL	\$ 785,758
Schedule A, Pa	art III, Line 2(e)
Description	Amount
PROGRAM FEES	\$ 1,446,234
MEMBERSHIP DUES	268,822
MISCELLANEOUS BOOK/TAX ASSET SALE	13,932 -443
STORE SALES	275,081
TOTAL	\$ 2,003,626
Schedule A, Part	t III, Line 10a(e)
Description	Amount
INTEREST & DIVIDENDS	\$ 180,641
TOTAL	\$ 180,641
Schedule A, Pa	art III, Line 11
Description	Amount
TRANSPORTATION TO ISLAND	\$ 26,568
VARIOUS SPECIAL EVENTS	82,572
BOAT SLIP	22 551
LESS: DEDUCTIONS	<u>-22,551</u>
TOTAL	\$ <u>86,589</u>