Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	e 2022 calendar year, or tax year beginning , and ending					
В	Check if a	pplicable: C Name of organization		D Employe	r identification number		
	Address c	hange SQUAM LAKES NATURAL SCIENCE CENTER					
一	Name cha	Doing business as		02-0	271824		
H		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon			
Щ	Initial retur	·		603-	968-7194		
	Final retur terminated						
П	Amended	HOLDERNESS NH 03245	_	G Gross red	ceipts\$ 3,548,243		
H		r Name and address of principal officer.	H(a) Is this a m	oun roturn for	return for subordinates Yes X No		
Ш	Application	pending ANNE LOVETT	in(a) is this a gi	oup return for			
		21 COMMONWEALTH AVE	H(b) Are all sul				
		BOSTON MA 02116	If "No,	" attach a list.	See instructions		
1	Tax-exem	pt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527					
J	Website:	WWW.NHNATURE.ORG	H(c) Group exe	emption numb	er		
ĸ	Form of o	organization: X Corporation Trust Association Other L	Year of formation: 1	966	M State of legal domicile: NH		
\neg	Part I	Summary					
		triafly departure the argenizations mission or most significant activities.					
ģ		TO ADVANCE UNDERSTANDING OF ECOLOGY BY EXPLORING NEW					
au		WORLD.			. 7.7.7.7.		
Governance							
Š	2 0	Check this box if the organization discontinued its operations or disposed of more than 25		ets			
છ જ				_	22		
		lumber of voting members of the governing body (Part VI, line 1a)			22		
iŧie	-	otal number of individuals employed in calendar year 2022 (Part V, line 1a)			68		
Activities	5 T	the land to the form of the form of the form of the control of the			248		
ĕ		Catal consists of business accounts from Dark VIII. Solvens (O) line 40			34,900		
		otal unrelated business revenue from Part VIII, column (C), line 12			2,934		
	l d	let unrelated business taxable income from Form 990-T, Part I, line 11	Prior Ye		Current Year		
	8 (Contributions and grants (Part VIII, line 1h)	1,44		732,680		
Revenue	9 6	Program service revenue (Part VIII, line 2g)	1,42		1,603,425		
Š	10 lr	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	•	4,893	467,492		
æ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,526	255,776		
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,262		3,059,373		
_		See to and similar accounts a sid (Deat IV aslance (A) lines 4.0)	37201	- / /	0		
	1	tanefite paid to or for mambars (Part IV, column (A), line 4)			0		
"	1 45 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,783	3.710	1,900,885		
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	±	3,7120	0		
ber	. bT	otal fundraising expenses (Part IX, column (D), line 25) 299,026					
ă	17 (Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,008	3.267	1,245,563		
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,79		3,146,448		
		Revenue less expenses. Subtract line 18 from line 12		9,520	-87,075		
ō	8		Beginning of Cu	rrent Year	End of Year		
Net Assets or	E 20 T	otal assets (Part X, line 16)	12,575	5,255	11,657,077		
t As	21 T	otal liabilities (Part X, line 26)	16'	7,756	175,166		
≥.	22 N	let assets or fund balances. Subtract line 21 from line 20	12,407	7,499	11,481,911		
_	Part II	Signature Block					
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and state	,	,	knowledge and belief, it is		
t	rue, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	r has any knowle	dge.			
	gn	Signature of officer		Date			
He	ere	ANNE LOVETT TREASURER					
_		Type or print name and title					
_		Print/Type preparer's name Preparer's signature HONDA J KILANOWSKI, CPA Preparer's signature RONDA J KILANOWSKI, CPA	Date	Check	if PTIN		
Pa			07/16	/23 self-em			
	eparer	Firm's name MALONE, DIRUBBO & COMPANY, P.C.	F	irm's EIN	02-0436087		
US	e Only	501 UNION AVE, STE 1					
_		Firm's address LACONIA, NH 03246-2817		Phone no.	603-528-2241		
		S discuss this return with the preparer shown above? See instructions					
Fo DA		ork Reduction Act Notice, see the separate instructions.			Form 990 (2022)		

			IENCE CENTER	<u>02-0271824 </u>		Page 2
		am Service Acc				_
			nse or note to any line	e in this Part III		<u></u>
1 Briefly describe to TO ADVANC! WORLD.			COLOGY BY EXPI	ORING NEW	HAMPSHIRE'	S NATURAL
_	-		rvices during the year which			□ vaa ∇ Na
prior Form 990 c	or 990-EZ?e these new services					Yes X No
			t changes in how it conduct	o any program		
services?			_			Yes X No
	these changes on					163 22 110
4 Describe the org expenses. Section	anization's program on 501(c)(3) and 501	service accomplishm	ents for each of its three land are required to report the and service reported.		-	
4a (Code:) (Expenses \$	1.744.032	including grants of \$) (Revenue \$	1,325,812)
WILDLIFE 8	EARTH SC	IENCE EDUC	ATION SERVICES) (. teree	
		006 045				000 610
) (Expenses \$		including grants of \$			277,613)
			LEARNING CENT	EK WITH A	CHILD-LOCO	SED APPROACI
Ч ИЙ ПАТТТ	OUTDOOK E	EXPERIENCES				
• • • • • • • • • • • • • • • • • • • •						
• • • • • • • • • • • • • • • • • • • •						
•						
*						
• • • • • • • • • • • • • • • • • • • •						
•						
4c (Code:) (Expenses \$		including grants of \$) (Revenue \$)
N/A	, , , , , , , , , , , , , , , , , , , ,				, , , , , , , , , , , , , , , , , , , ,	
*						
*						
• • • • • • • • • • • • • • • • • • • •						
4d Other program s	ervices (Describe or					
(Expenses \$		including grants	of \$) (Revenue \$)
	ervice expenses	0 000	000			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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	4		Χ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			.,,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		37	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	v
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		v
42-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
ıza	Schedule D. Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	IZa	21	
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	ı-ru		
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Χ
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ

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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 22 Χ Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Χ 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 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24h c 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25<u>a</u> Χ **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Χ 27 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 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 Χ Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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. Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V 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 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2022) SOUAM LAKES NATURAL SCIENCE CENTER 02-0271824 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Did the organization have unrelated business gross income of \$1,000 or more during the year? За Χ If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Χ If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? Χ If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? а 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9h 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 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 O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Χ Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

Form 990 (2022) SOUAM LAKES NATURAL SCIENCE CENTER 02-0271824 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 22 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. Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 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? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Χ 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? 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 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 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 Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b Χ 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? Χ **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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NH 17 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, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records SQUAM LAKES NATURAL SCIENCE CENTER ROUTE 113

HOLDERNESS

Form 990 (2022) SOIIAM	$T.\Delta KEC$	ΝΙΔΉΙΡΔΙ.	SCIENCE	CENTER	N2-	-0271824

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the org	ganization nor a	ny re	lated			ation	cor	npensated any current offi	cer, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for	offi	k, unle	check ess pe	ition more rson i directo	than of s both or/truste	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	ndividual trustee or director	ional trustee		Key employee	Highest compensated employee	_	1099-NEC)	1099-NEC)	related organizations
(1) IAIN MACLEOD	40.00									
EXEC. DIRECT	40.00	X		Х				128,817	0	16,783
(2) LISA AULET	0.00	25		25				120,017	<u> </u>	10,705
	1.00									
TRUSTEE	0.00	X						0	0	0
(3) KEVIN BARRETT	1.00									
TRUSTEE	0.00	X						0	0	0
(4) LAURIE BEESON										
TRUSTEE	1.00	X						0	0	0
(5) LISA BENNETT	0.00	22						O	0	<u> </u>
TRUSTEE	1.00	X						0	0	0
(6) LAURIE BURKE	0.00	1								<u> </u>
	1.00									
TRUSTEE	0.00	X						0	0	0
(7) CATHERINE DENIO	0S 1.00									
TRUSTEE	0.00	X						0	0	0
(8) LISA DONER								-		
	1.00								•	
TRUSTEE (9) KENNETH EVANS	0.00	X						0	0	0
	1.00									
TRUSTEE	0.00	X						0	0	0
(10) DIANE GARFIELD										
TRUSTEE	1.00	X						0	0	0
(11) MARTHA GRANT										
TRUSTEE	1.00	X						0	0	0

DAA

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week (list any hours for related	or directo	x, unle	Pos check ess pe	rson i	than construction or/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	or	(F) timated ar of other compensat from the ganization ted organi	r tion e and	S
	organizations below dotted line)	trustee	al trustee		руее	ompens							
(12) DADDADA CDOC	,		8			sated							
(12) BARBARA GROS	1.00												
TRUSTEE	0.00	X						0	0				0
(13) CARL LEHNER	1.00												
TRUSTEE	0.00	X						0	0				0
(14) DAVID MURPHY	1 00												
TRUSTEE	1.00	X						0	0				0
(15) EMILY PRESTOR	1												
TRUSTEE	1.00	X						0	0				0
(16) CRIS SALOMON	0.00	21						Ŭ	<u> </u>				
	1.00	,							0				0
TRUSTEE (17) RICHARD STAR	0.00 BUCK	X						0	0				0
	1.00												_
TRUSTEE (18) FRANK STEVENS	0.00	Х						0	0				0
	1.00												
TRUSTEE	0.00	Х						0	0				0
(19) GEOFFREY STE	WAR'I' 1.00												
TRUSTEE	0.00	X						0	0				0
1b Subtotal		 Saa						128,817			1	6,7	783
c Total from continuation she d Total (add lines 1b and 1c)								128,817				6,7	783
Total number of individuals (in reportable compensation from	cluding but not	limite	ed to	thos	se lis	sted	abov		n \$100,000 of				
reportable compensation from	the organization	11	<u> </u>									Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"											3		X
For any individual listed on line organization and related organization.	e 1a, is the sum	of i	repor	table	e coi	mper	sati	on and other compensation	n from the				
individual											4		Χ
5 Did any person listed on line for services rendered to the or											5		X
Section B. Independent Contractor	ors							·					
1 Complete this table for your fi compensation from the organi										vear.			
	(A) business address								(B) tion of services	,	Com	(C) pensati	ion
											<u> </u>		
													
2 Total number of independent								ose listed above) who	^				
received more than \$100,000	oi compensatio	ii irc	nn tr	ıe or	yanı	∠au0	H		0		ı		

(=0			1111101111	2011101	<u> </u>	00 00, 2001
Form 990 (20	22) SOIIAM	LAKES	NATTIRAL	SCIENCE	CENTER	02-0271824

		Check if	Sch	edule O con	tains	a respor	nse or no	te to any line in	this Part VIII		
						-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nt s	1a	Federated camp	paigns		1a						
or a		Membership du			1b						
Š, An		Fundraising eve			1c						
<u>a</u> 🗄		Related organiz			1d						
ë,		Government grants (c			1e						
Contributions, Girts, Grants and Other Similar Amounts	f	All other contributions, and similar amounts n	gifts, g ot includ	rants, ded above	1f	7	32,680				
Ęŏ	g	Noncash contributions lines 1a-1f			1g S	\$	16,427				
ang	h	Total. Add lines						732,680			
J 10		Total: 7 tad iirioo	14 1				Business Code	.527555			
e e	2a	PROGRAM FE	ES.				Judinicoo Code	1,316,490	1,316,490		
Program Service Revenue	b			 !S				252,035	252,035		
nue nue	c	TRANSPORTA					812900	34,900	2027000	34,900	
eve	d							2 - / 2 2 2		5 - 7 - 5 -	
<u> </u>	e										
Ĭ	f	All other program		vice revenue							
		Total. Add lines				-		1,603,425			
		Investment inco						, ,			
	-	other similar am						115,734			115,734
	4	Income from inv	estme	ent of tax-exemp	t bond	proceeds		-, -			
	5	Royalties		•		•					
	-			(i) Real			rsonal				
	6a	Gross rents	6a	.,		()					
		Less: rental expenses									
		Rental inc. or (loss)	6c								
	d	Net rental incom		(loss)							
	7a	Gross amount from		(i) Securities		(ii) C	Other				
		sales of assets other than inventory	7a	700,	000		6,741				
e le	b	Less: cost or other					•				
en		basis and sales exps.	7b	354,	983						
Revenue	С	Gain or (loss)	7c	345,			6,741				
P		Net gain or (loss	3)					351,758	351,517		241
Other		Gross income from							·		
		(not including \$									
		of contributions rep									
		1c). See Part IV, lii			8a	1	23,208				
	b	Less: direct exp			8b						
		Net income or (events			123,208			123,208
		Gross income fr		_							-
		activities. See P			9a						
	b	Less: direct exp			9b						
		Net income or (vities .						
		Gross sales of i									
		returns and allo	wance	es	10a	2	54,779				
	b	Less: cost of go			10b		.33,887				
		Net income or (entory			120,892	120,892		
s		,	•		-		Business Code	-	-		
ğ a	11a	MISCELLANE	OUS					11,676	11,676		
Miscellaneous Revenue	b					г					
e e	С					Г					
ĕ B	d	All other revenue									
_	_е	Total. Add lines	<u>1</u> 1a-	<u>-11d</u>	<u></u>	<u>-</u>		11,676			
	12							3,059,373	2,052,610	34,900	239,183

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Form 990 (2022) SQUAM LAKES NATURAL SCIENCE CENTER 02-0271824

Part IX Statement of Functional Expenses

Page **10**

	in 501(a)(a) and 501(a)(4) experimentians must be		thor organizations	nomploto cali man (A)	
Sect	ion 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a respon			complete column (A).	
	ot include amounts reported on lines 6b, 7b, Pb, 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			<u> </u>	<u>, </u>
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals Soc Part IV line 22				
3	Grants and other assistance to foreign				
Ū	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	145,600		72,800	72,800
6	Compensation not included above to disqualified	113,000		727000	727000
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	04	1,403,054	1,060,364	233,939	108,751
8	Pension plan accruals and contributions (include	±, 100,001	-,000,001	200,000	100,701
J	section 401(k) and 403(b) employer contributions)	42,767	29,789	7,901	5,077
9	Other employee benefits	189,282	92,536	83,156	13,590
10	Payroll taxes	120,182	82,796	23,500	13,886
11	Fees for services (nonemployees):	120,102	02,750	23,300	13,000
	Management				
	Legal				
c	Accounting				
q					
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	(A) amount, list line 11g expenses on Schedule O.)	138,717	83,824	54,893	
12	Advertising and promotion	62,426	62,426	31,053	
13	Office expenses	58,114	14,972	27,586	15,556
14	Information technology	00/===			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	376,401	376,051	350	
23	Insurance	56,961	13,318	41,460	2,183
24	Other expenses. Itemize expenses not covered				<u> </u>
	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	201,247	972	200,275	
b	OTHER EXPENSES	113,865	38,801	70,924	4,140
С	ANIMAL CARE	104,750	104,750		
d	COGS	63,043			63,043
е	All other expenses	70,039	69,480	559	
25	Total functional expenses. Add lines 1 through 24e	3,146,448	2,030,079	817,343	299,026
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2022) SQUAM LAKES NATURAL SCIENCE CENTER 02-0271824

Part X Balance Sheet

Page **11**

Р	art)	K Balance Sheet Check if Schedule O contains a response or note	to any	line in this Part X			
		Officer in Generalic & contains a response of flore	to any	inc in this rate X	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			885,321	1	618,384
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			315,144	3	88,899
	4	Accounts receivable, net			2,606	4	6,025
	5	Loans and other receivables from any current or forme	r officer.	director.	_,		-,
		trustee, key employee, creator or founder, substantial of					
		controlled entity or family member of any of these person				5	
	6	Loans and other receivables from other disqualified per					
Ś		under section 4958(f)(1)), and persons described in se		ı		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			20,677	8	20,575
	9	Prepaid expenses and deferred charges			58,988	9	72,221
	-	Land, buildings, and equipment: cost or other][337233		, = , = = =
		basis. Complete Part VI of Schedule D	10a	11.969.210			
	b	Less: accumulated depreciation	10b	6,882,164	5,151,460	10c	5,087,046
	11	Investments—publicly traded securities	102		0 / = 0 = / = 0 0	11	0,00.,010
	12	Investments—other securities. See Part IV, line 11			6,126,178	12	5,141,060
	13	Investments—program-related. See Part IV, line 11			0/120/170	13	371117000
	14	Intangible assets			1,546	14	1,196
	15	Other assets. See Part IV, line 11			13,335	15	621,671
	16	Total assets. Add lines 1 through 15 (must equal line 3			12,575,255	16	11,657,077
	17	Accounts payable and accrued expenses			97,776	17	79,667
	18	Grants payable		277110	18	127001	
	19	Deferred revenue	69,980	19	95,499		
	20	Tax-exempt bond liabilities			057500	20	20,122
	21	Escrow or custodial account liability. Complete Part IV of	of Sche	dule D		21	
G	22	Loans and other payables to any current or former office		ı			
Liabilities		trustee, key employee, creator or founder, substantial of					
ī		controlled entity or family member of any of these person				22	
Ë	23	Secured mortgages and notes payable to unrelated thin	d partie:	·····s		23	
	24	Unsecured notes and loans payable to unrelated third p				24	
	25	Other liabilities (including federal income tax, payables t		ı			
		parties, and other liabilities not included on lines 17-24).					
		of Schedule D	•			25	
	26	Total liabilities. Add lines 17 through 25			167,756	26	175,166
		Organizations that follow FASB ASC 958, check her			= • · / · • •		
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			9,271,626	27	8,881,648
Ba	l	No. 1 Control of the			3,135,873	28	2,600,263
Б		Organizations that do not follow FASB ASC 958, ch	, , , , , , , , , , , , , , , , , , , ,		, ,		
F		and complete lines 29 through 33.					
ō	29	Out that the first of the first of the first		L		29	
ets		Paid-in or capital surplus, or land, building, or equipmer				30	
٩ss	31	Retained earnings, endowment, accumulated income, of				31	
Net Assets or Fund Balances	32	T			12,407,499	32	11,481,911
Z	33	Total liabilities and net assets/fund balances			12,575,255	33	11,657,077

Form **990** (2022)

-orn	990 (2022) SQUAM LAKES NATURAL SCIENCE CENTER 02-0271824				Pad	ge 12
	art 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)			, 05		373
2	Total expenses (must equal Part IX, column (A), line 25)	2		,14		
3	Revenue less expenses. Subtract line 2 from line 1			- 8	37,0	75
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12	,40	7,4	1 99
5	Net unrealized gains (losses) on investments			, 44		
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments			60	6,5	751
9	Other changes in net assets or fund balances (explain on Schedule O)	١ .				
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	,48	1,9)11
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on				Yes	No
	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	Χ	
	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					1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					1
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	1

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Uniform Guidance, 2 C.F.R. Part 200, Subpart F? **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Form **990** (2022)

3b

Schedule O.

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

(A) Name and title	(B) Average hours per week	box	k, unle	Pos check ess pe	more rson i	than o s both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) imated a of othe ompensa	er	
	(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)	org	from th ganization ed organ	ie n and	
(20) SARAH BROWN													
CHAIR	2.00			Х				0	0				0
	TTEN												
VICE CHAIR	2.00			Х				0	0				0
(22) ANNE LOVETT				77					U				
תיים מודים ע היים מודים ע היים מודים ע	2.00			v				0	0				0
TREASURER (23) SUSAN LYNCH	0.00			Х					0				<u> </u>
SECRETARY	2.00			Х				0	0				0
1b Subtotal c Total from continuation she	ets to Part VII,												
d Total (add lines 1b and 1c) Total number of individuals (in	cluding but not	limite					abo	ve) who received more that	n \$100,000 of				
reportable compensation from	the organization	n									\Box	Yes	No
 Did the organization list any for employee on line 1a? <i>If</i> "Yes," For any individual listed on line 	ormer officer, di	recto	or, tro	ustee or su	e, ke ich i	ey en ndivi	nplo dua	yee, or highest compensation	ed		3		
organization and related organization	nizations greater	tha	n \$1	50,0	00?	If "Y	es, '	' complete Schedule J for	such				
individualDid any person listed on line	1a receive or ac	crue	com	npen	satio	n fro	 m a	any unrelated organization	or individual		4		
for services rendered to the or Section B. Independent Contractor		Yes,	" cor	nple	te S	chec	lule	J for such person		<u></u>	5		
Complete this table for your fi compensation from the organi	ive highest comp	oens	ated	inde	pen for t	dent	cor	ntractors that received more	e than \$100,000 of	vear			
	(A) I business address	<u> </u>	01.00						(B) tion of services) Juli	Con	(C) npensatio	on
					P. 7			P. C. L. V.					
2 Total number of independent received more than \$100,000	contractors (inclined of compensation	udiną n fro	g but m th	not e or	ıımi gani	ed to	o th n	ose listed above) who				000	
DAA											Form	990	(2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Open to Public Inspection

Employer identification number Name of the organization SOUAM 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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 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). (iv) Is the organization (v) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990) 2022

SQUAM LAKES NATURAL SCIENCE CENTER 02-0271824

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 **Total support.** Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2021 Schedule A, Part II, line 14 15 15 16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ______ 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Page 3

n 990) 2022 SQUAM LAKES NATURAL SCIENCE CENTER 02-0271824 Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

	If the organization fails to	quality under	the tests listed	below, please	complete Pai	rt II.)	
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,189,270	1,119,707	1,544,379	1,447,425	732,680	6,033,461
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	1,522,319	1,786,751	865,412	1,644,561	1,834,980	7,654,023
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	2,711,589	2,906,458	2,409,791	3,091,986	2,567,660	13,687,484
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.)						13,687,484
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	2,711,589	2,906,458	2,409,791	3,091,986	2,567,660	13,687,484
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	105,632	117,178	86,538	104,546	115,734	529,628
b							
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	105,632	117,178	86,538	104,546	115,734	529,628
11	Net income from unrelated business activities not included on line 10b, whether						
	or not the business is regularly carried on	100,403	68,326	38,665	44,243	63,099	314,736
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.)	2,917,624	3,091,962	2,534,994	3,240,775	2,746,493	14,531,848
14	First 5 years. If the Form 990 is for the o	organization's first,	second, third, four	th, or fifth tax year	r as a section 501	(c)(3)	
	organization, check this box and stop her						
Sec	tion C. Computation of Public S						
15	Public support percentage for 2022 (line 8	3, column (f), divide	ed by line 13, colur	mn (f))		15	94.19 %
16	Public support percentage from 2021 Sch						94.15%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2022 (line 10c, column (f)	, divided by line 1	3, column (f))		17	4 %
18	nvestment income percentage from 2021 S		line 17			40	4 %
19a	33 1/3% support tests—2022. If the orga	anization did not ch					
	17 is not more than 33 1/3%, check this b	ox and stop here.	The organization	qualifies as a pub	licly supported org	ganization	X
b	33 1/3% support tests—2021. If the orga	anization did not ch	eck a box on line	14 or line 19a, and	d line 16 is more th	han 33 1/3%, and	_
	line 18 is not more than 33 1/3%, check the	nis box and stop h	ere. The organiza	tion qualifies as a	publicly supported	d organization	Ц
20	Private foundation. If the organization di						

Supporting Organizations Part IV

(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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b 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 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) purposes.
- 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
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (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).
- 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	:		
38	a		
31	ь		
30	c		
48			
40	2		
41	b		
40	С		
58	а		
51	$\overline{}$		
50	C		
6	;		
7	·		
8	;		
98	а		
91	b		
90			
10	а		
10	b		
hedule	A	(Form 9	90) 2022

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Par	rt 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		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		
Secti	ion 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		
Secti	ion C. Type II Supporting Organizations			
	Je a compressing cognition		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		
Secti	ion D. All Type III Supporting Organizations			
	ype supplied grade and a		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			
3	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		
Secti	ion 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 instruction	ons)		
a	The organization satisfied the Activities Test. Complete line 2 below.	0110).		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structi	ons).	
2	Activities Test. Answer lines 2a and 2b below.	.0	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b		Ju		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedu	ıle A (Form 990) 2022 SQUAM LAKES NATURAL SCIENCE			02-0271	824	Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	ov. 20,	1970 (ex	kplain in Part V	/). See	
	instructions. All other Type III non-functionally integrated supporting organizations mu	st com	plete Sec	tions A through	E.	
Sect	ion A – Adjusted Net Income		(A)	Prior Year	(B) Current (optional	
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection					
	of gross income or for management, conservation, or maintenance of					
	property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B – Minimum Asset Amount		(A)	Prior Year	(B) Current (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				
	Fair market value of other non-exempt-use assets	1c				
	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C – Distributable Amount				Current \	⁄ear
1_	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally integrated	Type	III sunnoi	ting organizatio	n	

Schedule A (Form 990) 2022

(see instructions).

Schedu	le A (Form 990) 2022 SQUAM LAKES NATU.				824 Page 7
Par	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continue	ed)	
Secti	on D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purpo	ses of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of su	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required—provide	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the organ	8			
	(provide details in Part VI). See instructions.	·			
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	•	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	3	Distributable Amount for 2022
1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
b	From 2018				
	From 2019				
`	From 2020				
<u> </u>	From 2021				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Evenes from 2022				

Schedule A (Form 990) 2022

Schedule A (For	m 990) 2022	SOUAM	LAKES	NATURAL	SCIENCE	CENTER	02-027182	24 Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2	Information. IV, Section A Part IV, Sector V, line 1; Pa	Provide th , lines 1, 2 tion C, line rt V, Section	e explanation 2, 3b, 3c, 4b, e 1; Part IV, on B, line 1e	ns required by 4c, 5a, 6, 9a Section D, lin ; Part V, Sect	y Part II, line , 9b, 9c, 11a es 2 and 3; tion D, lines	e 10; Part II, lind a, 11b, and 11c Part IV, Section 5, 6, and 8; an	e 17a or 17b; Part ; Part IV, Section n E, lines 1c, 2a, 2 d Part V, Section
	illes 2, 3, and	o. Also comple	ete triis pa	art for arry ac	iditional inion	nation. (See	iristructions.)	
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Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

02-0271824

Department of the Treasury Internal Revenue Service

SOUAM LAKES NATURAL SCIENCE CENTER

Attach to Form 990 or Form 990-PF.

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

Name of the organization Employer identification number

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

PAGE 1 OF 2 Schedule B (Form 990) (2022) Name of organization

SQUAM LAKES NATURAL SCIENCE CENTER

Employer identification number 02-0271824

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. <u>.1</u>		\$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		\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.3		\$ 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
.4		\$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
.5		\$ 18,000	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
.6		\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page 2

Name of organization
SOUAM LAKES NATURAL SCIENCE CENTER

Employer identification number 02-0271824

Part I	Contributors (see instructions). Use duplicate copies of	Part Lif additional space is	needed
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
.7		\$ 15,200	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.8		\$ 85,000	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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization 02-0271824 SOUAM LAKES NATURAL SCIENCE CENTER Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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) Aggregate value of grants from (during year) Aggregate value at end of year 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? 6 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 2a a Total number of conservation easements Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 2 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 **b** Assets included in Form 990. Part X

Sche	edule D (Form 990) 2022 SQUAM LA					Page 2
Pa	art III Organizations Maintainii	ng Collections of	Art, Historical	Treasures, or O	ther Similar Ass	ets (continued)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other record	s, check any of the fo	ollowing that make sig	nificant use of its	
а	Public exhibition	d∏ı	_oan or exchange pro	gram		
b	H	_	Other			
C	Preservation for future generations	· .				
	Provide a description of the organization's	collections and explain	how they further the	organization's exemp	t nurnose in Part	
•	XIII.		There also retailed also	organization oxomp	in pulpodo in r dir	
5	During the year, did the organization solici					
	assets to be sold to raise funds rather than		part of the organization	n's collection?		. Yes No
Pa	art IV Escrow and Custodial A					
	Complete if the organizati 990, Part X, line 21.	on answered "Yes	s" on Form 990, F	Part IV, line 9, or	reported an amou	unt on Form
1a	Is the organization an agent, trustee, custo	odian or other intermed	diary for contributions	or other assets not		
	included on Form 990, Part X?					. U Yes U No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	ollowing table:			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on				y?	Yes No
b	If "Yes," explain the arrangement in Part X	III. Check here if the e	xplanation has been p	provided on Part XIII		·
Pa	art V Endowment Funds.					
	Complete if the organizati	on answered "Yes	s" on Form 990, F	Part IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,792,166	1,580,376	1,459,184	1,254,498	1,415,511
	Contributions		50,000			
С	Net investment earnings, gains, and					
	losses	-276,456	228,983	176,689	262,240	-78,302
d	Grants or scholarships	,		,	,	,
	Other expenditures for facilities and					
·	programs	64,203	67,194	55,497	57,554	82,751
f	Administrative expenses		. , ,	55725	0.,002	327.32
ď	End of year balance	1,451,507	1,792,165	1,580,376	1,459,184	1,254,498
າ	Provide the estimated percentage of the co				2,100,101	1,201,100
	Board designated or quasi-endowment	%	c (iiiic 1g, coldiliii (a)	, riola ao.		
	Permanent endowment 100.00 %					
c		,				
Ŭ	The percentages on lines 2a, 2b, and 2c s	should equal 100%				
32	Are there endowment funds not in the pos		ation that are held an	d administered for the		
ou	organization by:	occorr of the organize	ation that are note an	a dariminotorea for the		Yes No
	(i) Unrelated organizations					
h	(ii) Related organizations	vizations listed as requi	rod on Schodula D2			
						. [30]
	Describe in Part XIII the intended uses of		ownient iunas.			
Г	art VI Land, Buildings, and Ed		" on Form 000 F	Port IV/ line 11e	Soo Form 000 D	ort V line 10
	Complete if the organizati					
	Description of property	(a) Cost or other by (investment)	asis (b) Cost or o	, ,	Accumulated epreciation	(d) Book value
_		``	,	,	Sprediation	()()[1
	Land			36,351	776 006	636,351
b	Buildings				,776,206	2,462,142
	Leasehold improvements				,325,891	834,789
	Equipment			30,147	739,804	140,343
	Other				,040,263	1,013,421
Tota	I. Add lines 1a through 1e. (Column (d) mu	ist equal Form 990, Pa	art X, column (B), line	10c.)		5,087,046

(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests		1/2 DATE
3) Other MARKETABLE SECURITIES	5,141,060	MARKET
(A)		
(B)		
(C)		
(D) (E)		
(C)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	5,141,060	
Part VIII Investments - Program Related.		
Complete if the organization answered "Ye	es" on Form 990, Part IV, I	ine 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(0)		
(8)		
(9)		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	es" on Form 990. Part IV. I	ine 11d. See Form 990. Part X. line 15.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		ine 11d. See Form 990, Part X, line 15.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Ye (a) Description		(b) Book value
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Ye (a) Descriptio (1) OTHER RECEIVABLE		(b) Book value 606,75
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Ye (a) Description (1) OTHER RECEIVABLE		(b) Book value 606,75
rotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Ye (a) Description (1) OTHER RECEIVABLE (2) OTHER		(b) Book value 606,75
fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Ye (a) Description (1) OTHER RECEIVABLE (2) OTHER (3)		
fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Ye (a) Descriptio (1) OTHER RECEIVABLE (2) OTHER (3) (4)		(b) Book value 606,75
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Ye (a) Descriptio (1) OTHER RECEIVABLE (2) OTHER (3) (4) (5) (6) (7)		(b) Book value 606,75
fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Ye (a) Description (1) OTHER RECEIVABLE (2) OTHER (3) (4) (5) (6) (7) (8)		(b) Book value 606,75
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Ye (a) Descriptio (1) OTHER RECEIVABLE (2) OTHER (3) (4) (5) (6) (7) (8) (9)		(b) Book value 606,75 14,92
fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Ye (a) Description (1) OTHER RECEIVABLE (2) OTHER (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		(b) Book value 606,75 14,92
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Ye (a) Description (1) OTHER RECEIVABLE (2) OTHER (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.	n	(b) Book value 606,75 14,92
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Ye (a) Description (1) OTHER RECEIVABLE (2) OTHER (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Ye	n	(b) Book value 606,75 14,92
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Ye (a) Descriptio (1) OTHER RECEIVABLE (2) OTHER (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Ye line 25.	es" on Form 990, Part IV, I	(b) Book value 606,75 14,92 621,67 ine 11e or 11f. See Form 990, Part X,
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yee (a) Description (1) OTHER RECEIVABLE (2) OTHER (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yee line 25. . (a) Description of	es" on Form 990, Part IV, I	(b) Book value 606,75 14,92
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(9) fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yee (a) Description (1) OTHER RECEIVABLE (2) OTHER (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yee line 25. . (a) Description of (1) Federal income taxes (2) (3) (4) (5) (6) (7)	es" on Form 990, Part IV, I	(b) Book value 606,75 14,92 621,67 ine 11e or 11f. See Form 990, Part X,

Sche	edule D (Form 990) 2022 SQUAM LAKES NATURAL SCIENCE CE	7.I.I.F	SR U	<u>Z-UZ/</u>	7877	<u>t</u>	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Statemer				per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Pa					-	
1	Total revenue, gains, and other support per audited financial statements					1	1,632,044
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ۔	1	4 4 E	264		
a		2a 2b		,445, 18,			
D		2C		10,	ヨクヨ		
d		2d					
	Add lines 2a through 2d					2e	-1,426,770
3	Subtract line 2e from line 1					3	3,058,814
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						-,,-
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			559		
		4b					
	Add lines 4a and 4b					4c	559
5	, in the second of the second					5	3,059,373
Pa	art XII Reconciliation of Expenses per Audited Financial Stateme				es pe	r Re	turn.
_	Complete if the organization answered "Yes" on Form 990, Pa					1	3,164,383
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:					1	3,104,303
		2a		18,	494		
a h		2b		10,	171		
c		2c					
d	——————————————————————————————————————	2d					
	Add lines 2a through 2d					2e	18,494
3	Subtract line 2e from line 1					3	3,145,889
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			559		
		4b					
С	Add lines 4a and 4b					4c	559
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					4c 5	559 3,146,448
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.					5	3,146,448
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1	1b and 2	b; Part V	line 4;	5	3,146,448
5 Pa Prov 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	lines 1	1b and 2	b; Part V	line 4;	5	3,146,448
5 Pa Prov 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1	1b and 2	b; Part V	line 4;	5	3,146,448
c 5 Prov 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and ART V, LINE 4 – INTENDED USES FOR ENDOWMENT	lines 1 ny add F'U	1b and 2 ditional in	b; Part V,	line 4;	5 Part >	3,146,448 K, line
c 5 Prov 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	lines 1 ny add F'U	1b and 2 ditional in	b; Part V,	line 4;	5 Part >	3,146,448 K, line
Parent Control of the	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide at ART V, LINE 4 – INTENDED USES FOR ENDOWMENT O PRESERVE THE CAPITAL ENDOWMENT FUND AND EXTREMENTATION	lines 1 ny add FU ARN	Ib and 2 ditional ii NDS A C	b; Part V; oformation	line 4;	Part >	3,146,448 C, line
Parent Control of the	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and ART V, LINE 4 – INTENDED USES FOR ENDOWMENT	lines 1 ny add FU ARN	Ib and 2 ditional ii NDS A C	b; Part V; oformation	line 4;	Part >	3,146,448 C, line
Parent Control of the	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide at ART V, LINE 4 – INTENDED USES FOR ENDOWMENT O PRESERVE THE CAPITAL ENDOWMENT FUND AND EXTREMENTATION	lines 1 ny add FU ARN	Ib and 2 ditional ii NDS A C	b; Part V; oformation	line 4;	Part >	3,146,448 C, line
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SCHEDULE G (Form 990)

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

u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

	ment of the Treasury I Revenue Service	u Go to www.irs	u Attach to Form			m 990-EZ. s and the latest informat	ion.	Open to Public
	of the organization		govn 61111776 1 61	motive	00.011	s and the latest informat	Employer identifica	
		<u>UAM LAKES NATURA</u>					02-02718	
Pa		ing Activities. Complete in D-EZ filers are not required				ered "Yes" on For	m 990, Part IV, I	line 17.
1	Indicate whether the	organization raised funds through	any of the followi	ng act	ivities	. Check all that apply.		
а	Mail solicitations		e Solicitation	of no	n-gov	ernment grants		
b	Internet and emai	il solicitations	Solicitation	of go	vernn	nent grants		
С	Phone solicitation	S	g 🗌 Special fur	ndraisi	ng ev	vents		
d	In-person solicitat	tions			•			
2a	Did the organization h	nave a written or oral agreement ved in Form 990, Part VII) or entity	with any individua	l (inclu	uding fessio	officers, directors, truste	ees,	☐ Yes ☐ No
b	If "Yes," list the 10 high	ghest paid individuals or entities (f \$5,000 by the organization.		ant to	agre	-		
					d fund- have		(v) Amount paid to	(vi) Amount paid to
		d address of individual ity (fundraiser)	(ii) Activity	custo	dy or rol of utions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization
				Yes	No			
1								
2								
3								
4								
_								
5								
6								
7								
-								
8								
9								
10								
Total								
3	List all states in which registration or licensing	n the organization is registered or ng.	licensed to solicit	contri	bution	s or has been notified	it is exempt from	
• • • • • •								

Schedule G (Form 990) 2022 SQUAM LAKES NATURAL SCIENCE CENTER 02-0271824

Page 2

Р	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									
		5,000 of fundraising of seceipts greater than S		and gross income	on Form 990-EZ, lines	1 and 60. List events with				
		(a) Eve		(b) Event #2	(c) Other events					
		VARIOUS	SPECIAL		NONE	(d) Total events (add col. (a) through				
Φ		(event t		(event type)	(total number)	col. (c))				
Revenue	1 Gross receipts		123,208			123,208				
	2 Less: Contribut									
	3 Gross income (line line 2)		123,208			123,208				
_	iiile 2)		123,200			123,200				
	4 Cash prizes									
	5 Noncash prizes	·								
Direct Expenses	6 Rent/facility cos	sts								
t Exp	7 Food and beve	rages								
Dire	8 Entertainment									
	9 Other direct exp	penses								
	10 Direct expense	summary. Add lines 4 thro	ugh 9 in column (d)							
_	11 Net income sur	nmary. Subtract line 10 fro	m line 3, column (d)		90, Part IV, line 19, or	123,208				
Г		9. Complete if the of 0 on Form 990-EZ, li		d res on Form 9	90, Part IV, lille 19, 01	reported more than				
- anc		(a) E	ingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Revenue										
	1 Gross revenue									
Expenses	2 Cash prizes									
	3 Noncash prizes	·								
Direct	4 Rent/facility cos	sts								
	5 Other direct ex	penses								
	6 Volunteer labor		%	Yes% No	Yes	%				
			ugh 5 in column (d)							
	7 Direct expense	summary. Add lines 2 thro								
_	8 Net gaming inc	ome summary. Subtract lin	e 7 from line 1, column	(d)						
9 a	8 Net gaming inc	ome summary. Subtract lin	e 7 from line 1, column	(d)						
а	8 Net gaming inc Enter the state(s) ir Is the organization If "No," explain:	ome summary. Subtract ling which the organization of licensed to conduct gaming	e 7 from line 1, column onducts gaming activities g activities in each of the	(d)s: ese states?		Yes No				
a b 10a	8 Net gaming income Enter the state(s) in Is the organization If "No," explain:	ome summary. Subtract ling which the organization of licensed to conduct gaming	e 7 from line 1, column onducts gaming activities g activities in each of the	(d)s: ese states?		Yes No				
a b 10a	8 Net gaming income Enter the state(s) in Is the organization If "No," explain: Were any of the organization If "Yes," explain:	ome summary. Subtract line which the organization of licensed to conduct gaming ganization's gaming licenses	e 7 from line 1, column onducts gaming activities g activities in each of the	(d)s: ese states? or terminated during the		Yes No				

Sche	edule G (Form 990) 2022 SQUAM LAKES NATURAL SCIENCE CENTER 02-0271824			F	age 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		_		
	formed to administer charitable gaming?		Ш	Yes	No
13	Indicate the percentage of gaming activity conducted in:	1 1			
а	The organization's facility				%_
b	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	revenue?			Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			Yes	☐ No
b					
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additiona See instructions.				d
• • • •					

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 Inspection

Schedule O (Form 990) 2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Name of the organization Employer identification number SOUAM LAKES NATURAL SCIENCE CENTER 02-0271824 FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS ORGANIZATION HAS MEMBERS THAT PAY ANNUAL DUES FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS THE MEMBERS OF THE ORGANIZATION HAVE THE ABILITY TO ELECT PERSONS TO THE GOVERNING BODY AT THE ANNUAL MEETING FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A COPY OF THE COMPLETED FORM 990 IS PROVIDED TO THE GOVERNING BODY FOR REVIEW AND APPROVAL BEFORE IT IS FILED FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE BOARD OF TRUSTEES MUST REVIEW THE CONFLICT OF INTEREST POLICY AND SIGN A DISCLOSURE STATEMENT ANNUALLY FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE PERSONNEL COMMITTEE CONDUCTS AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR. A SALARY SURVEY IS PREPARED WITH MULTIPLE SOURCES (ASSOCIATION OF ZOOS AND AQUARIUMS, ASSOCIATION OF NATURE CENTER ADMINISTRATORS, NON-PROFIT TIMES, NH CENTER FOR NON-PROFITS) TO CREATE A SALARY STRUCTURE. THE STRUCTURE IS PRESENTED TO THE PERSONNEL COMMITTEE FOR REVIEW AND APPROVAL AND ACCEPTED BY THE BOARD. FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS COMPENSATION FOR OTHER KEY EMPLOYEES IS DETERMINED BY EXECUTIVE DIRECTOR

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

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
SQUAM LAKES NATURAL SCIENCE CENTER	02-0271824
USING AN ORGANIZATION-WIDE SALARY RANGE STRUCTURE. THE	STRUCTURE WAS
CREATED IN 2008 USING SALARY SURVEY DATA FROM MULTIPLE	SOURCES (ASSOCIATION
OF ZOOS AND AQUARIUMS, ASSOCIATION OF NATURE CENTER AD	MINISTRATORS, NON-
PROFIT TIMES, NH CENTER FOR NON-PROFITS, ETC.). THE OR	GANIZATION-WIDE
SALARY RANGE STRUCTURE WAS REVIEWED AND APPROVED BY TH	E PERSONNEL
COMMITTEE.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCL	OSURE EXPLANATION
THE ORGANIZATION PROVIDES A COPY OF THE 990 ON ITS OWN	
	WEDDITE: II OULI
WILL ALSO BE PROVIDED UPON REQUEST	
	PAGE 1 OF 1

Filing Instructions

Squam Lakes Natural Science Center

Exempt Organization Business Tax Return

Taxable Year Ended December 31, 2022

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. Your Form 990-T for the tax year ended 12/31/22 shows a total

overpayment of \$632, all of which is to be credited to your estimated tax liability

for the coming year.

Signature: You are using a Personal Identification Number (PIN) for signing your return

electronically. Form 8879-TE, IRS e-file Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

Malone, Dirubbo & Company, P.C.

501 Union Ave, Ste 1 Laconia, NH 03246-2817

Important: Your return will not be filed with the IRS until the signed Form

8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be

mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

			Francis Committee Business Investor T	D = 1= · · ·		OMB No. 1545-0047
-or	_m 990-T		Exempt Organization Business Income Tax (and proxy tax under section 6033(e))	Return		2022
		For cale	ndar year 2022 or other tax year beginning , and ending			Ones to Dutilly Louisian
Dep	partment of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information	ion.		Open to Public Inspection for 501(c)(3)
nte	rnal Revenue Service	Do no	t enter SSN numbers on this form as it may be made public if your organiza	tion is a 501	(c)(3).	Organizations Only
4	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	D Emp	oloyer idei	ntification number
В	Exempt under section	Print	SQUAM LAKES NATURAL SCIENCE CENTER	02	-027	1824
	X 501(C)(3)					tion number
	408(e) 220(e)	Туре	P.O. BOX 173, ROUTE 113	(see	instruction	is)
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		_	
			HOLDERNESS NH 03245	F	Chec	k box if
	529(a) 529A		ok value of all assets at end of year	77	an ar	nended return.
<u> </u>	Check organization type			er trust		college/university
<u> </u>	Check if filing only to		Claim credit from Form 8941 Claim a refund shown or			
			filing a consolidated return with a 501(c)(2) titleholding corporation			·
<u> </u>			hedules A (Form 990-T)			
\	•		poration a subsidiary in an affiliated group or a parent-subsidiary controlled	d group?		Yes X No
	if "Yes," enter the name	and ide	ntifying number of the parent corporation			
	The books are in care or	ŧ C	QUAM LAKES NATURAL SCIEN Te	Jonhone nu	mbor	603-968-7194
F			Business Taxable Income	elephone nu	ITIDEI	003-900-719-
1			able income computed from all unrelated trades or businesses (see			
•	inatructions)		·		1	3,934
2	Popon rod					3,753
3	Add lines 1 and 2					3,934
4			nstructions for limitation rules)		1 4	3 7 2 3
5			le income before net operating losses. Subtract line 4 from line 3			3,934
6	Deduction for net ope				6	(
7	•	U	able income before specific deduction and section 199A deduction.			
	Subtract line 6 from lin				7	3,934
8	Specific deduction (ge	nerally S	1,000, but see instructions for exceptions)			1,000
9			on. See instructions			•
10	Total deductions. Ad				10	1,000
11	Unrelated business	taxable	ncome. Subtract line 10 from line 7. If line 10 is greater than line 7,			
	enter zero				. 11	2,934
F	Part II Tax Com	•			•	
1			rporations. Multiply Part I, line 11 by 21% (0.21)		. 1	616
2	Trusts taxable at tru	_	See instructions for tax computation. Income tax on the amount on			
	Part I, line 11 from:		rate schedule or Schedule D (Form 1041)			(
3	Proxy tax. See instru	ctions			. 3	
4	Other tax amounts. S	ee instru	ctions		. 4	
5	Alternative minimum to	ax (trust	s only)		. 5	

Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

For Paperwork Reduction Act Notice, see instructions.

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Form **990-T** (2022)

Form	990-	Г (2022) SQUAM LAKES NATURA	L SCIENCE CENTER	02-	027182	24			Pa	age 2
Pa	t III									
		gn tax credit (corporations attach Form 1118; tru	sts attach Form 1116)	1a						
		r credits (see instructions)		1b						
C	Gene	eral business credit. Attach Form 3800 (see instr	uctions)	1c						
		t for prior year minimum tax (attach Form 8801 c		1d						
		anadita. Add lines de denocado del					1e			
							2			616
		r amounts due. Check if from: Form 4255	Form 8611 Form 86		Form 886					<u> </u>
3	Othe			_	_		3			
	T-4-	Other (attach stax. Add lines 2 and 3 (see instructions).					3			
		`	Check ii includes tax previous	y delerred	unaer				,	c 1 c
							5			616
5	Curre	ent net 965 tax liability paid from Form 965-A, Panents: A 2021 overpayment credited to 2022 estimated tax payments. Check if section 643(g)	rt II, column (k)				3			
6a	Payn	nents: A 2021 overpayment credited to 2022	······························	6a						
			election applies	6b		1 000				
		deposited with Form 8868	<u>.</u>	6c		1,275				
		gn organizations: Tax paid or withheld at source		6d						
		up withholding (see instructions)		6e						
f	Cred	t for small employer health insurance premiums	(attach Form 8941)	6f						
g	Other	t for small employer health insurance premiums credits, adjustments, and payments: Form 243 Other	9							
			Total	6g						
		payments. Add lines 6a through 6g					7		1,2	
		nated tax penalty (see instructions). Check if Form				. X	8			27
		due. If line 7 is smaller than the total of lines 4, 5,					9			<u> </u>
10	Over	payment. If line 7 is larger than the total of lines	4, 5, and 8, enter amount overp	aid			10		(632
11	Ente	the amount of line 10 you want: Credited to 20	23 estimated tax	6	32 R e	efunded	11			
Pa	t IV	Statements Regarding Certain A	ctivities and Other Infor	mation	(see instr	uctions)				
1	At ar	y time during the 2022 calendar year, did the org	anization have an interest in or	a signatur	e or other a	authority			Yes	No
	over	a financial account (bank, securities, or other) in	a foreign country? If "Yes," the	organizatio	n may hav	e to file				
	FinC	EN Form 114, Report of Foreign Bank and Finan	cial Accounts. If "Yes," enter the	name of	the foreign	country				
	here									Χ
2	Durir	g the tax year, did the organization receive a dis			ransferor to	, a foreign	trust?			Χ
	If "Ye	es," see instructions for other forms the organizati	on may have to file.							
3	Ente	the amount of tax-exempt interest received or ac	crued during the tax year			\$				1
4	Ente	available pre-2018 NOL carryovers here \$ n on Schedule A (Form 990-T). Don't reduce the	. Do not in	clude any	post-2017	NOL carryc	ver			1
	snow Part	n on Schedule A (Form 990-1). Don't reduce the I, line 6.	NOL carryover snown nere by	any deduc	ction report	ea on				
5	Post-	2017 NOL carryovers. Enter the Business Activit	y Code and available post-2017	NOL car	ryovers. Do	n't reduce				
	the a	mounts shown below by any NOL claimed on an	y Schedule A, Part II, line 17 for						_	
		Business Activity Code		Avai	lable post-2	2017 NOL (carryover		_	
			\$.	
			\$							
			\$.	
			\$						_	1
6a	Did t	ne organization change its method of accounting	? (see instructions)							X
b	lf 6a	is "Yes," has the organization described the char	nge on Form 990, 990-EZ, 990-I	PF, or For	m 1128? If	"No,"				1
	expla	in in Part V						<u></u>		L
Pai	t V	Supplemental Information								
Provid	e the	explanation required by Part IV, line 6b. Also, page 11.	rovide any other additional inforr	nation. Se	e instruction	ns.				
C!	U	nder penalties of perjury, I declare that I have examined this return,					nd .	الد دوا	IDC ellegation "	
Sigi		elief, it is true, correct, and complete. Declaration of preparer (other	than taxpayer) is based on all information of	t which prepai	rer has any kno	owledge.	Ņ	ith the	IRS discuss th preparer show tructions)?	n belo
Her	e _		TREASURER				(5	ee ins	tructions)'?	No
	S	ignature of officer Date	Title					-		140
		Print/Type preparer's name	Prefere's dignature Kulanous RONDA J KILANOWSKI, CE	ski		Date	Check		ΓIN	
Paid		RONDA J KILANOWSKI, CPA	RONDA J KINANOWSKI, CF	A		07/16/23	self-employed	d F	00234628	š

603-528-2241 Form **990-T** (2022)

02-0436087

Firm's EIN

Phone no.

Paid

Use Only

Preparer Firm's name

Firm's address

MALONE,

LACONIA,

DIRUBBO & COMPANY,

NH 03246-2817

501 UNION AVE, STE 1

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

andarras islandification muscleon

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Names of the are

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

SQUAM LAKES NATURAL SCIENCE CENTER							271824			
<u>C (</u>	Unrelated business activity code (see instructions) 812900					D Sequence	e:	1 of	1	
F	Describe the unrelated trade or business	SS	ΔζΤΤ	ΉΤΤΥ						
				ncome		(B) Expense		(C) N	lot	
			(A)	ilcome		(b) Expense	•	(0) N		
1a	Gross receipts or sales									
b	Less returns and allowances c Balance	1c								
2	Cost of goods sold (Part III, line 8)	2								
3	Gross profit. Subtract line 2 from line 1c	3								
4a	Capital gain net income (attach 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)									
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		34,	900			3	34,900	
13	Total. Combine lines 3 through 12	13			900				34,900	
Pa	art II Deductions Not Taken Elsewhere See instructions	for lin	nitations	on	deduc	tions. Dedu	ctions	must be)	
	directly connected with the unrelated business incom									
1	Compensation of officers, directors, and trustees (Part X)						1			
2	Salaries and wages						2		9,504	
3	Repairs and maintenance						3		3,058	
4	Bad debts						4			
5	Interest (attach statement). See instructions						5			
6	Taxes and licenses			r · · · · · ·			6		771	
7	Depreciation (attach Form 4562). See instructions			7		4,728				
8	Less depreciation claimed in Part III and elsewhere on return			8a			8b		4,728	
9	Depletion						9			
10	Contributions to deferred compensation plans						10			
11	Employee benefit programs						11		151	
12	Excess exempt expenses (Part VIII)						12			
13	Excess readership costs (Part IX)						13		:	
14	Other deductions (attach statement)		SEE	STA	/LEW	ENT 2	14		2,754	
15	Total deductions. Add lines 1 through 14						15	3	30,966	
16	Unrelated business income before net operating loss deduction. Subtract line	15 fror	m Part I, I	ine 13	,				2 62:	
	column (C)						16		3,934	
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) 2022

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	dule A (Form 990-1) 2022 SQUAM LAK			R UZ-UZ/1824	Page 4
	rt III Cost of Goods Sold		of inventory valuation		T
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach stateme	nt)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			<u>6</u>	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line				
9 Do	Do the rules of section 263A (with respect to part IV Rent Income (From Real P				
<u>га</u> 1	rt IV Rent Income (From Real Poscription of property (property street address)
'	A	ss, city, state, ZIP code). Check if a dual-use. See	HISTIUCTIONS.	
	В —				
	c				
	Ď H —				
		Α	В	С	D
2	Rent received or accrued				
	From personal property (if the percentage of				
_	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
•		alamana A Alamanak D. Fu	to be a suit of Deat I fine	C l (A)	
3	Total rents received or accrued. Add line 2c co	Diumns A through D. Er	nter nere and on Part I, line	6, COIUMN (A)	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A throu	igh D. Enter here and o	on Part I line 6 column (R)		
	rt V Unrelated Debt-Financed I				
1	Description of debt-financed property (street a	ddress, city, state, ZIP	code). Check if a dual-use	. See instructions.	
	<u>A</u>				
	B				
	<u></u>				
	D 📗			T	1 _
_		Α	В	С	D
2	Gross income from or allocable to debt-financed				
2	property Deductions directly connected with or allocable				
3	,				
_	to debt-financed property Straight line depreciation (attach statement)				
a b	A		+		
	Total deductions (add lines 3a and 3b,				
U	columns A through D)				
4	Amount of average acquisition debt on or allocable		1		
•	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt	-			
-	financed property (attach statement)				
6	Divide line 4 by line 5		%	% %	0,
7	Gross income reportable. Multiply line 2 by line 6			//	7
					1
8	Total gross income (add line 7, columns A th	nrough D). Enter here a	nd on Part I, line 7, column	(A)	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colur	nns A through D. Enter	here and on Part I, line 7,	column (B)	
11	Total dividends-received deductions include				

Schedule A (Form 990-T) 2022	SQUAM I	LAKES NAT	TURAL S	CIENCE	CENTER	02	-02718	24	Page 3
Part VI Interest, Ar	nuities, Ro	yalties, and	Rents fro	m Controll	ed Organ	ization	s (see ins	truction	is)
							led Organiza		
Name of controlled organization		2. Employer identification number	in	Net unrelated come (loss)	4. Total of spayments	•	that is included controlling or	of column 4 cluded in the organization's s income	
(1)									
(2)									
(3)									
(4)									
.,		No	nexempt Cor	trolled Organiz	zations				•
7. Taxable income	incom	unrelated e (loss) structions)		of specified nents made	th	10. Part of conat is include on organized orga	d in the inization's		Deductions directly connected with noome in column 10
(1)									
<u>(1)</u> (2)									
(3)									
(4)									
Totals Part VII Investment 1. Description of in		a Section 50	01(c)(7), (9), or (17) O		on (see	. ,	ns)	5. Total deductions
		2174110	Sant of moonie	directly	connected statement)	(a	ttach statement)		and set-asides (add columns 3 and 4)
(1)									
(2)									
(3)									
(4) Totals		Enter he	unts in column 2. re and on Part I,), column (A)						Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		vity Income,	Other Th	an Advertis	sing Inco	me (se	e instruction	ons)	
1 Description of exploited a					_	•			
2 Gross unrelated business		rade or busines	s. Enter here	and on Part I,	line 10, colu	ımn (A)		2	
3 Expenses directly connect	cted with produc	ction of unrelate	d business in	come. Enter he	ere and on F	Part I,			
line 10, column (B)	•							3	
4 Net income (loss) from u	nrelated trade of	or business. Sub	tract line 3 fro	om line 2. If a	gain, comple	ete			
4 `				· · · · · · · · · · · · · · · · · · ·	•			4	
5 Gross income from activi	ity that is not u	nrelated busines	s income					5	
6 Expenses attributable to i	income entered	on line 5						6	
7 Excess exempt expenses	s. Subtract line	5 from line 6. bu	it do not ente	more than the	e amount on	line			

Schedule A (Form 990-T) 2022

4. Enter here and on Part II, line 12.

	edule A (Form 990-T) 2022 SQUAM LAKI	<u>is natural sc</u>	LENCE CENTER	02-0271824	Page 4
Pa	rt IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals	on a consolidated basis.		
	A 🗌				
	В 🗌				
	c 🗆				
	D				
Ente	er amounts for each periodical listed above in the	e corresponding column.			
	·	A	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on	Part I, line 11, column (A)			
3	Direct advertising costs by periodical				
а		Part I, line 11, column (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 zero 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				
8	than line 6, enter zero Excess readership costs allowed as a				
0	deduction. For each column showing a gain on				
2	Add line 8, columns A through D. Enter the gr	eater of the line 8a colum	ns total or zero here and o	nn	
а	Add line o, columns A unough D. Enter the gi	eater or the line oa, column	is total of Zelo Hele and C	711	
	Part II, line 13				
	Part II, line 13				
Pa	rt X Compensation of Officers,			ns)	
Pa	rt X Compensation of Officers,		stees (see instruction	3. Percentage	4. Compensation
Pa				3. Percentage of time devoted	attributable to
Pa	rt X Compensation of Officers,		stees (see instruction	3. Percentage	attributable to unrelated business
Pa:	rt X Compensation of Officers,		stees (see instruction	3. Percentage of time devoted	attributable to unrelated business
	rt X Compensation of Officers,		stees (see instruction	3. Percentage of time devoted	attributable to unrelated business %
(1)	rt X Compensation of Officers,		stees (see instruction	3. Percentage of time devoted	attributable to unrelated business
(1) (2)	rt X Compensation of Officers,		stees (see instruction	3. Percentage of time devoted	attributable to unrelated business %
(1) (2) (3) (4)	rt X Compensation of Officers, 1. Name		stees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name	Directors, and Trus	stees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	rt X Compensation of Officers, 1. Name	Directors, and Trus	stees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name	Directors, and Trus	stees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name	Directors, and Trus	stees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name	Directors, and Trus	stees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name	Directors, and Trus	stees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name	Directors, and Trus	stees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name	Directors, and Trus	stees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name	Directors, and Trus	stees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name	Directors, and Trus	stees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name	Directors, and Trus	stees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name	Directors, and Trus	stees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name	Directors, and Trus	stees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name	Directors, and Trus	stees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name	Directors, and Trus	stees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name	Directors, and Trus	stees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name	Directors, and Trus	stees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name	Directors, and Trus	stees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %

12520 Squam Lakes Natural Science Center
02-0271824 Federal Statements

FYE: 12/31/2022

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

		Description	<u> </u>		Amount
TRANSPORTATION	ТО	ISLAND	\$;	34,900
TOTAL			\$	5	34,900

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

Deduction Description	_	Deduction Amount
BOAT INSURANCE FUEL	\$	3,270 2,069
OTHER BOAT FEES OTHER MANAGEMENT FEES		164 6,874
ADVERTISING		377
TOTAL	\$	12,754

FORM 990-T

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

Employer identification number

02-0271824

Department of the Treasury Internal Revenue Service

SQUAM LAKES NATURAL SCIENCE CENTER

Attach to the corporation's tax return. Go to www.irs.gov/Form2220 for instructions and the latest information. 2022

owed	Generally, the corporation is not required to file Form 22 and bill the corporation. However, the corporation may st in the estimated tax penalty line of the corporation's incom	ill use	e Form 2220 to figure th	e pena	lty. If so, enter		, , ,	,
	rt I Required Annual Payment	o tax	Totalli, but up Hot attac	211 1 0111				
	Ter Required Affidat Faymont							
1	Total tax (see instructions)						1	616
	Personal holding company tax (Schedule PH (Form 1120							
b	Look-back interest included on line 1 under section 460(
	contracts or section 167(g) for depreciation under the inc							
С	Credit for federal tax paid on fuels (see instructions)			2c				
d	Total. Add lines 2a through 2c		2d					
3	Subtract line 2d from line 1. If the result is less than \$500	on						
	does not owe the penalty						3	616
4	Enter the tax shown on the corporation's 2021 income tax return							
	the tax year was for less than 12 months, skip this line and enter	4						
5	Required annual payment. Enter the smaller of line 3		•		•			
_	the amount from line 3						5	616
Pa	rt II Reasons for Filing—Check the boxe				oxes are cr	iecked, t	ne corpoi	ration must file
_	Form 2220 even if it does not owe a	_		ns.				
6	The corporation is using the adjusted seasonal insta							
7	The corporation is using the annualized income insta			مما ل مرم				
8 Pa	The corporation is a "large corporation" figuring its fir rt III Figuring the Underpayment	St rec	quirea iristalliment based	on the	prior years to	iX.		
	Trui rigaring the onderpayment							
			(a)		(b)	(0	.)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day		(-)		(3)		,	(-)
·	of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th							
	months of the corporation's tax year.	9	04/15/22	06/	15/22	09/1	5/22	12/15/22
10	Required installments. If the box on line 6 and/or line 7 above is		3 - 7 - 2 7				- /	
	checked, enter the amounts from Schedule A, line 38. If the box on							
	line 8 (but not 6 or 7) is checked, see instructions for the amounts to							
	enter. If none of these boxes are checked, enter 25% (0.25) of line 5							
	above in each column							154
11	Estimated tax paid or credited for each period. For column (a) only,							
	enter the amount from line 11 on line 15. See instructions	11						
	Complete lines 12 through 18 of one column before going to the next column.							
12	Enter amount, if any, from line 18 of the preceding column	12						
13	Add lines 11 and 12	13						
14	Add amounts on lines 16 and 17 of the preceding column	14			154		308	462
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0		0		0	0
16	If the amount on line 15 is zero, subtract line 13 from line 14.							
	Otherwise, enter -0-	16			154		308	
17	Underpayment. If line 15 is less than or equal to line 10, subtract line							
	15 from line 10. Then go to line 12 of the next column. Otherwise, go							
	to line 18	17	154		154		154	154
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line		Τ		T		T	
	15. Then go to line 12 of the next column	18						
Go t	o Part IV on page 2 to figure the penalty. Do not go to	o Par	t IV if there are no ent	ries on	line 17—no	penalty is	owed.	

Form 2220 (2022) SQUAM LAKES NATURAL SCIENCE CENTER 02-0271824

Page 2

<u> </u>	art IV	Figuring	the Penalty					T				
						(a)	(b)	(с)	(d)	
19	Enter the date	of payment or the	e 15th day of the 4th mo	onth after								
	the close of the	ne tax year, which	ever is earlier. (C corpo	orations with								
	tax years en	ding June 30 and	d S corporations: Use	3rd month								
	instead of 4th	month. Form 990	0-PF and Form 990-T i	filers: Use 5th								
	month instead	of 4th month.) S	ee instructions		19	SEE	WORKSHI	CET				
20	Number of da	vs from due date	of installment on line 9	to the date								
					20							
21	Number of da	ys on line 20 after	r 4/15/2022 and before	7/1/2022	21							
		Nur	mber of days on line 21									
22	Underpaymen		365	x 4% (0.04)	22	\$		\$	\$		\$	
23	Number of da	ys on line 20 after	r 6/30/2022 and before	10/1/2022	23							
		Non	mbor of days on line 22									
24	Underpaymen		mber of days on line 23 365	x 5% (0.05)	24	\$		\$	\$		\$	
25	Number of da	ys on line 20 after	r 9/30/2022 and before	1/1/2023	25							
26	Underpaymen		mber of days on line 25 365	x 6% (0.06)	26	\$		\$	\$		\$	
	. ,			, ,								
27	Number of da	ys on line 20 after	r 12/31/2022 and before	4/1/2023	27							
										-		
28	Underpaymen		mber of days on line 27 365	x 7% (0.07)	28	\$		\$	\$		\$	
				, (0.01)		Ť		·	*		,	
29	Number of da	vs on line 20 after	r 3/31/2023 and before	7/1/2023	29							
	rambor or ac			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
30	Underpaymen		mber of days on line 29 365	x *%	30	\$		\$	\$		\$	
••	on adopaymon		555	7. 70		<u> </u>			<u> </u>			
31	Number of da	vs on line 20 after	r 6/30/2023 and before	10/1/2023	31							
-												
32	Underpaymen		mber of days on line 31 365	x *%	32	\$		\$	\$		\$	
								·	Ť		1	
33	Number of da	vs on line 20 after	r 9/30/2023 and before	1/1/2024	33							
••	rambor or ac			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
34	Underpaymen		mber of days on line 33 365	x *%	34	\$		\$	\$		\$	
•	ondo paymor		333	7. 70	<u> </u>	<u> </u>		<u> </u>	<u> </u>			
35	Number of da	vs on line 20 after	r 12/31/2023 and before	3/16/2024	35							
-0	. Junibor or ud	•		5, 10, E02T		<u> </u>						
36	Underpaymer		mber of days on line 35 366	x *%	36	\$		\$	\$		\$	
	Sildorpayirle	. OII III O II A	555	. 70	 	ļ*		*	Ť			
37	Add lines 22	24 26 28 30 32	, 34, and 36		37	\$		\$	\$		\$	
51	~uu iii l€5 ∠∠,	۷, ۲۵, ۲۵, ۵۵, ۵۷, ۵۷	, o, and ou			ĮΨ		ĮΨ	ĮΨ		ĮΨ	
30	Penalty /	Add columns ((a) through (d) of	line 37 Ento	r tha t	otal horo	and on Form 1	120, line 34; or the co	mnarahlo			
30	-	act income ta		mie Jr. Elile	ı uı c l	olai Hele a	and On FUIII I	120, IIIIC 34, UI IIIC CC	niparable	20 €		27

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

Form **2220** (2022)

			Form 22	20 Worksho	eet					
Form 222	0	TOTAL ELLO TTOTAGNOCT								
	For calendar	year 2022, or tax ye	ar beginning		, and	dending				
lame							Employer I	dentification Number		
G077734 T		GGT-11-0-	~				00 005	71.004		
SQUAM L	AKES NATURAL		CENTER				02-027			
5 1. (1st Quarter		2nd Quarter		3rd Quarter	^	4th Quarter		
	estimated payment	04/15/22		06/15/22	- 1	09/15/2		12/15/22		
Amount of ur	nderpayment		<u>54</u> _	15	<u> </u>	-	<u> 154</u> _	154		
Prior year ov	erpayment applied									
	1st Pay	ment 2	nd Payment	3rd Pa	ayment	4th Pay	ment	5th Payment		
Date of paym										
Amount of pa	ayment									
					UP 7 7 7 6					
QTR	FROM	TO	UNDE	RPAYMENT	#DAYS	RATE	Pl	ENALTY		
1	4/15/22	6/30/22		154	76	4.00		1		
_ 1	6/30/22	9/30/22		154	92	5.00		2		
_ 1	9/30/22	12/31/22		154	92	6.00		2		
1	12/31/22	5/15/23		154	135	7.00		4		
2	6/15/22	6/30/22		154	15	4.00		0		
2	6/30/22	9/30/22		154	92	5.00		2		
2	9/30/22	12/31/22		154	92	6.00		2		
2	12/31/22	5/15/23		154	135	7.00		4		
3	9/15/22	9/30/22		154	15	5.00		0		
3	9/30/22	12/31/22		154	92	6.00		2		
3	12/31/22	5/15/23		154	135	7.00		$\overline{4}$		
4	12/15/22	12/31/22		154	16	6.00		Ō		
$\frac{1}{4}$	12/31/22	5/15/23		154	135	7.00		4		
	TOTAL	PENALTY						 27		
	IOIAL	EDINATI						∠ /		

=========

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

ttachment equence No. 179

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

SQUAM LAKES NATURAL SCIENCE CENTER

02-0271824

	SQUAM .	LAKES NATUE	RAL SCIENC	JE CENTER		02-	02/	1824
Busin	ess or activity to which this form relate	S .						
I	NDIRECT DEPRECIAT							
Pa	rt I Election To Expe	nse Certain Pro	perty Under S	ection 179				
	Note: If you have	any listed proper	ty, complete Pa	art V before yo	u complete	Part I.		
1	Maximum amount (see instruction						1	1,080,000
2	Total cost of section 179 property	/ placed in service (s	ee instructions)				2	
3	Threshold cost of section 179 pro						3	2,700,000
4	Reduction in limitation. Subtract li	ne 3 from line 2. If ze	ero or less, enter -0)-			4	
5	Dollar limitation for tax year. Subtract li	ne 4 from line 1. If zero	or less, enter -0 If m	arried filing separately	, see instructions		5	
6	(a) Description	ı of property		(b) Cost (business use	only) (c) Elected cost		
7	Listed property. Enter the amount	from line 29	<u>.</u>		7			
8	Total elected cost of section 179	property. Add amoun	ts in column (c), lin	nes 6 and 7			8	
9	Tentative deduction. Enter the sn						9	
10	Carryover of disallowed deduction	from line 13 of your	2021 Form 4562				10	
11	Business income limitation. Enter						11	
12	Section 179 expense deduction.						12	
13	Carryover of disallowed deduction				13			
	: Don't use Part II or Part III below							
Pa	rt II Special Depreciat	ion Allowance	and Other Der	oreciation (Do	n't include li	sted pro	perty.	See instructions.)
14	Special depreciation allowance fo							,
	during the tax year. See instruction			. ,, .			14	
15	Property subject to section 168(f						15	
16	Other depreciation (including AC	RS)					16	375,176
	art III MACRS Deprecia							
	•		Section		•			
17	MACRS deductions for assets pla	aced in service in tax	years beginning be	efore 2022			17	554
18	If you are electing to group any assets place							
		ssets Placed in Serv					Syste	m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprece (business/investment only–see instruction	use (u) Recovery	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	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—Ass	ets Placed in Service	ce During 2022 Ta	ax Year Using the	Alternative D	epreciatio	n Syst	em
20a	Class life					S/L	_	
b	12-year			12 yrs.		S/L	-	
С	30-year			30 yrs.	MM	S/L	_	
	40-year			40 yrs.	MM	S/L		
	art IV Summary (See in	structions.)				-		
21	Listed property. Enter amount fro						21	
22	Total. Add amounts from line 12,		lines 19 and 20 in	column (g), and lir	ne 21. Enter			
	here and on the appropriate lines	of your return. Partn	erships and S corp	porations—se <u>e inst</u>			22	375,730
23	For assets shown above and place							
	portion of the basis attributable to	section 263A costs		23	I		1	

SQUAM LAKES NATURAL SCIENCE CENTER 02-0271824 Form 4562 (2022) Page 2 Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) No 24b If "Yes," is the evidence written? Yes No Yes 24a Do you have evidence to support the business/investment use claimed? (b) (e) (g) (i) Business/ Type of property (list vehicles first) Date placed Basis for depreciation Method/ Depreciation Elected section 179 Recovery investment use percentage Cost or other basis (business/investment cost in service period Convention deduction use only) Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25 Property used more than 50% in a qualified business use: Property used 50% or less in a qualified business use: S/L-S/L-28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Total business/investment miles driven during 30 the year (don't include commuting miles) 31 Total commuting miles driven during the year Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Was the vehicle available for personal Yes No Yes Nο Yes Nο Yes Nο Yes No Yes No 34 use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal use? ... Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? See instructions Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (e) (b) (d) Amortization Date amortization Description of costs Amortizable amount Code section Amortization for this year period or begins percentage Amortization of costs that begins during your 2022 tax year (see instructions): 42

43

Amortization of costs that began before your 2022 tax year

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