

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2023

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

|  |  |            |  |
|--|--|------------|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>LAKE ERIE NATURE AND SCIENCE CENTER</b>                              |            | <b>D</b> Employer identification number<br><b>34-0845030</b>   |
|  | Doing business as  |            | <b>E</b> Telephone number<br><b>(440) 871-2900</b>   |
|  | Number and street (or P.O. box if mail is not delivered to street address)                               | Room/suite | <b>G</b> Gross receipts \$ <b>2,566,386.</b>   |
|  | <b>28728 WOLF ROAD</b>   |            | <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>BAY VILLAGE, OH 44140</b> |            | <b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                 |
| <b>F</b> Name and address of principal officer: <b>CATHERINE TIMKO</b><br><b>SAME AS C ABOVE</b>   |  |            | <b>H(c)</b> Group exemption number<br>If "No," attach a list. See instructions   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |            |  |
| <b>J</b> Website: <b>WWW.LENSC.ORG</b>   |  |            |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |  |            | <b>L</b> Year of formation: <b>1950</b>  |
|  |  |            | <b>M</b> State of legal domicile: <b>OH</b>  |

## Part I Summary

|   |   |  |                                   |
|---|---|--|-----------------------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE LAKE ERIE NATURE AND SCIENCE CENTER IS TO EDUCATE AND INSPIRE ALL OF US TO</b> |  |                                   |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |  |                                   |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>   | <b>19</b>                         |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>   | <b>19</b>                         |
|   | <b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)   | <b>5</b>   | <b>30</b>                         |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>   | <b>81</b>                         |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>  | <b>0.</b>                         |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11             | <b>7b</b>   | <b>0.</b>  |                                   |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b><br>1,098,685.  | <b>Current Year</b><br>1,146,468. |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 554,895.   | 612,978.                          |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 105,788.   | 333,940.                          |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 0.   | 3,694.                            |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 1,759,368.   | 2,097,080.                        |
|   | <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0.                                |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |   | 0.   | 0.                                |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |   | 791,581.   | 840,758.                          |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |   | 0.   | 0.                                |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)                          |   | 146,589.   |                                   |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      |   | 462,714.   | 677,577.                          |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         |   | 1,254,295.   | 1,518,335.                        |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | 505,073.  | 578,745.   |                                   |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b><br>7,489,080.                             | <b>End of Year</b><br>8,395,782.  |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 233,753.   | 238,359.                          |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | 7,255,327.   | 8,157,423.                        |

## Part II Signature Block

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

|                               |  |                      |      |   |                  |
|-------------------------------|--|----------------------|------|---|------------------|
| <b>Sign Here</b>              | Signature of officer   |                      | Date |   |                  |
|                               | <b>CATHERINE TIMKO, EXECUTIVE DIRECTOR</b><br>Type or print name and title                               |                      |      |   |                  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name   | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN             |
|                               | <b>DANIEL S. GIBEL, CPA</b>  |                      |      |   | <b>P01238713</b> |
| <b>Preparer Use Only</b>      | Firm's name  | Firm's EIN           |      | Phone no.                                       |                  |
|                               | <b>CARD PALMER SIBBISON &amp; CO.</b><br><b>4545 HINCKLEY PARKWAY</b><br><b>CLEVELAND, OH 44109-6009</b> | <b>34-1599718</b>    |      | <b>216-621-6100</b>                             |                  |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: LAKE ERIE NATURE & SCIENCE CENTER EDUCATES AND INSPIRES EACH OF US TO UNDERSTAND, APPRECIATE, AND TAKE RESPONSIBILITY FOR OUR NATURAL WORLD. SERVING MORE THAN 100,000 PEOPLE EACH YEAR WITH ANIMAL EXHIBITS AND PROGRAMS, PLANETARIUM SHOWS, AND WILDLIFE REHABILITATION SERVICES, THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 435,035. including grants of \$ ) (Revenue \$ 454,204. ) NATURE-BASED PRESCHOOL AND FIELD TRIPS FOR SCHOOL AGE CHILDREN: THE CENTER PROVIDES YOUNG CHILDREN AND STUDENTS WITH HANDS-ON NATURE EXPLORATION, PLANETARIUM VISITS AND ANIMAL ENCOUNTERS THAT COMPLEMENT SOCIAL AND ACADEMIC DEVELOPMENT. NATURE-BASED CLASSES AND SUMMER CAMPS FOR PRESCHOOL AGE CHILDREN ARE LED BY EXPERIENCED TEACHERS WHO ENCOURAGE CHILDREN TO EXPLORE THE OUTDOORS, MEET NEW FRIENDS, ENCOUNTER LOCAL WILDLIFE, AND DISCOVER THE WONDERS OF THE SKY. AT FIELD TRIPS AND SUMMER CAMPS, SCHOOL AGE CHILDREN LEARN ABOUT NATIVE WILDLIFE, NATURAL HISTORY AND ASTRONOMY ALIGNED WITH ACADEMIC STANDARDS IN MATH, BIOLOGY, SPACE SCIENCE, AND SOCIAL STUDIES.

4b (Code: ) (Expenses \$ 308,651. including grants of \$ ) (Revenue \$ 132,120. ) SPACE SCIENCE EDUCATION: SEEING CONSTELLATIONS IN THE NIGHT SKY AND LEARNING ABOUT THE UNIVERSE UNDER A FULL DOME IS AN EXPERIENCE TREASURED BY VISITORS YOUNG AND OLD. OUR FULL DOME PLANETARIUM THEATER AND DUAL PROJECTION TECHNOLOGY PROVIDES VISITORS WITH AN IMMERSIVE LEARNING EXPERIENCE THROUGH HIGH-RESOLUTION, 360 DEGREE IMAGES AND A REALISTIC, BREATHTAKING DISPLAY OF OVER 3,000 STARS. PLANETARIUM PROGRAMS ARE DESIGNED TO REACH VISITORS OF ANY AGE ESPECIALLY CHILDREN 0-6, AND SCHOOL AGE CHILDREN. OUR SCHUELE PLANETARIUM IS ONE OF ONLY TWO IN THE CLEVELAND AREA THAT ARE PUBLICLY ACCESSIBLE. TELESCOPE VIEWING PROGRAMS AT OUR PARK SETTING AND OUR ASTRONOMY CLUB INVOLVE A COMMUNITY OF LEARNERS ABOUT SPACE SCIENCE.

4c (Code: ) (Expenses \$ 450,926. including grants of \$ ) (Revenue \$ 26,654. ) ANIMAL EXHIBITS, PROGRAMS AND WILDLIFE REHABILITATION: LIVE ANIMAL EXHIBITS AND PROGRAMS CONNECT PEOPLE TO THE NATURAL WORLD WITH UP CLOSE VIEWS OF MAMMALS, RAPTORS, WATERFOWL, REPTILES, AND FISH. WILDLIFE REHABILITATION SERVICES ASSIST PEOPLE WHO BRING ILL OR INJURED WILDLIFE TO OUR FACILITY, AND PROVIDE PROPER TREATMENT FOR WILDLIFE WITH THE GOAL OF RELEASE. OUR CENTER IS THE ONLY FACILITY OF ITS KIND IN CUYAHOGA COUNTY THAT PROVIDES THE PUBLIC WITH WILDLIFE REHABILITATION SERVICES. WILDLIFE SERVICES AND LIVE ANIMAL EXHIBITS ARE MANAGED UNDER RULES AND STANDARDS OF FEDERAL, STATE AND LOCAL PERMITS. COLLEGE STUDENTS GAIN VALUABLE EXPERIENCE IN WILDLIFE REHABILITATION, ANIMAL CARE, AND PUBLIC ANIMAL PROGRAMS THROUGH INTERNSHIPS.

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

4e Total program service expenses 1,194,612.

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions  | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule C, Part III</i>  |     | 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? <i>If "Yes," complete Schedule D, Part I</i>  |     | 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? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | 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? <i>If "Yes," complete Schedule D, Part IV</i>            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   | 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.  |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | 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? <i>If "Yes," complete Schedule D, Part VII</i>  |     | X  |
| c 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? <i>If "Yes," complete Schedule D, Part VIII</i>  |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>   | X   |    |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | X   |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions   |     | 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? <i>If "Yes," complete Schedule G, Part II</i>   | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   |     | X  |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |
| 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? <i>If "Yes," complete Schedule I, Parts I and II</i>  |     | X  |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 19; 1b Enter the number of voting members included... 19; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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? X; 11b 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; 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? X; 16b 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

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CAROL ORMSBY - (440) 871-2900
28728 WOLF ROAD, BAY VILLAGE, OH 44140

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

| (A)<br>Name and title                     | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) CATHERINE TIMKO<br>EXECUTIVE DIRECTOR | 40.00   |   |                       | X       |              |                              |        | 104,505.  | 0.   | 7,320.  |
| (2) JOHN CAVALIER<br>PRESIDENT            | 6.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (3) ZACH STEPHENS<br>VICE PRESIDENT       | 6.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (4) ERIC GERMAN<br>TREASURER              | 6.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (5) DEVIN BARRY<br>SECRETARY              | 6.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (6) BRUCE CADY<br>BOARD MEMBER            | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (7) PHIL CALLESEN<br>BOARD MEMBER         | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (8) DAN COIL<br>BOARD MEMBER              | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (9) JOY EVANS<br>BOARD MEMBER             | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (10) LISA FALLON<br>BOARD MEMBER          | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (11) BRYAN GACKA<br>BOARD MEMBER          | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (12) MONICA NEWELL<br>BOARD MEMBER        | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (13) TRUDY PAUKEN<br>BOARD MEMBER         | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (14) IKEN SANS<br>BOARD MEMBER            | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (15) CHAR SHRYOCK<br>BOARD MEMBER         | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (16) R. SCOTT THOMAS<br>BOARD MEMBER      | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (17) ALLEN WADDLE<br>BOARD MEMBER         | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (18) WILLIAM P. WATKINS<br>BOARD MEMBER                              | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (19) JEFFREY M. WHITESELL<br>BOARD MEMBER                            | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (20) NEIL J. WHITFORD<br>BOARD MEMBER                                | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              |        | 104,505.  | 0.   | 7,320.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              |        | 104,505.  | 0.   | 7,320.  |

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



**Part VIII Statement of Revenue**

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

|  |  |  |                      | (A)           | (B)                                | (C)                        | (D)  |  |
|--|--|--|----------------------|---------------|------------------------------------|----------------------------|--|--|
|  |  |  |                      | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>   | Federated campaigns  | <b>1a</b>            |               |                                    |                            |  |  |
|  | <b>b</b>   | Membership dues  | <b>1b</b>            |               |                                    |                            |  |  |
|  | <b>c</b>   | Fundraising events   | <b>1c</b>            | 27,035.       |                                    |                            |  |  |
|  | <b>d</b>   | Related organizations  | <b>1d</b>            |               |                                    |                            |  |  |
|  | <b>e</b>   | Government grants (contributions)  | <b>1e</b>            |               |                                    |                            |  |  |
|  | <b>f</b>   | All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>            | 1,119,433.    |                                    |                            |  |  |
|  | <b>g</b>   | Noncash contributions included in lines 1a-1f                                  | <b>1g</b>            | \$            |                                    |                            |  |  |
|  | <b>h</b>   | <b>Total.</b> Add lines 1a-1f  |                      | 1,146,468.    |                                    |                            |  |  |
| Program Service Revenue                                | <b>2 a</b>   | <b>PROGRAM AND CLASS FEES</b>  | <b>Business Code</b> | 611600        | 612,978.                           | 612,978.                   |  |  |
|  | <b>b</b>   |  |                      |               |                                    |                            |  |  |
|  | <b>c</b>   |  |                      |               |                                    |                            |  |  |
|  | <b>d</b>   |  |                      |               |                                    |                            |  |  |
|  | <b>e</b>   |  |                      |               |                                    |                            |  |  |
|  | <b>f</b>   | All other program service revenue  |                      |               |                                    |                            |  |  |
|  | <b>g</b>   | <b>Total.</b> Add lines 2a-2f  |                      | 612,978.      |                                    |                            |  |  |
| Other Revenue  | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts)   |                      | 273,460.      |                                    |                            | 273,460.   |  |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds                             |                      |               |                                    |                            |  |  |
|  | <b>5</b>   | Royalties  |                      |               |                                    |                            |  |  |
|  | <b>6 a</b>   | Gross rents  | (i) Real             |               |                                    |                            |  |  |
|  |  |  | (ii) Personal        |               |                                    |                            |  |  |
|  |  |  |                      |               |                                    |                            |  |  |
|  | <b>b</b>   | Less: rental expenses  | <b>6b</b>            |               |                                    |                            |  |  |
|  | <b>c</b>   | Rental income or (loss)  | <b>6c</b>            |               |                                    |                            |  |  |
|  | <b>d</b>   | Net rental income or (loss)  |                      |               |                                    |                            |  |  |
|  | <b>7 a</b>   | Gross amount from sales of assets other than inventory                         | (i) Securities       |               |                                    |                            |  |  |
|  |  |  | (ii) Other           |               |                                    |                            |  |  |
|  |  |  |                      | 510,580.      |                                    |                            |  |  |
|  | <b>b</b>   | Less: cost or other basis and sales expenses                                   | <b>7b</b>            | 450,100.      |                                    |                            |  |  |
|  | <b>c</b>   | Gain or (loss)   | <b>7c</b>            | 60,480.       |                                    |                            |  |  |
| <b>d</b>   | Net gain or (loss)   |  | 60,480.              |               |                                    | 60,480.                    |  |  |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ 27,035. of contributions reported on line 1c). See Part IV, line 18 |  |                      |               |                                    |                            |  |  |
|  |  |  | 22,900.              |               |                                    |                            |  |  |
|  |  | <b>8a</b>  | 22,900.              |               |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses  | <b>8b</b>  | 19,206.              |               |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from fundraising events   |  | 3,694.               |               |                                    | 3,694.                     |  |  |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19  |  |                      |               |                                    |                            |  |  |
|  |  |  |                      |               |                                    |                            |  |  |
|  |  | <b>9a</b>  |                      |               |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses  | <b>9b</b>  |                      |               |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from gaming activities  |  |                      |               |                                    |                            |  |  |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances  |  |                      |               |                                    |                            |  |  |
|  |  |  |                      |               |                                    |                            |  |  |
|  |  | <b>10a</b>   |                      |               |                                    |                            |  |  |
| <b>b</b>   | Less: cost of goods sold   | <b>10b</b>   |                      |               |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from sales of inventory   |  |                      |               |                                    |                            |  |  |
| Miscellaneous Revenue                                  | <b>11 a</b>  |  | <b>Business Code</b> |               |                                    |                            |  |  |
|  | <b>b</b>   |  |                      |               |                                    |                            |  |  |
|  | <b>c</b>   |  |                      |               |                                    |                            |  |  |
|  | <b>d</b>   | All other revenue  |                      |               |                                    |                            |  |  |
|  | <b>e</b>   | <b>Total.</b> Add lines 11a-11d  |                      |               |                                    |                            |  |  |
| <b>12</b>  | <b>Total revenue.</b> See instructions   |  |                      | 2,097,080.    | 612,978.                           | 0.                         | 337,634.   |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....  |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| 4 Benefits paid to or for members .....  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....   | 112,500.              | 37,125.                         | 38,250.                                | 37,125.                     |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| 7 Other salaries and wages .....   | 612,459.              | 483,039.                        | 62,800.                                | 66,620.                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits .....  | 60,568.               | 47,364.                         | 6,420.                                 | 6,784.                      |
| 10 Payroll taxes .....   | 55,231.               | 43,191.                         | 5,854.                                 | 6,186.                      |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management .....   |                       |                                 |  |                             |
| b Legal .....  |                       |                                 |  |                             |
| c Accounting .....   | 12,700.               |                                 | 12,700.                                |                             |
| d Lobbying .....   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees .....   |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   |                       |                                 |  |                             |
| 12 Advertising and promotion .....   | 17,416.               | 13,062.                         |  | 4,354.                      |
| 13 Office expenses .....   | 37,235.               | 31,650.                         | 5,585.                                 |                             |
| 14 Information technology .....  | 79,641.               | 67,695.                         | 11,946.                                |                             |
| 15 Royalties .....   |                       |                                 |  |                             |
| 16 Occupancy .....   | 57,144.               | 48,572.                         | 8,572.                                 |                             |
| 17 Travel .....  |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....  | 13,143.               | 11,172.                         | 1,971.                                 |                             |
| 20 Interest .....  |                       |                                 |  |                             |
| 21 Payments to affiliates .....  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....   | 8,112.                | 6,895.                          | 1,217.                                 |                             |
| 23 Insurance .....   | 18,567.               | 15,782.                         | 2,785.                                 |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a <b>CAMPAIGN FUNDED CAPITAL</b>   | 211,563.              | 211,563.                        |  |                             |
| b <b>MAINTENANCE AND REPAIR</b>  | 93,043.               | 79,087.                         | 13,956.                                |                             |
| c <b>ANIMAL CARE</b>   | 42,519.               | 42,519.                         |  |                             |
| d <b>OTHER EMPLOYEE COSTS</b>  | 33,283.               | 26,027.                         | 3,528.                                 | 3,728.                      |
| e All other expenses   | 53,211.               | 29,869.                         | 1,550.                                 | 21,792.                     |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | <b>1,518,335.</b>     | <b>1,194,612.</b>               | <b>177,134.</b>                        | <b>146,589.</b>             |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|  |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|--|--|--------------------------|------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   |                          | <b>1</b>   | 40,000.            |
|  | <b>2</b> Savings and temporary cash investments .....  | 2,221,524.               | <b>2</b>   | 2,595,328.         |
|  | <b>3</b> Pledges and grants receivable, net .....  | 48,810.                  | <b>3</b>   |                    |
|  | <b>4</b> Accounts receivable, net .....  | 1,475.                   | <b>4</b>   | 1,000.             |
|  | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>   |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>   |                    |
|  | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>   |                    |
|  | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>   |                    |
|  | <b>9</b> Prepaid expenses and deferred charges .....   |                          | <b>9</b>   |                    |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 115,204.      |            |                    |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 82,756.       | 40,561.    | <b>10c</b> 32,448. |
|  | <b>11</b> Investments - publicly traded securities .....   | 3,466,816.               | <b>11</b>  | 3,990,186.         |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>  |                    |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>  |                    |
|  | <b>14</b> Intangible assets .....  |                          | <b>14</b>  |                    |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   | 1,709,894.               | <b>15</b>  | 1,736,820.         |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 7,489,080.   | <b>16</b>                | 8,395,782. |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....  | 46,824.                  | <b>17</b>  | 52,865.            |
|  | <b>18</b> Grants payable .....   |                          | <b>18</b>  |                    |
|  | <b>19</b> Deferred revenue .....   | 144,876.                 | <b>19</b>  | 153,485.           |
|  | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>  |                    |
|  | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>  |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>  |                    |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>  |                    |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 42,053.                  | <b>25</b>  | 32,009.            |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 233,753.                 | <b>26</b>  | 238,359.           |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |            |                    |
|  | <b>27</b> Net assets without donor restrictions .....  | 1,669,316.               | <b>27</b>  | 2,354,128.         |
|  | <b>28</b> Net assets with donor restrictions .....   | 5,586,011.               | <b>28</b>  | 5,803,295.         |
|  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |            |                    |
|  | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>  |                    |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>  |                    |
|  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>  |                    |
|  | <b>32</b> Total net assets or fund balances .....  | 7,255,327.               | <b>32</b>  | 8,157,423.         |
|  | <b>33</b> Total liabilities and net assets/fund balances .....   | 7,489,080.               | <b>33</b>  | 8,395,782.         |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 2,097,080. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 1,518,335. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 578,745.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 7,255,327. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 286,381.   |
| 6  | Donated services and use of facilities   | 6  |            |
| 7  | Investment expenses  | 7  |            |
| 8  | Prior period adjustments   | 8  |            |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | 36,970.    |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 8,157,423. |

**Part 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  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
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? \_\_\_\_\_  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \_\_\_\_\_
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

|    | Yes | No |
|----|-----|----|
|    |     |    |
| 2a |     | X  |
|    |     |    |
| 2b | X   |    |
|    |     |    |
| 2c | X   |    |
|    |     |    |
| 3a |     | X  |
|    |     |    |
| 3b |     |    |



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 1130584. | 902,714. | 1033034. | 1046455. | 1119433. | 5232220.  |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 1130584. | 902,714. | 1033034. | 1046455. | 1119433. | 5232220.  |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          | 456,502.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 4775718.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 1130584. | 902,714. | 1033034. | 1046455. | 1119433. | 5232220.                 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 161,938. | 141,539. | 143,799. | 196,879. | 273,460. | 917,615.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          | 6149835.                 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       | 612,978.                 |
| <b>13 First 5 years.</b> 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 <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

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

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | 77.66 %                             |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....  | <b>15</b> | 75.08 %                             |
| <b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....     |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                         |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....    |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

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

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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? |     |    |
| <b>b</b> A family member of a person described on line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "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.</i> |     |    |
| <b>2</b> 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? <i>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.</i>   |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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)? <i>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).</i> |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |  |
|---|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |  |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |  |  |
| <b>a</b> 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? <i>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.</i> |  |  |  |
| <b>b</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? <i>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.</i>  |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>   |  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |  |  |  |
| <b>2a</b>   |  |  |  |
| <b>2b</b>   |  |  |  |
| <b>3a</b>   |  |  |  |
| <b>3b</b>   |  |  |  |

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

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

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  | 1              |                             |
| 2                               | Recoveries of prior-year distributions   | 2              |                             |
| 3                               | Other gross income (see instructions)  | 3              |                             |
| 4                               | Add lines 1 through 3.   | 4              |                             |
| 5                               | Depreciation and depletion   | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)  | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| Section D - Distributions |   | Current Year |
|---------------------------|---|--------------|
| <b>1</b>                  | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>     |
| <b>2</b>                  | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>     |
| <b>3</b>                  | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>     |
| <b>4</b>                  | Amounts paid to acquire exempt-use assets   | <b>4</b>     |
| <b>5</b>                  | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>     |
| <b>6</b>                  | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>     |
| <b>7</b>                  | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>     |
| <b>8</b>                  | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>     |
| <b>9</b>                  | Distributable amount for 2023 from Section C, line 6  | <b>9</b>     |
| <b>10</b>                 | Line 8 amount divided by line 9 amount  | <b>10</b>    |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2023 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2023   |                             |  |   |
| <b>a</b> From 2018   |                             |  |   |
| <b>b</b> From 2019   |                             |  |   |
| <b>c</b> From 2020   |                             |  |   |
| <b>d</b> From 2021   |                             |  |   |
| <b>e</b> From 2022   |                             |  |   |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2023 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2018 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| <b>4</b> Distributions for 2023 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2023 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                             |  |   |
| <b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.   |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2019  |                             |  |   |
| <b>b</b> Excess from 2020  |                             |  |   |
| <b>c</b> Excess from 2021  |                             |  |   |
| <b>d</b> Excess from 2022  |                             |  |   |
| <b>e</b> Excess from 2023  |                             |  |   |



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

2023

Open to Public Inspection

Name of the organization LAKE ERIE NATURE AND SCIENCE CENTER Employer identification number 34-0845030

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, modified easements, states where located, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i) and (ii).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include elected not to report art collections, elected to report art collections with amounts, and received or held art collections for financial gain with amounts.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 3,476,866.       | 3,108,049.     | 3,734,083.         | 3,046,560.           | 3,026,485.          |
| b Contributions                                  | 235,333.         | 214,933.       | 83,048.            | 85,604.              | 82,338.             |
| c Net investment earnings, gains, and losses     | 437,237.         | 301,484.       | -575,137.          | 727,411.             | 51,965.             |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 150,239.         | 147,600.       | 133,945.           | 125,492.             | 114,228.            |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 3,999,197.       | 3,476,866.     | 3,108,049.         | 3,734,083.           | 3,046,560.          |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 6.9260 %
  - b Permanent endowment .0000 %
  - c Term endowment 93.0730 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   |     | X  |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      |                                 |                              |                |
| b Buildings   |                                      |                                 |                              |                |
| c Leasehold improvements  |                                      |                                 |                              |                |
| d Equipment   |                                      | 115,204.                        | 82,756.                      | 32,448.        |
| e Other   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 32,448.        |

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1) SPLIT INTEREST TRUST  | 1,704,811.     |
| (2) OPERATING LEASE   | 32,009.        |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 1,736,820.     |

**Part X Other Liabilities**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) OPERATING LEASE   | 32,009.        |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 32,009.        |

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

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

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

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 2,783,110. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | 286,381.   |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 343,473.   |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> | 36,970.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 666,824.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 2,116,286. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> | -19,206.   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | -19,206.   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 2,097,080. |

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

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

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 1,881,014. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 343,473.   |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |            |
| <b>c</b> | Other losses  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 19,206.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 362,679.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 1,518,335. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 0.         |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 1,518,335. |

**Part XIII Supplemental Information**

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

**PART V, LINE 4:**

ENDOWMENT INVESTMENTS ARE BOARD DESIGNATED AND DONOR RESTRICTED. THE CENTER TARGETS AN ANNUAL DISTRIBUTION EQUAL TO 4% TO 5% OF THE AVERAGE ENDOWMENT BALANCE OVER THE PRIOR 12 QUARTERS (3 YEARS). THE BOARD DESIGNATED ENDOWMENT IS USED FOR OPERATING PURPOSES AND THE DONOR RESTRICTED ENDOWMENTS ARE USED FOR PURPOSES AS INTENDED BY THE DONOR.

**PART X, LINE 2:**

THE INTERNAL REVENUE SERVICE HAS RULED THAT THE CENTER IS A PUBLICLY SUPPORTED ORGANIZATION AND IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE STATE OF OHIO HAS ALSO GRANTED THE CENTER TAX-EXEMPT STATUS. AS OF JUNE 30, 2024 THE



**Part XIII** Supplemental Information (continued)

CENTER HAS NO UNCERTAIN INCOME TAX POSITIONS. THE CENTER RECORDS RELATED INTEREST EXPENSES AND PENALTIES, IF ANY, AS A TAX EXPENSE, CONSISTENT WITH THIS GUIDANCE. THE CENTER'S OPEN AUDIT PERIODS ARE FOR THE TAX YEARS ENDED JUNE 30, 2021 THROUGH JUNE 30, 2024. IN EVALUATING THE CENTER'S TAX PROVISIONS AND ACCRUALS, FUTURE TAXABLE INCOME AND TAX PLANNING STRATEGIES ARE CONSIDERED. THE CENTER BELIEVES ITS ESTIMATES ARE APPROPRIATE BASED ON THE CURRENT FACTS AND CIRCUMSTANCES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

|                                      |         |
|--------------------------------------|---------|
| CHANGE IN SPLIT INTEREST TRUST VALUE | 36,970. |
|--------------------------------------|---------|

PART XI, LINE 4B - OTHER ADJUSTMENTS:

|   |          |
|---|----------|
| FUNDRAISING EXPENSES INCLUDED IN PART VIII, LINE 8B | -19,206. |
|---|----------|

PART XII, LINE 2D - OTHER ADJUSTMENTS:

|   |         |
|---|---------|
| FUNDRAISING EXPENSES INCLUDED IN PART VIII, LINE 8B | 19,206. |
|---|---------|



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

|                 |  | (a) Event #1  | (b) Event #2 | (c) Other events              | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|--|---|--------------|-------------------------------|--|
|                 |  | <b>ANNUAL EVENT</b><br>(event type)                         | (event type) | <b>NONE</b><br>(total number) |  |
| Revenue         | 1  | Gross receipts  | 49,935.      |                               | 49,935.  |
|                 | 2  | Less: Contributions   | 27,035.      |                               | 27,035.  |
|                 | 3  | Gross income (line 1 minus line 2)                          | 22,900.      |                               | 22,900.  |
| Direct Expenses | 4  | Cash prizes   |              |                               |  |
|                 | 5  | Noncash prizes  |              |                               |  |
|                 | 6  | Rent/facility costs   |              |                               |  |
|                 | 7  | Food and beverages  | 11,421.      |                               | 11,421.  |
|                 | 8  | Entertainment   | 3,101.       |                               | 3,101.   |
|                 | 9  | Other direct expenses                                       | 4,684.       |                               | 4,684.   |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |              |                               | 19,206.  |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |              | 3,694.                        |  |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

LAKE ERIE NATURE AND SCIENCE CENTER

Employer identification number

34-0845030

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNDERSTAND, APPRECIATE, AND TAKE RESPONSIBILITY FOR THE NATURAL WORLD.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CENTER MEETS A GROWING NEED IN OUR COMMUNITY FOR CONNECTIONS TO THE  
NATURAL WORLD. THE CENTER OFFERS SCHEDULED PROGRAMS FOR ALL AGES AND  
ABILITIES AND FREE ADMISSION TO EXHIBITS AND LIVE ANIMAL DISPLAYS. A  
UNIQUE COMBINATION OF RESOURCES CAN BE FOUND ONLY AT THE CENTER: LIVE  
ANIMAL EXHIBITS AND DISPLAYS ABOUT NATURAL HISTORY AND SPACE SCIENCE  
ARE OFFERED FREE OF CHARGE. NATURE-BASED PRESCHOOL CLASSES ARE AMONG  
THE FIRST AND LARGEST IN THE REGION AND BUILD ON CHILDREN'S INHERENT  
CURIOSITY. THE PLANETARIUM IS ONE OF TWO PUBLIC ACCESS DOMES IN THE  
AREA OFFERING PROGRAMS FOR ALL AGES. WILDLIFE REHABILITATION SERVICES  
ENCOURAGE INTEREST IN ANIMALS, AND IS THE ONLY FACILITY OF ITS KIND IN  
CUYAHOGA COUNTY.

PROGRAM ACCOMPLISHMENTS

THE MISSION OF LAKE ERIE NATURE AND SCIENCE CENTER (THE CENTER) IS TO  
EDUCATE AND INSPIRE PEOPLE TO UNDERSTAND, APPRECIATE AND TAKE  
RESPONSIBILITY FOR OUR NATURAL WORLD. THE CENTER DELIVERS THIS MISSION  
BY PROVIDING CHILDREN AND FAMILIES WITH A LIVING, BREATHING CONNECTION  
TO THE NATURAL WORLD THROUGH INFORMAL SCIENCE EDUCATION. A UNIQUE  
COMBINATION OF RESOURCES CAN BE FOUND ONLY AT LAKE ERIE NATURE &  
SCIENCE CENTER: LIVE ANIMAL DISPLAYS, WILDLIFE REHABILITATION SERVICES,  
A PUBLIC ACCESS PLANETARIUM, A NATURE-BASED PRESCHOOL, AND A PARK  
SETTING ALONG THE SHORES OF LAKE ERIE. THE CENTER IS ONE OF THE

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

Schedule O (Form 990) 2023

Name of the organization

LAKE ERIE NATURE AND SCIENCE CENTER

Employer identification number

34-0845030

REGION'S MOST AFFORDABLE DESTINATIONS TO LEARN ABOUT THE NATURAL WORLD, OFFERING FREE ADMISSION AND FREE WILDLIFE REHABILITATION SERVICES 7 DAYS A WEEK, 356 DAYS A YEAR. LEARNING EXPERIENCES AT THE CENTER ARE ACCESSIBLE, REPEATABLE, AND SEQUENTIAL, AND ALL PROGRAMS MEET SCIENCE CONTENT STANDARDS. RETURN VISITS BY FAMILIES AND STUDENTS ARE ONE OF THE MOST IMPORTANT INDICATORS OF MISSION IMPACT, AND DEMONSTRATE ONGOING LEARNING AND DISCOVERY. THE CENTER IS SERVING THE FOURTH GENERATION OF FAMILIES AND STUDENTS WITH AN EVER WIDENING COMMUNITY REACH. VISITORS FROM THROUGHOUT NORTHEAST OHIO COME TO THE CENTER FOR HIGH-QUALITY LEARNING EXPERIENCES SUCH AS PLANETARIUM SHOWS, PRESCHOOL CLASSES, SCOUT PROGRAMS, SCHOOL FIELD TRIPS, HIGH SCHOOL WILDLIFE PROGRAM, AND SEASONAL FAMILY EVENTS. LAST YEAR THE CENTER SERVED MORE THAN 100,000 PRESCHOOL CHILDREN, FAMILIES, SCHOOL AGE STUDENTS, HIGH SCHOOL STUDENTS, COLLEGE INTERNS AND ADULTS. LAKE ERIE NATURE & SCIENCE CENTER IS THE ONLY FACILITY OF ITS KIND IN CUYAHOGA COUNTY THAT PROVIDES THE PUBLIC WITH WILDLIFE REHABILITATION SERVICES. TRAINED EMPLOYEES RESPONDED TO MORE THAN 7,266 PUBLIC INQUIRIES ABOUT WILDLIFE AND RECEIVED FROM THE PUBLIC MORE THAN 1,961 ILL OR INJURED ANIMALS IN NEED OF TREATMENT. THE CENTER'S WALTER R. SCHUELE PLANETARIUM IS ONE OF TWO PUBLICLY ACCESSIBLE DOMES IN CLEVELAND AND SERVED MORE THAN 21,000 PEOPLE WITH ENGAGING PHYSICS AND SPACE SCIENCE PRESENTATIONS. ITS PARK SETTING, WITH DIRECT ACCESS TO LAKE ERIE, PLACES MANY CENTER PROGRAMS IN A LIVING OUTDOOR CLASSROOM. SINCE ITS FOUNDING IN 1945 BY ELBERTA FLEMING THE CENTER'S EDUCATIONAL MODEL PROMOTES LONG-TERM APPRECIATION AND INTEREST AS EVIDENCED BY FOUR GENERATIONS OF FAMILY VISITORS WITH AN EVER-WIDENING COMMUNITY REACH.

IN JULY, 2024, THE CENTER BEGAN MAJOR RENOVATIONS TO THE OUTDOOR LIVE

|   |  |
|---|--|
| Name of the organization<br>LAKE ERIE NATURE AND SCIENCE CENTER | Employer identification number<br>34-0845030 |
|---|--|

ANIMAL EXHIBITS IN THE WILDLIFE GARDENS. ENJOYED BY MOST OF THE 100,000 ANNUAL VISITORS, THE WILDLIFE GARDENS ARE THE PRIMARY REASON FOR THEIR VISIT, AND AN EXPERIENCE TREASURED BY FAMILIES OVER FOUR GENERATIONS. THIS SPECIAL 20,000 FOOT SPACE OFFERS CLOSE-UP VIEWS OF NATIVE ANIMALS, HELPING VISITORS CONNECT WITH AND LEARN ABOUT NATURAL WORLD. THIS EXCITING PROJECT WILL CREATE MORE ENGAGING EXPERIENCES FOR VISITORS, PROVIDE AMPLE SPACE FOR STUDENTS TO LEARN ALONGSIDE OUR WILDLIFE SPECIALISTS, AND RAISE VISIBILITY OF OUR WILDLIFE REHABILITATION PROGRAM THE ONLY ONE OF ITS KIND IN CUYAHOGA COUNTY. THE PROJECT WILL REPLACE EXHIBITS AND STRUCTURES, IMPROVE THE QUALITY OF ANIMAL HABITATS, REPLACE THE PROTECTIVE PERIMETER FENCE, AND INCREASE SUSTAINABILITY. AS A RESULT, VISITORS WILL ENJOY AN IMPROVED LEARNING EXPERIENCE ABOUT NATIVE ANIMALS AND OUR REHABILITATION PATIENTS. AT A COST OF \$1,900,000 THE PROJECT IS THE CENTER'S LARGEST CAPITAL INVESTMENT TO IMPROVE THE FREE ADMISSION EXPERIENCE FOR VISITORS OF ALL AGES.

THE CENTER UPGRADED DIGITAL PROJECTION TECHNOLOGY IN ITS PLANETARIUM, ONE OF ONLY TWO PUBLICLY ACCESSIBLE DOMES IN NORTHEAST OHIO. THE \$140,000 PURCHASE AND INSTALLATION OF A NEW DIGITAL PROJECTOR AND SOFTWARE MAKES LAKE ERIE NATURE & SCIENCE CENTER A LEADING SCIENCE EDUCATION INSTITUTION THAT SERVES THE COMMUNITY YOUNG AND OLD. THE CENTER'S PROGRAMS PROVIDE CHILDREN, FAMILIES, SCHOOL STUDENTS, AND ADULTS WITH INTERACTIVE, INQUIRY-BASED SPACE SCIENCE PROGRAMS THAT ENGAGE VISITORS USING VISUAL PROJECTIONS WITH IMAGES AND SPATIAL MOVEMENT OF THE UNIVERSE. THE DIGITAL PROJECTOR'S 3D DISPLAYS ALLOW THE VIEWER TO LAUNCH FROM THE SURFACE OF THE EARTH AND THROUGH THE UNIVERSE. MOVING SPATIALLY THROUGH THE GALAXY, THE DIGITAL PROJECTOR



Name of the organization

LAKE ERIE NATURE AND SCIENCE CENTER

Employer identification number

34-0845030

LETS VISITORS VIVIDLY SEE OUR SOLAR SYSTEM IN CONTEXT OF THE UNIVERSE,  
EXPLORE THE SURFACE OF PLANETS AND TRAVEL BY FLIGHT TO SATELLITE  
SPACECRAFT LIKE THE INTERNATIONAL SPACE STATION. THE NEW DIGITAL  
PROJECTOR PROVIDES HIGHER RESOLUTION THAN ITS PREDECESSOR AND THE  
NEWEST IMAGES AND VIDEO FROM NASA AND OTHER RESEARCH LABS.

FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11A EXPLANATION - AN ELECTRONIC COPY OF THE FORM 990 AND REQUIRED  
SCHEDULES ARE PROVIDED TO EACH MEMBER OF THE FINANCE COMMITTEE FOR REVIEW.  
MEMBERS OF THE COMMITTEE REVIEW THE FORM 990 AND SCHEDULES FOR ACCURACY.  
UPON SUCCESSFUL COMPLETION OF THE REVIEW, THE COMMITTEE VOTES TO APPROVE  
THE FORM 990 AND PROVIDES THE RETURN TO THE FULL BOARD. UPON NOTIFICATION  
TO THE PREPARER THAT THE FULL BOARD HAS BEEN PROVIDED THE RETURN, THE FORM  
990 IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

IT IS THE POLICY OF THE BOARD OF DIRECTORS OF LAKE ERIE NATURE & SCIENCE  
CENTER THAT NO BOARD MEMBER SHALL PROFIT IN ANY WAY FROM THE TRANSACTION OF  
ANY BUSINESS WITH THIS ORGANIZATION INVOLVING THE SALE OF SERVICES OR  
PRODUCTS OR THE USE OF CAPITAL OR LEASE AND/OR PURCHASE OF REAL ESTATE,  
EXCEPT AS PROVIDED IN COMPLIANCE WITH THE BOARD'S CONFLICT OF INTEREST  
POLICY. THE BOARD OF DIRECTORS' GOVERNANCE COMMITTEE ENSURES THAT INCOMING  
BOARD CANDIDATES DO NOT HAVE A CONFLICT OF INTEREST AND THAT EACH CURRENT  
BOARD MEMBER READS AND SIGNS THE CONFLICT OF INTEREST POLICY ON AN ANNUAL  
BASIS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE FINANCE COMMITTEE APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION

|  |   |
|--|---|
| Name of the organization<br><b>LAKE ERIE NATURE AND SCIENCE CENTER</b> | Employer identification number<br><b>34-0845030</b> |
|--|---|

THROUGH THE BUDGET PROCESS AND RECOMMEND SUCH COMPENSATION TO THE FULL BOARD FOR APPROVAL. THE FULL BOARD VOTES TO APPROVE THE COMPENSATION AND SUCH VOTE IS RECORDED IN THE MINUTES OF THE MEETING.

FORM 990, PART VI, SECTION C, LINE 19:

LAKE ERIE NATURE AND SCIENCE CENTER'S FORM 990, GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST BY CALLING THE CENTER AT 440-871-2900.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

|  |         |
|--|---------|
| SPLIT INTEREST TRUST CHANGE IN FAIR MARKET VALUE | 36,970. |
|--|---------|

**Forms included in Electronic Filing**

| <b>Form 990/990-EZ/990-PF</b>                   | <b>Form 990-T</b> |
|---|-------------------|
| EXPORTED ON 01/31/2025 08:45:52<br><br>FORM 990 |                   |