Form 9	90
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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Increation

Department of the Treasury Internal Revenue Service

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AF	or th	e 2023 calendar year, or tax year beginning $JUL 1$, 2023 and	ending J	<u>UN 30, 2024</u>	
	heck if oplicat			D Employer identific	ation number
	Addr	LAKE ERIE NATURE AND SCIENCE CENTER	LAKE FRIE NATURE AND SCIENCE CENTER		
	Name Chan	24.094503		30	
	Initia		Room/suite	E Telephone number	
	Final Final	28728 WOLE BOAD	1100111/00110	(440) 871	
	termi			G Gross receipts \$	2,566,386.
	Amer returr			H(a) Is this a group re	
	Appli tion			for subordinates	
	pend	SAME AS C ABOVE		H(b) Are all subordinates ind	
ΙТ	ax-e>	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 🗌 527		list. See instructions
J۷	lebs	te: WWW.LENSC.ORG		H(c) Group exemptior	n number
		f organization: 🗴 Corporation 📄 Trust 📄 Association 📄 Other	L Year	of formation: 1950 M	I State of legal domicile: OH
Pa	rt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: THE 1	MISSIO	N OF THE LAK	E ERIE
Governance		NATURE AND SCIENCE CENTER IS TO EDUCATE A	ND INS	SPIRE ALL OF	US TO
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
Š	3				19
പ്പ	4	Number of independent voting members of the governing body (Part VI, line 1b)			19
Activities &	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			30
ĬŽ	6	Total number of volunteers (estimate if necessary)			81
Act					0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
	-			Prior Year 1,098,685.	Current Year
en	8	Contributions and grants (Part VIII, line 1h)		554,895.	612,978.
Revenue	9	Program service revenue (Part VIII, line 2g)		105,788.	333,940.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	3,694.
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,759,368.	2,097,080.
-	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	\mathbf{D} and \mathbf{f} is a state of the second second second \mathbf{D} and \mathbf{D} is a state of (\mathbf{A}) . The second		0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		791,581.	840,758.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben		Total fundraising expenses (Part IX, column (D), line 25) 146, 58	89.		-
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		462,714.	677,577.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,254,295.	1,518,335.
	19	Revenue less expenses. Subtract line 18 from line 12		505,073.	578,745.
n sec				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		7,489,080.	8,395,782.
t As: d Bé	21	Total liabilities (Part X, line 26)		233,753.	238,359.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		7,255,327.	8,157,423.
Pa	rt II	Signature Block			
Unde	r pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	

Sign	Signature of officer				Date			
-	CATHERINE TIMKO, EXECUTIVE	E DIRECTOR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature		Date	Check PTIN			
Paid	DANIEL S. GIBEL, CPA				self-employed P01238713			
Preparer	Firm's name CARD PALMER SIBBI	SON & CO.			Firm's EIN 34-1599718			
Use Only	Firm's address 4545 HINCKLEY PAR	KWAY						
	CLEVELAND, OH 44109-6009 Phone no.216-621-6100							
May the I	May the IRS discuss this return with the preparer shown above? See instructions							
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2023) LAKE ERIE NATURE AND SCIENCE CENTER 34-0845030 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	LAKE ERIE NATURE & SCIENCE CENTER EDUCATES AND INSPIRES EACH OF US TO UNDERSTAND, APPRECIATE, AND TAKE RESPONSIBILITY FOR OUR NATURAL WORLD.
	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?
	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?
	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 \$A35,035. including grants of \$) (Revenue \$A54,204.)
	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.
	(Code:) (Expenses \$ 308,651. including grants of \$) (Revenue \$ 132,120.)
4b	(Code:) (Expenses \$308,651. including grants of \$) (Revenue \$)
	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 \$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.
	Internet of the rest of the restrict the restriction of the restrictio
4d	Other program services (Describe on Schedule O.)
	(Expanses \$) (Revenue \$)

(Expenses \$	including grants of \$) (Revenue \$)
4e Total program service expenses	1,194,612.		

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_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? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		<u> </u>
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			77
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		77	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10	v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	400		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	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	116		х
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 23
15		15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		16		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		- 23
17		17		x
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10		18	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."	10		<u> </u>
13		19		х
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	-00		<u> </u>
- 1	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i>	21		х

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

Form	990 (2023) LAKE ERIE NATURE AND SCIENCE CENTER 34-0845	030	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
0-			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 30			
h	filed for the calendar year ending with or within the year covered by this return [2a] 3U If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
		20 3a	23	x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
Ĩ	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	14		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
a	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ы 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		L
	If "Yes," complete Form 6069.			

LAKE ERIE NATURE AND SCIENCE CENTER

 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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a19			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?		77	
a	The organization's CEO, Executive Director, or top management official	15a	X	v
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	101		
800	exempt status with respect to such arrangements?	16b		
17 ₁0		onlei	0.0	
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 for public inspection. Indicate how you made these qualitable. Check all that apply	oniy)	availat	JIE
	for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website X Another's website X Upon request Other (explain on Schedule O)	finer		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	mane	JIAI	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	CAROL ORMSBY - (440) 871-2900			
	28728 WOLF ROAD, BAY VILLAGE, OH 44140			

1 01111 0 0 0 0						
Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest Comp	ensated
	Employees, and Independe	ent Contra	ctors			

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 al of the organization's current key employees, if any. See the instructions for deminitor of key employees.

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

Form 990 (2023) LAKE ERII									34-084	<u>5030</u>	P	age 8
Part VII Section A. Officers, Directors, Trus	t C		, ,									
(A)	(B)		(C) Position					(D)	(E)		(F)	
Name and title	Average Position (do not check more than one box, unless person is both an					than c		Reportable compensation	Reportable		stimate mount	
	week					s both r/trust		from	compensation from related		other	01
	(list any	ector						the	organizations	con	npensa	ition
	hours for	or dire	e			ated		organization	(W-2/1099-MISC/		from th	
	related organizations	ustee	truste		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		ganizat nd relat	
	below	In dividual trustee or director	Institutional trustee	-	Key employee	st con iyee	ar	1099-NEC)			anizati	
	line)	Indivi	Institu	Officer	Key er	Highest compensated employee	Former					а. Б.
(18) WILLIAM P. WATKINS	2.00											
BOARD MEMBER		Х						0.	0	·		0.
(19) JEFFREY M. WHITESELL	2.00	37							0			0
BOARD MEMBER (20) NEIL J. WHITFORD	2.00	Х						0.	0	·		0.
BOARD MEMBER	2.00	х						0.	0			0.
		23								<u>'</u>		
										+		
								104,505.	0		7,3	20
1b Subtotal c Total from continuation sheets to Part VI								0.	0	_	1,5	<u>20.</u> 0.
<u>d</u> Total (add lines 1b and 1c)								104,505.	0	_	7,3	
2 Total number of individuals (including but n												
compensation from the organization									-			1
											Yes	No
3 Did the organization list any former officer,				•			Ŭ	• •	•			
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150										4		x
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes, " com										5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	•	•							· ·	ation fr	om	
the organization. Report compensation for	the calendar ye	ear e	ndin	ig w	ith c	or wi	thin		ear.			
(A) Name and business	address	NC	ONE	7				(B) Description of s	services	Compe	C) ensatio	'n
				-				•				
							\dashv					
2 Total number of independent contractors (in	•	ot lin	nitec	to t	-		ted	above) who received m	ore than			
\$100,000 of compensation from the organized	zation				0	,						

						AT	URE AND	SCIENCE CEN	NTER	34-0845	030 Page 9
Pa	rt V	/111	Statement of Re	ven	ue						
			Check if Schedule O	cont	ains a respor	ise (or note to any lin	1 /	(5)	(0)	
								(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total Tevenue	function revenue	business revenue	from tax under
											sections 512 - 514
ts t	1	а	Federated campaigns		1a			-			
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues					-			
ي م		с	Fundraising events		1c		27,035.				
ar /		d	Related organizations		1d						
s, c		е	Government grants (contr	ributi	ons) 1e						
r Si		f	All other contributions, gifts,	gran	ts, and						
the u			similar amounts not included	l abov	/e 1f	<u>1,</u>	<u>119,433.</u>				
		g	Noncash contributions included in	lines	1a-1f 1g \$						
a C		h	Total. Add lines 1a-1f					1,146,468.			
							Business Code				
2	2	а	PROGRAM AND C	'LA	SS FEE	<u>s</u> _	611600	612,978.	612,978.		
Program Service Revenue		b				_					
enu Buu		с									
e v		d									
<u>э</u> ш		е									
		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f					612,978.			
	3		Investment income (includ	ding	dividends, in	tere	st, and				0 - 0 4 6 0
								273,460.			273,460.
	4		Income from investment of	of tax	<pre>k-exempt bor</pre>	nd p	roceeds				
	5		Royalties	······							
					(i) Real		(ii) Personal	-			
	6	а	Gross rents	6a				-			
		b	Less: rental expenses	6b				-			
			Rental income or (loss)	6c							
			Net rental income or (loss	.) <u></u>			(1) -				
	7	а	Gross amount from sales of		(i) Securiti		(ii) Other	-			
			assets other than inventory	7a	510,58	0.		-			
		b	Less: cost or other basis		450 40	~					
anu			and sales expenses	7b	450,10	0.		-			
evenue		С	Gain or (loss)	7c	60,48	0.		60,400			60 400
ř			Net gain or (loss)			·····	1	60,480.			60,480.
Omer	8	а	Gross income from fundraisi								
5			including \$ 27								
			contributions reported on		-						
		_	Part IV, line 18				22,900.	4			
			Less: direct expenses			8b	19,206.	2 604			2 604
			Net income or (loss) from		-			3,694.			3,694.
	9	а	Gross income from gamin								
			Part IV, line 19			9a		-			
			Less: direct expenses			9b					
			Net income or (loss) from	•	0	<u></u>					
	10	а	Gross sales of inventory,			10					
		Ŀ	and allowances			10a		-			
			Less: cost of goods sold			10b					
_		С	Net income or (loss) from	sale	s of inventor	/	Business Code				
3		_					Business Code				
e e	11					_					
Ven		b				_					
miscellaneous Revenue		с С									
Ē			All other revenue								
	12	9	Total revenue. See instruction					2,097,080.	612 978	0	337,634.
	14		I JULAI I DV GILLO. OCC IIISLI UCIIL	0110				-, -, ,	, <u> </u>	· · ·	

LAKE ERIE NATURE AND SCIENCE CENTER

	Total expenses	Program service	Management and	Fundraising
b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors,	110 500	27 105		27 105
trustees, and key employees	112,500.	37,125.	38,250.	37,125.
Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
Other salaries and wages	612,459.	483,039.	62,800.	66,620.
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
Other employee benefits	60,568.	47,364.	6,420.	6,784 6,186
Payroll taxes	55,231.	43,191.	5,854.	6,186.
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 0.)				
Advertising and promotion	17,416.	13,062.		4,354.
Office expenses	37,235.	31,650.	5,585.	_,
Information technology	79,641.	67,695.	11,946.	
E,	, , , , , , , , , , , , , , , , , , , ,			
Royalties	57,144.	48,572.	8,572.	
	57,144.	40,5720	0,572.	
Payments of travel or entertainment expenses				
for any federal, state, or local public officials	13,143.	11,172.	1 071	
Conferences, conventions, and meetings	13,143.	11,1/2.	1,971.	
Payments to affiliates	0 1 1 0	C 005	1 01 17	
Depreciation, depletion, and amortization	8,112.	6,895.	1,217.	
Insurance	18,567.	15,782.	2,785.	
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 0.) a CAMPAIGN FUNDED CAPITAL	211,563.	211,563.		
b MAINTENANCE AND REPAIR	93,043.	79,087.	13,956.	
ANTWAL CADE	42,519.	42,519.		
	33,283.	26,027.	3,528.	3,728
	53,203.	29,869.	1,550.	21,792
e All other expenses	1,518,335.	1,194,612.	177,134.	146,589
Total functional expenses. Add lines 1 through 24e	т,это,эээ.	1,194,014.	1//,134.	140,309
Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

332010 12-21-23

LAKE	ERIE	NATURE	AND	SCIENCE	CENTER
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34-0845030 Page 11

		Check if Schedule O contains a response or no	ote to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	40,000.
	2	Savings and temporary cash investments	2,221,524.	2	2,595,328.		
	3	Pledges and grants receivable, net			48,810.	з	
	4	Accounts receivable, net		1,475.	4	1,000.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sect	tion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	<u> </u>				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	115,204.			
	b		10b	82,756.	40,561.	10c	<u>32,448.</u> 3,990,186.
	11	Investments - publicly traded securities			3,466,816.	11	3,990,186.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,709,894.	15	1,736,820.
	16	Total assets. Add lines 1 through 15 (must eq	ual line 3	3)	7,489,080.	16	8,395,782.
	17	Accounts payable and accrued expenses	46,824.	17	52,865.		
	18	Grants payable		18			
	19	Deferred revenue			144,876.	19	153,485.
	20					20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ŝ	22	Loans and other payables to any current or for	mer offic	er, director,			
litie		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese perso	ons		22	
1	23	Secured mortgages and notes payable to unre	lated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D			42,053.	25	32,009.
	26	Total liabilities. Add lines 17 through 25			233,753.	26	238,359.
		Organizations that follow FASB ASC 958, ch	eck here	e X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			1,669,316.	27	2,354,128.
Ba	28	Net assets with donor restrictions			5,586,011.	28	5,803,295.
pur		Organizations that do not follow FASB ASC	958, che	ck here			
ц		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
set	30	Paid-in or capital surplus, or land, building, or e	equipmer	nt fund		30	ļ
t As	31	Retained earnings, endowment, accumulated i				31	
Nei	32	Total net assets or fund balances		L	7,255,327.	32	8,157,423.
	33	Total liabilities and net assets/fund balances			7,489,080.	33	8,395,782.

Form **990** (2023)

Part X Balance Sheet

Form 990 (2023)	
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	990 (2023) LAKE ERIE NATURE AND SCIENCE CENTER	34-08	45030	Pag	_{ge} 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,09			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,518			
3	Revenue less expenses. Subtract line 2 from line 1	3		3,74		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,255			
5	Net unrealized gains (losses) on investments	5	286	5,38	81.	
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	5,9'	70.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	8,15	7,42	23.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			x	
2a	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?		2 b	Х	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				<u> </u>	
				000		

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047				
	2023				
	Open to Public Inspection				
Employer identification number					

Name of the organization

Nan		t ハビロ		RE AND SCIEN		זיידיס			4-0845030			
Pa	rt I	Reason for Public (oo inotruction		4-0043030			
								5.				
	organ	ization is not a private found										
1		A church, convention of chu					I)(A)(I)-					
2		A school described in sect				(L)(1)(A)(;;	::)					
3 4		A hospital or a cooperative A medical research organization					-	(iiii) Entor	the bespital's name			
4		city, and state:	ation operated in cor		described	III Sectio	A)(1)(d)(1)(A)		the hospital's hame,			
5			or the benefit of a col	leae or university owned	l or operati	ed by a do	vernmental u	hit describe	ad in			
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X											
'		section 170(b)(1)(A)(vi). (C	-		on a gove	minentai		ie general j				
8		A community trust describe			+ 11)							
9	\square	An agricultural research org				d in coni	unction with a	land-arant	college			
3		or university or a non-land-g	-			-		-	-			
		university:	grant conege of agrice			lame, eny	, and state of	the conege				
10		An organization that norma	Ilv receives (1) more t	than 33 1/3% of its supr	ort from c	ontributior	ns membersh	in fees and	d gross receipts from			
		activities related to its exem										
		income and unrelated busir							-			
		See section 509(a)(2). (Cor		(eee aequi						
11	\square	An organization organized a	. ,	velv to test for public sa	fetv. See	section 50)9(a)(4).					
12		An organization organized a		•	-			rry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) c	or section &	509(a)(2).	See section :	509(a)(3).	Check the box on			
		lines 12a through 12d that	- describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.				
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	ipporting			
		organization. You must o	complete Part IV, Se	ctions A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ring			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,			
		its supported organization	n(s) (see instructions)	. You must complete l	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	vith its suppor	ted organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type	I, Type III				
		functionally integrated, or	••	nally integrated supporti	ng organiz	ation.						
		er the number of supported o	•									
g		vide the following information (i) Name of supported	i about the supporter	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetany	(vi) Amount of other			
	,	organization		(described on lines 1-10	in your governi	ng document?	support (see in	-	support (see instructions)			
		5		above (see instructions))	Yes	No		,	, , ,			
Tota	al											

Schedule A (Form 990) 2023 LAKE ERIE NATURE AND SCIENCE CENTER Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) a

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1130584.	902,714.	1033034.	1046455.	1119433.	5232220.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1130584.	902,714.	1033034.	1046455.	1119433.	5232220.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						456,502.
6	Public support. Subtract line 5 from line 4.						4775718.
	tion B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1130584.	902,714.	1033034.	1046455.	1119433.	5232220.
	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.
9	Net income from unrelated business			-	-	-	· · ·
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						6149835.
	Gross receipts from related activities,	etc. (see instructio	ins)			12	612,978.
	First 5 years. If the Form 990 is for th						
	organization, check this box and stor	-		· · ·			
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			olumn (f))		14	77.66 %
	Public support percentage from 2022					15	75.08 %
	33 1/3% support test - 2023. If the o					ore, check this box	
	stop here. The organization qualifies						27
b	33 1/3% support test - 2022. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test		•••••				
	and if the organization meets the fact	•					
	meets the facts-and-circumstances te			-			
h	10% -facts-and-circumstances test	-		• • • •	-		
	more, and if the organization meets the	-					2,3 0
	organization meets the facts-and-circu						
18	Private foundation. If the organization						
10		IT GIU HOL CHECK à I		a, 100, 17a, 01 170	, oneon unio dux al		

Schedule A (Form 990) 2023

Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
a	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		(=) 2010	(1) 2020	(a) 2021	(4) 0000	(a) 2002	(f) Tatal
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9 10a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9 10a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9 10a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9 10a b	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9 10a b	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9 10a b	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b,	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9 10a b	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9 10a b c 11	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b,	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9 10a b c 11	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9 10a b 11	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9 10a b 11 11	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
Cale 9 10a b 11 11	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, t	fourth, or fifth tax y	year as a section 5	01(c)(3) organizatic	
Cale 9 10a b 11 12 13 14	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, t	fourth, or fifth tax y		01(c)(3) organizatic	
Cale 9 10a b 11 12 13 14 <u>Sec</u>	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here	ne organization's fi c Support Per	rst, second, third, f	fourth, or fifth tax y	year as a section 5	01(c)(3) organizatic	
Cale 9 10a b 10 10 10 10 11 12 13 14 5 20 15 16	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here stion C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022	ne organization's fi c Support Per ine 8, column (f), d Schedule A, Part	rst, second, third, f rcentage ivided by line 13, c Ill, line 15	fourth, or fifth tax y	year as a section 5	01(c)(3) organizatic	n,
Cale 9 10a b 0 11 12 13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u>	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 ction D. Computation of Invess	ne organization's fi c Support Per ine 8, column (f), d Schedule A, Part stment Income	rst, second, third, f rst, second, third, f rcentage ivided by line 13, c III, line 15 Percentage	fourth, or fifth tax y	year as a section 5	01(c)(3) organizatic	n,%
Cale 9 10a b 0 11 12 13 14 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 tion D. Computation of Invess Investment income percentage for 2021	ne organization's fi c Support Per ine 8, column (f), d <u>Schedule A, Part</u> stment Income 223 (line 10c, colur	rst, second, third, f rst, second, third, f rcentage ivided by line 13, c Ill, line 15 Percentage nn (f), divided by lin	fourth, or fifth tax y	year as a section 5	01(c)(3) organizatio	n,
Cale 9 10a b 0 11 12 13 14 15 16 Sec 17 18	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 ction D. Computation of Invess	ne organization's fi c Support Per ine 8, column (f), d Schedule A, Part itment Income 123 (line 10c, colur 2022 Schedule A,	rst, second, third, f rst, second, third, f rcentage ivided by line 13, c III, line 15 Percentage nn (f), divided by lin Part III, line 17	fourth, or fifth tax y column (f))	year as a section 5	01(c)(3) organizatio	n,

	nedule A (Form 990) 2023				-	SCIENCE		
P	art III Support Schedule f	or Organ	izations	Described	d in Se	ction 509(a)(2	2)	

qualify under the tests listed below, please complete Part II.)

Section A. Public Support

(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

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

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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Part IV | Supporting Organizations

Schedule A (Form 990) 2023

(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

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

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		74707	V F0	age o
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	_
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	_
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	ar (see instructions
-	- One of the box next to the method that the organization used to satisfy the integral rate rest during the yet	AI (

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

З

2a

2b

3a

Yes No

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ig trust on N	lov. 20, 1970 (<i>explain in</i>)	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7				

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

LAKE ERIE NATURE AND SCIENCE CENTER

Part V	Type III N	Ion-Functio	nally In	tegrate	d 509(a)(3)	Suppo	orting Organi	zations (~
Schedule A	(Form 990) 2	023	LAKE	ERIE	NATURE	AND	SCIENCE	CENTER	

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ıed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	·	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	IS	Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Cobodula A	(Form 000) 0000	ידסים שאעיו		ND SCIENCE		34-0845030	Deec C
Part VI	(Form 990) 2023 Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lin Section D, lines 5, 6, and 8; (See instructions.)	ation. Provide t 2, 3b, 3c, 4b, 4c, 5 es 2 and 3; Part IV	he explanations r a, 6, 9a, 9b, 9c, 1 /, Section E, lines	equired by Part II, lir 1a, 11b, and 11c; P s 1c, 2a, 2b, 3a, and	ne 10; Part II, line 17a c art IV, Section B, lines 3b; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Pa	C,

(Form	990)
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332051 09-28-23

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.



Name of the organization

Department of the Treasury Internal Revenue Service

LAKE ERIE NATURE AND SCIENCE CENTER

Employer identification number 34-0845030

Pa			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year		
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	uniting that the apparts hold in denor advised fo	undo
5	Did the organization inform all donors and donor advisors in v are the organization's property, subject to the organization's	-	
6			
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		ľ – –
Pa		anization answered "Yes" on Form 990 Part	
1	Purpose(s) of conservation easements held by the organization		IV, me 7.
•	Preservation of land for public use (for example, recreation)		storically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ind conservation contribution in the form of a	conservation assement on the last
2	day of the tax year.		Held at the End of the Tax Year
2			
a b	Total number of conservation easements		
0	Number of conservation easements on a certified historic stru	ucture included on line 2a	
d	Number of conservation easements included on line 2c acqui		
u	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
5	year	eased, extinguished, or terminated by the orga	
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ŭ			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
•			
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(E	3) <i>(</i> i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2023

		IE NATURE A			Ha a 0		845030		
Pai	t III Organizations Maintaining C							ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that ma	ke signif	icant use of it	S		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	b Scholarly research e Other								
с	c Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	exempt	purpose in Pa	art XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other sir	milar ass	sets			
	to be sold to raise funds rather than to be ma						Yes	No No	
Par	t IV Escrow and Custodial Arrang	gements Complet	e if the organizatior	answered "Yes'	' on Forr	n 990, Part IV	, line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an, or other intermed	iary for contribution	s or other assets	not incl	uded			
	on Form 990, Part X?					[Yes	No No	
b	If "Yes," explain the arrangement in Part XIII								
		·	-				Amount		
с	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fe					,	Yes	No	
	If "Yes," explain the arrangement in Part XIII.								
Par		the organization ans	wered "Yes" on For	m 990, Part IV, li	ne 10.				
	·	(a) Current year	(b) Prior year	(c) Two years ba		Three years bad	ck (e) Four	years back	
1a	Beginning of year balance	3,476,866.	3,108,049.	3,734,08		3,046,56		026,485.	
	Contributions	235,333.	214,933.			85,60		82,338.	
	Net investment earnings, gains, and losses	437,237.	301,484.	-575,13		727,41		51,965.	
	Grants or scholarships		,		•	,		,	
	Other expenditures for facilities								
е		150,239.	147,600.	133,94	45	125,49	2	114,228.	
	and programs	130,235.	147,000.	155,5	± 5 .	125,45	· ·	111,220.	
	Administrative expenses	3,999,197.	3,476,866.	3,108,04	19	3,734,08	3 3	046,560.	
g	End of year balance	, ,			±J.	5,754,00	J• J,	040,500.	
2	Provide the estimated percentage of the curr	6.9260) neid as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment 0000	%							
С	Term endowment 93.0730								
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	id administered f	or the		Г	Vee Ne	
	organization by:							Yes No	
	(i) Unrelated organizations?							<u>X</u>	
	(ii) Related organizations?							X	
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4									
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	, Part IV, line 11a. S						
	Description of property	(a) Cost or ot	• •		. ,	mulated	(d) Booł	k value	
		basis (investm	ient) basis	(other)	depred	ciation			
1a	Land								
b	Buildings								
с	Leasehold improvements								
d	Equipment		11	5,204.	8	2,756.	32	2,448.	
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part >	(, line 10c, column	<i>(B)</i>)			32	2,448.	
	· · · ·					Sched	ule D (Form	1 990) 2023	

Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-ot-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(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)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) SPLIT INTEREST TRUST			1,704,811.
(2) OPERATING LEASE			32,009.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	. <i>(B)</i>)		1,736,820.
Part X Other Liabilities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE			32,009.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.			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 X 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

Schedule D (Form 990) 2023 LAKE ERIE NATURE AND SCIENCE CENTER 34-0845030 Page 3

	edule D (Form 990) 2023 LAKE ERIE NATURE AND SCIE				0845030 Page 4				
Pa	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 1	2a.							
1	Total revenue, gains, and other support per audited financial statements			1	2,783,110.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	2a	286,381.						
b	Donated services and use of facilities	2b	343,473.						
с	Recoveries of prior year grants								
d	Other (Describe in Part XIII.)	2d	36,970.						
е	Add lines 2a through 2d			2e	666,824.				
3	Subtract line 2e from line 1			3	2,116,286.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII.)	4b	-19,206.						
с	Add lines 4a and 4b			4c	-19,206.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,097,080.				
					=/**				
	rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F		n				
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ments With	Expenses per F		n				
	rt XII Reconciliation of Expenses per Audited Financial State	ments With 2a.	Expenses per F		n 1,881,014.				
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ments With 2a.	Expenses per F	Retur	n				
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	2a.	Expenses per F	Retur	n				
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ments With 2a. 	Expenses per F	Retur	n				
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2a 2a 2a	Expenses per F	Retur	n				
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a. 2a. 2b. 2b. 2c.	Expenses per F	Retur	n <u>1,881,014.</u>				
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a. 2b 2c 2d	Expenses per F 343,473. 19,206.	Retur	n <u>1,881,014.</u> 362,679.				
Pa 1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2a 2b 2c 2d	Expenses per F 343,473. 19,206.	1	n <u>1,881,014.</u>				
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	Expenses per F 343,473. 19,206.	1 2e	n <u>1,881,014.</u> 362,679.				
Pa 1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2c 2d	Expenses per F 343,473. 19,206.	1 2e	n <u>1,881,014.</u> 362,679.				
Pa 1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2b 2c 2d 2d 2d	Expenses per F 343,473. 19,206.	1 2e	n <u>1,881,014.</u> 362,679.				
Pa 1 2 a b c d 3 4 a	rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2b 2c 2d 2d	Expenses per F 343,473. 19,206.	1 2e	n <u>1,881,014.</u> <u>362,679.</u> 1,518,335. 0.				
Pa 1 2 4 6 3 4 5	rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a. 2b 2b 2c 2d	Expenses per F 343,473. 19,206.	1 2e 3	n <u>1,881,014.</u> <u>362,679.</u> 1,518,335.				

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

Schedule D (Form 990) 2023 LAKE ERIE NATURE AND SCIENCE CENTER 34-0845030 Page 5 Part XIII Supplemental Information (continued) Continued) Continued 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.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047		
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.									
Department of the Treasury		Attach to Form 990	or For	n 990	-EZ.			Open to Public Inspection		
Internal Revenue Service										
Name of the organization		IE NATURE AND SCIE	NCE	CEI	ITER		Employer i $34 - 084$	identification number 15030		
Part I Fundrais required to										
 Indicate whether the a Mail solicitate b Internet and c Phone solicitate d In-person so 2 a Did the organization key employees listed b If "Yes," list the 1000 	e organization rais itions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Specia or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ition of ition of I fundra (incluc professi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	<u> </u>	Yes No be		
compensated at le (i) Name and addres or entity (fund	s of individual	(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o f	Amount paio r retained b undraiser ed in col. (i)	y) to (or retained by)		
			Yes	No						
Total							warmat fur-	registration		
or licensing.	ion the organizatio	n is registered or licensed to solicit	Contrib	utions	or has been notified	it is e	exempt from	registration		

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

LAKE ERIE NATURE AND SCIENCE CENTER

34-0845030 Page 2

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.

2 Less: Contributions 27,035. 2' 3 Gross income (line 1 minus line 2) 22,900. 2' 4 Cash prizes	n \$5,000.
event type) (event type) (total number) Col, 1 Gross receipts 49,935. 41 2 Less: Contributions 27,035. 21 3 Gross income (line 1 minus line 2) 22,900. 22 4 Cash prizes 2 2 2 5 Noncash prizes 2 2 11,421. 11 7 Food and beverages 11,421. 11 12 9 Other direct expenses 4,684. 2 2 9 Other direct expenses 4,69 2 2 2	
99 1 Gross receipts 49,935. 41 2 Less: Contributions 27,035. 21 3 Gross income (line 1 minus line 2) 22,900. 21 4 Cash prizes 2 22,900. 21 4 Cash prizes 2 22,900. 21 5 Noncash prizes 11,421. 11 6 Rent/facility costs 3,101. 12 9 Other direct expenses 11,421. 11 9 Other direct expenses 4,684. 10 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Part III Gaming. Complete if the organization answered "Yes" on Form 990. Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c) Total gaming 9 2 Cash prizes 2 2 2 Cash prizes 2 2 2 3 Noncash prizes 2 2 4 <td>(c))</td>	(c))
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11 Net income summary. Subtract line 10 from line 3, column (d)	<u>3,101.</u> 4,684.
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total ga col. (a) throut 1 Gross revenue	9,206.
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1 Gross revenue <	
1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 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)	
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 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? 	
a Is the organization licensed to conduct gaming activities in each of these states? Yes	
a Is the organization licensed to conduct gaming activities in each of these states? Yes	
	No
	NO
Da Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	No
b If "Yes," explain:	
Schodulo C /Form	

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	LAKE	ERIE	NATURE	AND	SCIENCE	CENTER	34-0	845030	Page 3
11	Does the organization conduct ga	ming activit	ties with ı	nonmembers?					Yes	No
12	Is the organization a grantor, bene	eficiary or tr	ustee of a	a trust, or a me	ember of	a partnership o	or other entity formed			
	to administer charitable gaming?								Yes	No
13	Indicate the percentage of gaming									
a	The organization's facility								13a	%
	An outside facility								13b	%
14	Enter the name and address of the	e person wł	no prepar	res the organiz	ation's g	aming/special	events books and recor	ds:		
	Name									
	Address									
15a	Does the organization have a cont	tract with a	third par	ty from whom	the orga	nization receive	es gaming revenue?		Yes	No
b	If "Yes," enter the amount of gami					\$	and the an	nount		
	of gaming revenue retained by the									
c	: If "Yes," enter name and address	of the third	party:							
	Name									
	Address									
16	Coming monogor information:									
16	Gaming manager information:									
	Name									
	Gaming manager compensation	\$								
	daming manager compensation	Ψ								
	Description of services provided									
	Director/officer	Emple	oyee		Indepen	dent contractor				
17	Mandatory distributions:									
a	Is the organization required under	state law to	o make c	haritable distri	butions f	from the gaming	g proceeds to			
	retain the state gaming license?								Yes	No
b	Enter the amount of distributions	required un	der state	law to be dist	ibuted t	o other exempt	organizations or spent	in the		
De	organization's own exempt activiti									
Pa	rt IV Supplemental Inform							; and Parl	III, lines 9, 9	9b, 1 0b,
	15b, 15c, 16, and 17b, as	applicable.	. Also pro	ovide any addit	ional info	ormation. See ir	nstructions.			

Schedule G	(Form 990)	LAKE	ERIE	NATURE	AND	SCIENCE	CENTER	34-0845030	Page 4
Part IV	(Form 990) Supplemental Infor	mation	(continued	/)					
-									

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



34-0845030

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

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

LAKE ERIE NATURE AND SCIENCE CENTER

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. Α 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

Schedule O (Form 990) 2023	Page 2					
Name of the organization <u>LAKE ERIE NATURE AND SCIENCE CENTER</u>	Employer identification number $34-0845030$					
REGION'S MOST AFFORDABLE DESTINATIONS TO LEARN ABOUT THE NATURAL WORLD,						
OFFERING FREE ADMISSION AND FREE WILDLIFE REHABILITATION S	ERVICES 7					
DAYS A WEEK, 356 DAYS A YEAR. LEARNING EXPERIENCES AT THE	CENTER ARE					
ACCESSIBLE, REPEATABLE, AND SEQUENTIAL, AND ALL PROGRAMS M	EET SCIENCE					
CONTENT STANDARDS. RETURN VISITS BY FAMILIES AND STUDENTS	ARE ONE OF					
THE MOST IMPORTANT INDICATORS OF MISSION IMPACT, AND DEMON	STRATE					
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 SHOW	S, PRESCHOOL					
CLASSES, SCOUT PROGRAMS, SCHOOL FIELD TRIPS, HIGH SCHOOL W	ILDLIFE					
PROGRAM, AND SEASONAL FAMILY EVENTS. LAST YEAR THE CENTER	SERVED MORE					
THAN 100,000 PRESCHOOL CHILDREN, FAMILIES, SCHOOL AGE STUD	ENTS, HIGH					
SCHOOL STUDENTS, COLLEGE INTERNS AND ADULTS. LAKE ERIE NAT	URE & 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 AB	OUT WILDLIFE					
AND RECEIVED FROM THE PUBLIC MORE THAN 1,961 ILL OR INJURE	D ANIMALS IN					
NEED OF TREATMENT. THE CENTER'S WALTER R. SCHUELE PLANETAR	IUM IS ONE OF					
TWO PUBLICLY ACCESSIBLE DOMES IN CLEVELAND AND SERVED MORE	THAN 21,000					
PEOPLE WITH ENGAGING PHYSICS AND SPACE SCIENCE PRESENTATIO	NS. 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 VI	SITORS WITH					
AN EVER-WIDENING COMMUNITY REACH.						

Schedule O (Form 990) 2023	Page 2	
Name of the organization LAKE ERIE NATURE AND SCIENCE CENTER	Employer identification number $34-0845030$	
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 382212 11-14-23 Schedule Q (Form 990) 2023

Schedule O (Form 990) 2023	Page 2	
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:

Schedule O (Form 990) 2023	Page 2
Name of the organization LAKE ERIE NATURE AND SCIENCE CENTER	Employer identification number 34-0845030
THROUGH THE BUDGET PROCESS AND RECOMMEND SUCH COMPENSATION	TO THE FULL
BOARD FOR APPROVAL. THE FULL BOARD VOTES TO APPROVE THE C	OMPENSATION 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 A	VAILABLE 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.

Form 990/990-EZ/990-PF	Form 990-T
EXPORTED ON 01/31/2025 08:45:52	
FORM 990	