Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning	JUL	1	, 2023, and ending	JUN	30	, 20 2 4

Do not send to the IRS. Keep for your records.

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8879TE for the latest information.

Name (of filer			EIN or SSN			
	CENTER FOR A	QUATIC SCIENCES		52-1647018			
Name a	and title of officer or person subject t	o tax BARBARA KELLY					
		PRESIDENT & CEO					
Part	t I Type of Return an	d Return Information					
Form or 10 a which	5330 filers may enter dollars and below, and the amount on that	you are using this Form 8879-TE and e cents. For all other forms, enter whole line for the return being filed with this for enter -0-). But, if you entered -0- on the	dollars only. If you check the box on lorm was blank, then leave line 1b, 2b	ine 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,			
1a	Form 990 check here		m 990, Part VIII, column (A), line 12)				
2a	2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)						
3a	Form 1120-POL check here	b Total tax (Form 1120-POL	, line 22)	2b 3b			
4a	Form 990-PF check here	b Tax based on investment	income (Form 990-PF, Part V, line 5)				
5a	Form 8868 check here	b Balance due (Form 8868,	line 3c)	5b			
6a	Form 990-T check here	b Total tax (Form 990-T, Par	t III, line 4)	6b			
7a	Form 4720 check here		t III, line 1)				
8a	Form 5227 check here		ax year (Form 5227, Item D)				
9a	Form 5330 check here	b Tax due (Form 5330, Part	II, line 19)				
10a			nt requested (Form 8038-CP, Part III, I	line 22) 10b			
Part	t II Declaration and S	Signature Authorization of Offi	cer or Person Subject to Tax				
of enti 2023 (complinterm ackno of any entry to finance later to payme person	electronic return and accompany ete. I further declare that the am lediate service provider, transmit wledgement of receipt or reason refund. If applicable, I authorize to the financial institution account all institution to debit the entry to han 2 business days prior to the ent of taxes to receive confidential identification number (PIN) as theck one box only I authorize BOWMAN & as my signature on the tax y	ring schedules and statements, and, to ount in Part I above is the amount show ter, or electronic return originator (ERO for rejection of the transmission, (b) the the U.S. Treasury and its designated the transmission software to this account. To revoke a payment, I payment (settlement) date. I also authoral information necessary to answer inquisity my signature for the electronic return and the transmission. COMPANY LLP ERO firm name ear 2023 electronically filed return. If I is allating charities as part of the IRS Fed/S	the best of my knowledge and belief, who not the copy of the electronic return) to send the return to the IRS and to receive the reason for any delay in processing the inancial Agent to initiate an electronic ware for payment of the federal taxes or must contact the U.S. Treasury Financial institutions involved in uiries and resolve issues related to the and, if applicable, the consent to elect	that I have examined a copy of the they are true, correct, and n. I consent to allow my receive from the IRS (a) an the return or refund, and (c) the date funds withdrawal (direct debit) wed on this return, and the cial Agent at 1-888-353-4537 no in the processing of the electronic payment. I have selected a tronic funds withdrawal. Denter my PIN 47018 Enter five numbers, but do not enter all zeros			
L	return. If I have indicated wit	ect to tax with respect to the entity, I wi hin this return that a copy of the return I enter my PIN on the return's disclosur	is being filed with a state agency(ies)				
	e of officer or person subject to tax	Authoritorion		Date			
Par	t III Certification and	Authentication					
	s EFIN/PIN. Enter your six-digit e er (EFIN) followed by your five-dig	•	22103211177 Do not enter all zeros				
submi	•	s my PIN, which is my signature on the ith the requirements of Pub. 4163, Mo	•				
ERO's	signature		Date	24/24			
	Do N	ERO Must Retain This Fo Not Submit This Form to the IF		So .			

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electr	onic filing (e-file). You can electronically file Form 8868 to	request up	o to a 6-month extension of time to f	ile any of t	the forms			
	pelow except for Form 8870, Information Return for Transfe					1		
reques	st for Form 8870 must be sent to the IRS in a paper format ((see instru	ctions). For more details on the elect	ronic filino	g of Form			
	visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p							
Cautio	n: If you are going to make an electronic funds withdrawal ((direct deb	it) with this Form 8868, see Form 84	53-TE and	d Form 8879	-TE for payment		
instruc								
All cor	porations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMIC	s, and trusts	i		
<u>must เ</u>	use Form 7004 to request an extension of time to file incom-	e tax retur	ns.					
Part I	- Identification							
Туре	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpaye	r identificatio	on number (TIN)		
Print								
	CENTER FOR AQUATIC SCIENCES	5			52-16	47018		
File by the due date		ee instruct	ions.					
filing you return. S								
instruction		reign addı	ress, see instructions.					
	CAMDEN, NJ 08103-1037	-						
Enter	the Return Code for the return that this application is for (file	e a separat	te application for each return)			01		
Applic	ation Is For	Return	Application Is For			Return		
		Code				Code		
Form 9	990 or Form 990-EZ	01	Form 4720 (other than individual)			09		
Form 4	1720 (individual)	03	Form 5227			10		
	990-PF	04	Form 6069			11		
	990-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12		
	990-T (trust other than above)	06	Form 5330 (individual)			13		
	990-T (corporation)	07	Form 5330 (other than individual)			14		
	1041-A	08	· · · · · · · · · · · · · · · · · · ·					
	r you enter your Return Code, complete either Part II or Par		Lincluding signature is applicable of	nly for an	extension o			
	of file Form 5330.		, moderning organization, to approve to	,	5,110,10,10,17			
	s application is for an extension of time to file Form 5330, y	ou must ei	nter the following information					
	Plan Name	ou muot o	ntor the fellowing information.					
	Plan Number							
	Plan Year Ending (MM/DD/YYYY)							
	- Automatic Extension of Time To File for Exempt Organ	izatione (s	see instructions)					
	books are in the care of CENTER FOR AQUAT							
1110	1 RIVERSIDE DRIVE							
Tol	ephone No. 856.361.1012	_ 01.	Fax No.					
	ne organization does not have an office or place of business	in tha Llai						
	nis is for a Group Return, enter the organization's four-digit (
box	If it is for part of the group, check this box	- ·	ch a list with the names and TINs of			group, check this		
		AY 15	٥					
	the organization named above. The extension is for the organization named above.			tile exell	ipi organiza	tion return for		
		ariizatiori S	return for.					
	calendar year 20 or X tax year beginning JUL 1	00 '	23	.TITNT 3	0 .	, 20 24		
	X tax year beginning JUL 1	, 20 4	23 , and ending	0014 2	<u>U</u> .	,20 <u>24</u>		
^	If the territory automatic Proof to South 1971 400 1971	h = = I · · ·		Fine to 1				
2	If the tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return	Final retur	'n			
	Change in accounting period			<u> </u>	Ī			
	If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			0		
	any nonrefundable credits. See instructions.			3a	\$	0.		
	If this application is for Forms 990-PF, 990-T, 4720, or 6069	,				0		
	estimated tax payments made. Include any prior year overp			3b	\$	0.		
	Balance due. Subtract line 3b from line 3a. Include your pa					•		
	using EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.		

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	e 2023 calendar year, or tax year beginning $$ JUL $1,$ 2023 and e	nding J	<u>UN 30, 2024</u>			
	heck if oplicabl	C Name of organization		D Employer identifie	cation number		
	Addre	CENTER FOR AQUATIC SCIENCES					
	Name			52-16470	18		
	Initial return	<u> </u>	Room/suite	E Telephone number	r		
	Final return	ONE RIVERSIDE DRIVE	8563653300				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,993,319.		
	Ameno return	CAMDEN, NO 08103-1037		H(a) Is this a group re	eturn		
	Application	F Name and address of principal officer: DANDANA KELLLI		for subordinates	? Yes X No		
	pendir	I RIVERSIDE DRIVE, CAMDEN, NO 08103		H(b) Are all subordinates in	cluded? Yes No		
<u> 1 T</u>	ax-ex	empt status: $oxed{X}$ 501(c)(3) $oxed{\Box}$ 501(c) () (insert no.) $oxed{\Box}$ 4947(a)(1) or	527	If "No," attach a	list. See instructions		
	Vebsi			H(c) Group exemptio			
		organization: X Corporation Trust Association Other	L Year	of formation: 1989 N	№ State of legal domicile: NJ		
Pa	rt I	Summary		EOD 30113ET			
ø		Briefly describe the organization's mission or most significant activities: THE C					
anc		PROVIDES UNIQUE LEARNING EXPERIENCES THAT					
Governance		Check this box if the organization discontinued its operations or dispose		1 1	sets.		
So So				3 4	12		
		Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2023 (Part V, line 2a)			61		
Activities &		Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary)			174		
ίķ		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
A		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
4.	8	Contributions and grants (Part VIII, line 1h)		657,957.	755,384.		
nue		Program service revenue (Part VIII, line 2g)		741,036.	667,156.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,163.	91,199.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		133,278.	134,026.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,541,434.	1,647,765.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,119,608.	1,168,424.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
хре	b	Total fundraising expenses (Part IX, column (D), line 25) 117,63	0.				
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		511,845.	341,467.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,631,453.	1,509,891.		
		Revenue less expenses. Subtract line 18 from line 12		-90,019.	137,874.		
s or			Be	ginning of Current Year	End of Year		
sset 3alai	20	Total assets (Part X, line 16)		2,168,770.	2,413,783.		
Net Assets Fund Balanc	21	Total liabilities (Part X, line 26)		268,662.	296,461. 2,117,322.		
	22 rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		1,900,108.	2,111,344.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and etateme	inter and to the heet of my	knowledge and helief it is		
		it, and complete. Declaration of preparer (other than officer) is based on all information of whic		· · ·	knowledge and belief, it is		
ii uo,	COLLEC		στι ρι σραισι	nas any knowledge.			
Sigr	,	Signature of officer		Date			
Her		BARBARA KELLY, PRESIDENT & CEO					
1101		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid		DENNIS SKALKOWSKI DENNIS SKALKOWSKI	OWSKI if self-employed P01447813				
Prep		Firm's name BOWMAN & COMPANY LLP			1-0658561		
Use		Firm's address 601 WHITE HORSE ROAD					
		VOORHEES, NJ 08043-2493		Phone no. 85	6.435.6200		
Mav	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROMOTE THE UNDERSTANDING, APPRECIATION AND PROTECTION OF AQUATIC
	LIFE AND HABITATS THROUGH RESEARCH, EDUCATION AND YOUTH DEVELOPMENT
	PROGRAMS. THE ORGANIZATION IS DEDICATED TO EXCELLENCE IN EDUCATIONAL
	PROGRAMMING, CONSERVATION VENTURES BOTH GLOBALLY AND LOCALLY AND
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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$899,200. including grants of \$) (Revenue \$1,046,512.)
	THE CAUSE PROGRAM IS DESIGNED TO ADDRESS THE NEEDS OF UNDER REPRESENTED
	MINORITIES IN THE SCIENCE AND EDUCATION WORKFORCE AND TO PROVIDE
	QUALITY SCIENCE EDUCATION THROUGH EARLY INTERVENTION TO UNDERSERVED
	YOUTH K-12. BRIEFLY DESCRIBED, THE CAUSE PROGRAM TRAINS HIGH SCHOOL
	YOUTH IN MARINE SCIENCE AND BIOLOGY TO PREPARE THEM FOR PAID EMPLOYMENT
	AS "CAUSE INTERNS," IN JOBS AS SUMMER SCIENCE CAMP EDUCATION AND AS
	EDUCATORS AND MENTORS FOR YOUNGSTERS K-8 IN THE AFTERSCHOOL SCIENCE
	CLUBS. TEEN INTERNS IN THE CAUSE PROGRAM HAVE EXPERIENCED SUCCESSES IN
	EMPLOYMENT AND LEARNING THAT GREATLY ENHANCE SELF-ESTEEM, WIDEN
	HORIZONS, AND INDELIBLY SHAPE AMBITIONS FOR FUTURE EDUCATION AND EMPLOYMENT. PERHAPS FOR THE FIRST TIME IN THEIR LIVES, THE TEENS ARE
	THE EXPERT THE PERSON TO WHOM PEOPLE WILL LISTEN AND LEARN. EQUALLY
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
70	(Code) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 899,200.

Form 990 (2023) CENTER FOR AQUATIC SCIENCES
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2023) CENTER FOR AQUATIC SCIENCES
Part IV Checklist of Required Schedules (continued)

			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		Х				
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	Х					
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						
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х				
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		Х				
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		Х				
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							
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV							
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If							
	"Yes," complete Schedule L, Part IV	28c		Х				
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х					
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				
	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	37		x				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI							
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v					
Pai	Note: All Form 990 filers are required to complete Schedule 0 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	L				
. a	Check if Schoolule O contains a recompose or note to any line in this Bort V							
	Check it Schedule O contains a response or note to any line in this Part v		v	NI-				
4	Enter the number reported in box 3 of Form 1006 Enter 0 if not applicable	4	Yes	No				
_	11	5						
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4						
C	(mandelline) value in an de parime value aux 0	1c	Х					
	(gambling) winnings to prize winners?	l IC	22					

Form 990 (2023) CENTER FOR AQUATIC SCIENCES

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

			Yes	No						
2 a	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 61	1		v						
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a								
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
50		5a		Х						
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 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	 								
oa	any contributions that were not tax deductible as charitable contributions?	6a		x						
h	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).	0.0								
a	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								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		x						
d	1 - 1									
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	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
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:									
а	Initiation fees and capital contributions included on Part VIII, line 12	4								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4								
11	Section 501(c)(12) organizations. Enter:									
a	Gross income from members or shareholders 11a	4								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	100								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1								
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a								
а	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									
С	Enter the amount of reserves on hand	1								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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		Х						
	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		Х						
	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								
	If "Yes," complete Form 6069.									

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.

	to into ea, es, or the bolow, accorded the another the			
	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			
	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			
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		X
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		X
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		Х
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	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	, , , , , , , , , , , , , , , , , , , ,	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		v	
40	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	Λ	
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?	45-	Х	
	The organization's CEO, Executive Director, or top management official Other officers or key ampleyees of the organization	15a	X	
Ŋ	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	21	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iua		16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	108		-25
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed NJ			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only	availak	nle
	for public inspection. Indicate how you made these available. Check all that apply.	Oi iiy)	avandl	
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	rial	
13	statements available to the public during the tax year.	man	Jai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	CENTER FOR AQUATIC SCIENCES, INC 856.361.1012			
	1 RIVERSIDE DRIVE, CAMDEN, NJ 08103			

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

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

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

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

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

- 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.

(A)	(B)	J			C)		<u></u>	(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle:	heck i	more rson i	than on the thick that the thick tha	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Individual trustee or onestor Institutional trustee Officer Key employee Highest compensated employee		noy amproyee Highest compensated employee Former		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) NICOLE GILLESPIE	40.00	1						126.060		
PRESIDENT & CEO (RESIGNED 6/3/24)	40.00					-	Х	136,862.	0.	0.
(2) BARBARA KELLY PRESIDENT & CEO (APPOINTED 6/3/24)	40.00	х		х				101 660	0.	0.
(3) JENNIFER MILLER	1.00	^		^		\vdash		101,668.	0.	.
CHAIR & TREASURER	1.00	Х		х				0.	0.	0.
(4) JOEY RODRIGUEZ	1.00	^	\vdash	^		┢		0.	0.	0.
SECRETARY	1.00	x		х				0.	0.	0.
(5) PETER MCALINEY, PH.D., MBA	1.00	71				\vdash		· ·	•	· ·
TRUSTEE		x						0.	0.	0.
(6) MELINDA JOHNSON, PH.D.	1.00									
TRUSTEE		Х						0.	0.	0.
(7) STACEY PIERCE	1.00									
TRUSTEE		Х						0.	0.	0.
(8) KIM SCARBOROUGH	1.00									
TRUSTEE		Х						0.	0.	0.
(9) LORI RAPUANO	1.00									
TRUSTEE		Х						0.	0.	0.
(10) JOHN DIGHTON, PH.D.	1.00									
TRUSTEE		Х						0.	0.	0.
(11) BRUNO LEVINE	1.00	-						_		
TRUSTEE		Х				_		0.	0.	0.
(12) BRIAN DUVALL	1.00	ļ								
TRUSTEE	1 00	Х				├		0.	0.	0.
(13) RUSSELL FURNARI	1.00	٠,,								
TRUSTEE	1.00	Х				┝		0.	0.	0.
(14) KATHLEEN WAGNER VICE CHAIR	1.00	х		х				0.	0.	0.
VICE CHAIR		^		^				0.	0.	0.
		1								
		L				L	L			

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Pai	T VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)	(C)					(D)	(E)			(F)		
	Name and title	Average	Position (do not check more than one		Reportable	Reportable		E	stimate	ed				
		hours per	box	, unle	ss per	rson i	is both or/trus	n an	compensation	compensatio		ar	mount	of
		week (list any		T			T	l	from the	from related		000	other	tion
		hours for	Individual trustee or director	direct						organization (W-2/1099-MIS			npensa rom th	
		related	ee or	stee			nsateo		(W-2/1099-MISC/	1099-NEC)		l	ganizat	
		organizations	trust	Institutional trustee		oyee	om pe		1099-NEC)	,		ı `	, d relat	
		below	vidual	itution	Jec	Key employee	nest c	ner				org	anizati	ons
		line)	Indi	organization (W-2/1099-MISC) logophic										
							\vdash							
							\vdash				-			
							\vdash							
1b	Subtotal								238,530.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)								238,530.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)			_
	compensation from the organization													2
											1		Yes	No
3	Did the organization list any former officer,	•		•	•	•		_		•			v	
_	line 1a? If "Yes," complete Schedule J for s											3	Х	
4	For any individual listed on line 1a, is the su													Х
_	and related organizations greater than \$150											4		Λ
5	Did any person listed on line 1a receive or a	•				•			ed organization or individ	ual for services		5		Х
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	<u>piete Scheaule</u>	9 <i>J T</i>	or st	ıcn <u>i</u>	oers	on .					3		21
1	Complete this table for your five highest co	mnensated ind	lene	nder	nt co	ntra	acto	rs th	nat received more than \$	100 000 of comr		tion fr	om	
•	the organization. Report compensation for	•	•								7011041	LIOIT III	0111	
	(A)			,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	. <u>g</u>			<u> </u>	(B)			((C)	
	Name and business	address	NO	INC	3				Description of s	ervices	С	ompe	nsatio	n
								\dashv						
_	Total number of independent contractors (i	adudina but	a+ 1:	nita	1 + ~ :	tha	1 i c	+^~	abovo) who received as	are then				
2	Total number of independent contractors (in \$100,000 of compensation from the organization)		JL 111	ıııec	<i>i</i> 10	(105		ıeu	above, who received IIIC	נוומוו				

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		Check if Schedule O contains a respons	se or note to any lin	e in this Part VIII			
		Officer if Correduce O contains a respons	se of flote to arry in	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
irar	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c					
ifts ar /	d	Related organizations 1d					
nig.	е	Government grants (contributions) 1e	245,330.				
Sir	f	All other contributions, gifts, grants, and	•				
uti Je	•	similar amounts not included above 1f	510,054.				
e i	_	· · · · · · · · · · · · · · · · · · ·	310,031.				
o d	9			755,384.			
O a	n	Total. Add lines 1a-1f		733,304.			
		DD06D11/	Business Code	668 156	660 156		
ce	2 a	PROGRAM FEES	611710	667,156.	667,156.		
Program Service Revenue	b		_				
S Z	С		_				
am	d	L					
ge	е						
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f		667,156.			
\dashv	3	Investment income (including dividends, int		007,2001			
	3			59,437.			59,437.
	_	other similar amounts)		39,431.			33,437.
	4	Income from investment of tax-exempt bond	=				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securitie	s (ii) Other				
		assets other than inventory 7a 377,316					
	h	Less: cost or other basis	. •				
ø.	b						
Revenue		and sales expenses 76 345,554)				
š		Gain or (loss) 7c 31,762		21 762			21 762
		Net gain or (loss)		31,762.			31,762.
her	8 a	Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a				
	b		8b				
	С	Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	- 4		9a				
	h		9b				
			an				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
			10a				
	b	Less: cost of goods sold	10b				
	С	Net income or (loss) from sales of inventory					
,			Business Code				
ous •	11 a	ANNUAL SUPPORT	900099	134,026.	134,026.		
ne and	b						
Miscellaneous Revenue	С						
ŠŠ		All other revenue	-				
Σ		Total. Add lines 11a-11d		134,026.			
	12	Total revenue See instructions		1 647 765.	801 182	0.	91 199.

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Part IX Statement of Functional Expenses

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

Secu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
		(A)	(B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
·	trustees, and key employees	238,530.	119,265.	119,265.	
6	Compensation not included above to disqualified	200,0001	223,2001	223 / 2001	
U	· · · · · · · · · · · · · · · · · · ·				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	776,125.	E42 042	175 650	57,523.
7	Other salaries and wages	110,143.	542,943.	175,659.	31,343.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	152 562	02.466	46 848	12 506
10	Payroll taxes	153,769.	93,466.	46,717.	13,586.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	21,175.		21,175.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
_	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	44,631.	43,543.	777.	311.
14	Information technology	7,452.	,	7,452.	
15	Royalties	,,====		.,	
16	Occupancy				
17		6,599.	4,712.	1,673.	214.
	Payments of travel or entertainment expenses	0,333.	4,7126	1,073.	211.
18	,				
40	for any federal, state, or local public officials	14,569.	12,625.	1,645.	299.
19	Conferences, conventions, and meetings	14,303.	14,043.	1,043.	433.
20	Interest				
21	Payments to affiliates	10 644		10 644	
22	Depreciation, depletion, and amortization	18,644.	1 200	18,644.	
23	Insurance	64,895.	1,200.	63,695.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)		22.22		40
а	MISCELLANEOUS	39,151.	28,629.		10,522.
b	GENERAL OPERATING EXPEN	32,475.	14,812.	-4,316.	21,979.
С	EVENTS	28,549.	28,549.		
d	PAYROLL SERVICE	26,184.		26,184.	_
е	All other expenses	37,143.	9,456.	14,491.	13,196.
25	Total functional expenses. Add lines 1 through 24e	1,509,891.	899,200.	493,061.	117,630.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
		•			Earm 990 (2022)

Form 990 (2023)

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in the Cash - non-interest-bearing Savings and temporary cash investments		(A) Beginning of year 1,000. 512,073.	1	(B) End of year
2 Savings and temporary cash investments		Beginning of year 1,000.		End of year
2 Savings and temporary cash investments		1,000. 512,073.		1 000
2 Savings and temporary cash investments		512,073.		1,000.
			2	893,067.
3 Pledges and grants receivable, net			3	
4 Accounts receivable, net		247,242.	4	59,839.
5 Loans and other receivables from any current or former officer, di	irector,			
trustee, key employee, creator or founder, substantial contributor	r, or 35%			
controlled entity or family member of any of these persons				
6 Loans and other receivables from other disqualified persons (as d	defined			
under section 4958(f)(1)), and persons described in section 4958((c)(3)(B)		6	
g 7 Notes and loans receivable, net			7	
8 Inventories for sale or use			8	
9 Prepaid expenses and deferred charges		11,056.	9	14,978.
10a Land, buildings, and equipment: cost or other				
basis. Complete Part VI of Schedule D 10a	298,545.			
	251,549.	59,444.	10c	46,996. 1,397,903.
11 Investments - publicly traded securities		1,337,955.	11	1,397,903.
12 Investments - other securities. See Part IV, line 11			12	
13 Investments - program-related. See Part IV, line 11			13	
14 Intangible assets			14	
15 Other assets. See Part IV, line 11	I	0 160 550	15	0 440 500
16 Total assets. Add lines 1 through 15 (must equal line 33)		2,168,770.	16	2,413,783.
17 Accounts payable and accrued expenses	I	118,064.	17	119,953.
18 Grants payable		110 256	18	176 F00
19 Deferred revenue		119,256.	19	176,508.
20 Tax-exempt bond liabilities			20	
21 Escrow or custodial account liability. Complete Part IV of Schedu			21	
Loans and other payables to any current or former officer, directo				
trustee, key employee, creator or founder, substantial contributor controlled entity or family member of any of these persons			22	
controlled entity or family member of any of these persons			23	
23 Secured mortgages and notes payable to unrelated third parties		31,342.	24	0.
25 Other liabilities (including federal income tax, payables to related	third	31,312.	-24	
parties, and other liabilities not included on lines 17-24). Complete				
of Schedule D			25	
26 Total liabilities. Add lines 17 through 25		268,662.	26	296,461.
Organizations that follow FASB ASC 958, check here				
27 Net assets without donor restrictions		1,741,953.	27	2,064,042.
28 Net assets with donor restrictions		158,155.	28	53,280.
Organizations that do not follow FASB ASC 958, check here		·		
and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other ful			31	
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other fur 32 Total net assets or fund balances		1,900,108.	32	2,117,322.
33 Total liabilities and net assets/fund balances		2,168,770.	33	2,413,783.

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	1	,64	7,7	<u>65.</u>
2	Total expenses (must equal Part IX, column (A), line 25)			,50	9,8	91.
3	Revenue less expenses. Subtract line 2 from line 1			13	7,8	74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			,90	0,1	08.
5	Net unrealized gains (losses) on investments			9	8,0	82.
6	Donated services and use of facilities					
7	Investment expenses					
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-1	8,7	42.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	, , , , , , , , , , , , , , , , , , , ,				
	column (B))		2	,11	7,3	22.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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 O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
За	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?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)