990 Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury

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.

For the 2021 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: SQUAM LAKES CONSERVATION SOCIETY Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 02-6012747 Name change E Telephone number P.O. BOX 696 Initial return City or town State ZIP code (603) 968-7900 HOLDERNESS NH 03245-0696 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Gross receipts 4.328.642 Amended return F Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? Yes X No CHRIS GRANT PRESIDENT, Center Sandwich, NH 03227 H(b) Are all subordinates included? If "No," attach a list. See instructions X 501(c)(3) Tax-exempt status: 501(c) () ◀ (insert no.) 4947(a)(1) or 527 Website: Foreversquam.org **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust Association L Year of formation: Other > M State of legal domicile: 1960 NH Part I Briefly describe the organization's mission or most significant activities: SLCS achieves the long-term protection of Activities & Governance land by seeking holding & monitoring conservation easements and by accepting land ownership. It envisions a unique region of islands, shore-front, back lands & mountains wherein a harmony between the natural environment & mankind is preserved forever. Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a). 19 Number of independent voting members of the governing body (Part VI, line 1b) 19 Total number of individuals employed in calendar year 2021 (Part V, line 2a). 5 9 6 229 Total number of volunteers (estimate if necessary) . . . Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 996,231 3,477,232 Contributions and grants (Part VIII, line 1h). . . Program service revenue (Part VIII, line 2g) 9 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 196.884 339,149 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 291 -3,530Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 1,193,406 12 3,812,851 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . 15 354,084 395,053 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 186,549 225,799 17 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 18 540,633 620,852 Revenue less expenses. Subtract line 18 from line 12. 19 652,773 3.191.999 **Beginning of Current Year** End of Year Balances Total assets (Part X, line 16). 12,792,754 16,070,606 20 21 Total liabilities (Part X, line 26) 34,801 31,812

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

Sign Signature of officer Date Here **CHRIS GRANT** President Type or print name and title Print/Type preparer's name Preparer's signature Check Paid Eric Rowley, CPA 6/24/2022 self-employed P00581700 **Preparer** Firm's name ► Rowley & Associates, PC Firm's EIN ► 02-0522619 **Use Only** Firm's address ▶ 46 N. State Street, Concord, NH 03301 Phone no. (603) 228-5400

X Yes

16,038,794

Other program services (Describe on Schedule O.)

0 including grants of \$

413,464

0)(Revenue \$

(Expenses \$

Total program service expenses

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0)

		2-6012747		Page 3
Part	V Checklist of Required Schedules		Yes	s 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	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I			Х
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? <i>If "Yes," complete Schedule C, Part II</i>	4		Х
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	<u>7</u>	х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		Х
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "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? <i>If "Yes," complete Schedule D, Part V</i>	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes," <i>complete</i> Schedule D, Part VI	11	a X	
	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	11	b	Х
	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11	С	Х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX.</i>	——	d	Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	(<u>11</u>	е	X
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>comple</i>			
b	Schedule D, Parts XI and XII	5,"	a X	
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a b		14	a	X
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14	b	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? <i>If</i> "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? <i>If</i> "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? <i>If "Yes," complete Schedule G, Part I.</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? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			

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.....

19 20a

20b

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			
242	employees? If "Yes," complete Schedule J	23		Х
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Ĥ
	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		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	051		\ \ \
20	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		Х
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	20-		
h	"Yes," complete Schedule L, Part IV	28a 28b		X
b C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		<u> </u>
·	"Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		L
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		Χ
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	20	V	
Dar	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Fall	Check if Schedule O contains a response or note to any line in this Part V			П
	Shook if Concount C Contains a response of note to any line in this Fait V	• •	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	10	х	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		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 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	of employees reported on Form W-3, Transmittal of Wage and Tax or the calendar year ending with or within the year covered by this return. 2a 9 ported on line 2a, did the organization file all required federal employment tax returns? 2b X lines 1a and 2a is greater than 250, you may be required to e-rife. See instructions. 1 ne have unrelated business gross income of \$1,000 or more during the year? 3 a Form 990-T for this year? If *No* to line 3b, provide an explanation on Schedule O. 3b the calendar year, did the organization have an interest in, or a signature or other authority over, in a foreign country (such as a bank account, securities account, or other financial account)? 4a Interest of the foreign country of the foreign Bank and Financial Accounts (FBAR) on a party to a prohibited tax shelter transaction at any time during the tax year? 5a try notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b or \$b, did the organization file Form 8886-T? 10 this year of the foreign seem to tax deductible as charitable contributions? 5c of this party of the organization file Form 8886-T? 10 the variety of the foreign seem to tax deductible as charitable contributions or electucible? 10 the receive a payment in excess of \$75 made partly as a contribution and partly for goods ded to the payor? 11 the neceive a payment in excess of \$75 made partly as a contribution and partly for goods ded to the payor? 12 the number of Forms 8282 filed during the year 13 the number of Forms 8282 filed during the year 14 receive any funds, directly or indirectly, to pay permitting on a personal benefit contract? 15 the number of Forms 8282 filed during the year 16 the contribution of qualified intellectual property did the organization file Form 8899 as required? 17 genization make any taxable distributions under section 4966? 18 organization make any taxable distributions under section 4966? 19 organizations. Enter: 20 payments by exercised to a corrued during the year?		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	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)?	4a		Χ
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а				
				Х
b		7b		-
С				V
		/C		Х
d		7.		_
e				X
f				-
g h				_
8		/11		
Ū		R		
9	Sponsoring organizations maintaining donor advised funds.			
а		9a		
b				
10	Section 501(c)(7) organizations. Enter:	<u> </u>		
а				
b				
11	Section 501(c)(12) organizations. Enter			
а				
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
C	•	4.4		1/
14a				Х
b 45		140		<u> </u>
15		۸-		V
		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		Χ
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		$ldsymbol{ldsymbol{ldsymbol{eta}}}$
	If "Yes " complete Form 6069			

Part VI

Sect	ion 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 1a 19			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
Ū	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
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
	Did the organization become aware during the year of a significant diversion of the organizations assets?	6	Χ	
6	· ·	-	^	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-	V	
	one or more members of the governing body?	7a	Χ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		.,
_	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:			
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
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		Χ
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (Code.)	
			Yes	No
10a	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Χ	
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	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
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	Χ	
13	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b	Χ	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NH			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	501(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	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 po	icy,		
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•		
	ROGER LAROCHELLE, EXECUTIVE DIRECTOR (603) 968-7900			
	P.O. BOX 696, US ROUTE 3, HOLDERNESS, NH 03245			

DIRECTOR

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

Employees, and Independent Contractors

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any	y related organiz	ation	con	npei	nsat	ted ar	у с	urrent officer, di	rector, or trustee	-
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson	than oth or Highest compensated et is or employee	an ,	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ROGER LAROCHELLE	40.00									
EXECUTIVE DIRECTOR	0.00			Χ				127,880		8,120
(2) CHRIS GRANT	4.00									
PRESIDENT	0.00	Х		Х						
(3) ANNE LOVETT	2.00									
VICE PRESIDENT	0.00	Χ		Χ						
(4) PETER GROSS	4.00									
VICE PRESIDENT	0.00	Χ		Χ						
(5) DAVID MARTIN	4.00									
TREASURER	0.00	Χ		Χ						
(6) PATRICIA LADD CAREGA	4.00									
SECRETARY	0.00	Χ		Χ						
(7) SANDRA BAKER	2.00									
DIRECTOR	0.00	Χ								
(8) WINTHROP BROWN	2.00									
DIRECTOR	0.00	Χ								
(9) PENELOPE BEAL	2.00									
DIRECTOR	0.00	Χ								
(10) PHILIP BENNETT	2.00									
DIRECTOR	0.00	Χ								
(11) ASHLEY BULLARD	2.00									
DIRECTOR	0.00	Χ								
(12) MARTIN CARMICHAEL	2.00									
DIRECTOR	0.00	Χ								
(13) NANCY COOLIDGE	2.00]								
DIRECTOR	0.00	Х								
(14) LEO DWYER	2.00						_			

0.00

Form **990** (2021)

Part VII Section A	A. Officers, Directors, Tru	istees, Key Em	ploye	ees,	and	d Hi	ghes	t Co	ompensated Em	iployees (cor	<u>าtınu</u>	ied)		
(A Name a		(B) Average hours	box,	unle	Pos heck ss pe	rson	than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensatior	1		(F) ated amo	unt
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W 1099-MISC/ 1099-NEC)		fr organ	pensation from the nization a organizati	nd
(15) KEN EVANS		2.00	V							7	7			
DIRECTOR (16) SUSAN GUTCHESS		0.00 2.00	Х	-							+			
DIRECTOR	· 	0.00	Х											
(17) CHARLES HARRIS		2.00									\dashv			
DIRECTOR		0.00	Х											
(40) DONNIE LILINE		2.00									寸			
DIRECTOR		0.00	Х											
(19) PAM SIMONDS		2.00												
DIRECTOR		0.00	Х								_			
(20) GEORGIE SMITH									")					
(04)		0.00	Х		Ļ,	4		1			\dashv			
(21)														
(22)							•				\dashv			
\\\														
(23)		4									一			
			X											
(24)														
(25)														
									407.000		_			100
	tion sheets to Part VII, Se			•					127,880		0		8,	120
	and 1c).							>	0 127,880		0		Ω	0 120
	riduals (including but not lir									000 of	U		0,	120
	ation from the organization		ica c	abov	, C , V	VIIO	10001	VCG	more than \$100	,000 01				1
	3												Yes	No
3 Did the organization	list any former officer, dire	ector, trustee, ke	y em	ploy	ee,	or h	nighes	st co	ompensated					
employee on line 1a?	? If "Yes," complete Sched	lule J for such in	dividu	ual .							L	3		Χ
4 For any individual list	ted on line 1a, is the sum o	of reportable con	npen	satio	on a	nd o	other	con	npensation from					
the organization and	related organizations grea	ater than \$150,00	00? <i>It</i>	f "Ye	es,"	con	nplete	Sc	hedule J for suci	h				
individual											L	4	_	Χ
	on line 1a receive or accr													
	I to the organization? If "Ye	es," complete Sc	chedu	ule J	l for	suc	h per	sor	1			5		Χ
Section B. Independent														
	or your five highest compe he organization. Report co										o'o tr	N 1/0/	or	
Compensation nom t		impensation for t	iie Ca	alell	uai	yea	i enu	ing	(B)	organization	15 16	(C)		
(A) Name and business address									Description of serv	vices	Co	ompens		
														0
														0
														0
														0
														0
	pendent contractors (inclu	_	ted to	tho	se l	iste	d abo	ve)	who received					
more than \$100,000	of compensation from the	organization •	<u> </u>					0						

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any	line in	this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
.	1a	Federated campaigns 1a	0				000000000000000000000000000000000000000
nts	b	Membership dues	0				
3ra oui		· · · · · · · · · · · · · · · · · · ·	0				
s, (С	· · · · · · · · · · · · · · · · · · ·	Ť				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	0				
s, G	е	Government grants (contributions) 1e	0				
Sir	f	All other contributions, gifts, grants, and			,		
uti Per		similar amounts not included above 1f 3,47	7,232				
흔히	g	Noncash contributions included in					
on of	_	lines 1a–1f	0				
ğδ	h	Total. Add lines 1a–1f	•	3,477,232			
		Business C	ode	0,111,202			
ø.	2a			0			
ا. <u>خ</u>	b			0			
je.							
n S	C			0			
ıram Serv Revenue	d			0			
Program Service Revenue	е			0			
P.	f	All other program service revenue		0			
	g	Total. Add lines 2a–2f	. ▶	0			
	3	Investment income (including dividends, interest, and	4				
		other similar amounts)		134,821			134,821
	4	Income from investment of tax-exempt bond proceeds .		0			
	5	· · · · · · · · · · · · · · · · · · ·		0			
		Royalties	nal				
	6a	Gross rents 6a					
		Less: rental expenses . 6b					
	b	· • • • • • • • • • • • • • • • • • • •	0				
	С	Rental income or (loss) 6c 0					
	d	Net rental income or (loss)	. ▶	0			
	7a		I				
		sales of assets					
		other than inventory 7a 715,126	0				
ne	b	Less: cost or other basis					
Je		and sales expenses 7b 510,798	0				
Revenue	С	Gain or (loss) 7c 204,328	0				
erF	d	Net gain or (loss)		204,328			204,328
Othe	8a	Gross income from fundraising					
Ò		events (not including \$ 0					
		of contributions reported on line 1c).					
		See Part IV, line 18 8a	0				
	b	Less: direct expenses 8b	0				
	C	Net income or (loss) from fundraising events	•	0			
	_	Gross income from gaming activities.		U			
	Эа		0				
			0				
	b	Less: direct expenses	0				
	С	Net income or (loss) from gaming activities	. •	0			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	1,463				
	b	Less: cost of goods sold	4,993				
	С	Net income or (loss) from sales of inventory	•	-3,530	-3,530		
S		Business C	ode				
e on	11a			0			
nu	b			0			
Miscellaneous Revenue	C			0			
Re	d	All other revenue		0			
Ξ̈́	e	Total. Add lines 11a–11d	_	0			
	12	Total revenue See instructions		2 912 951	2 520	0	220 140

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note	to any line in this Pa	art IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	136,000	85,068	30,532	20,400
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	194,774	119,026	43,764	31,984
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	15,069	9,426	3,383	2,260
9	Other employee benefits	21,360	11,625	5,140	4,595
10	Payroll taxes	27,850	17,093	6,242	4,515
11	Fees for services (nonemployees):				
а	Management	0			
b	Legal	0			
С	Accounting	8,506		8,506	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	26,917	25,753	1,164	
12	Advertising and promotion	0			
13	Office expenses	13,922	2,672	11,196	54
14	Information technology	0			
15	Royalties	0			
16	Occupancy	10,950	8,664	1,074	1,212
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	4.450	0.40	
19	Conferences, conventions, and meetings	2,263	1,453	810	
20	Interest	0			
21	Payments to affiliates	0	2.000	0	0
22	Depreciation, depletion, and amortization	2,806	2,806	0	0
23 24	Insurance	16,696	10,551	6,145	
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	TOWN TAX	4,124		4,124	
b	PRINTING & PUBLICATIONS	11,799	646	11,153	
c	EQUIPMENT MAINTENANCE & SUPPLY	6,719		6,719	
d	SPECIAL PROJECTS EXPENSE	111,611	111,611		
e	All other expenses	9,486	7,070		
25	Total functional expenses. Add lines 1 through 24e	620,852	413,464	142,368	65,020
26	Joint costs. Complete this line only if the	320,332	. 10, 101	. 12,000	00,020
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

02-6012747

Part X **Balance Sheet**

		Check if Schedule O contains a response of	r note to any line in this Part メ	(
				(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest-bearing		8,532	1	
	2	Savings and temporary cash investments		246,956	2	285,271
	3	Pledges and grants receivable, net		0	3	1,020,420
	4	Accounts receivable, net	0	4	0	
	5	Loans and other receivables from any current of	or former officer, director,			
		trustee, key employee, creator or founder, subs	stantial contributor, or 35%			
		controlled entity or family member of any of the	se persons	.0	5	
	6	Loans and other receivables from other disqualit	fied persons (as defined			
		under section 4958(f)(1)), and persons describe	0	6		
Assets	7	Notes and loans receivable, net	70,625	7	63,125	
SS	8	Inventories for sale or use		0	8	
₹	9	Prepaid expenses and deferred charges		9,830	9	1,937
	10a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D	10a 6,575,675			
	b	Less: accumulated depreciation	10b 95,272		10c	6,480,403
	11	Investments—publicly traded securities		6,098,718		8,159,334
	12	Investments—other securities. See Part IV, line		60,000		60,000
	13	Investments—program-related. See Part IV, lin		0	13	0
	14	Intangible assets	0	14	0	
	15	Other assets. See Part IV, line 11		10,120		116
	16	Total assets. Add lines 1 through 15 (must equ		12,792,754		16,070,606
	17	Accounts payable and accrued expenses	ter mie co) :	11,038		7,273
	18	Grants payable		0	18	1,210
	19	Deferred revenue		0	19	
	20	Tax-exempt bond liabilities	0	20		
	21	Escrow or custodial account liability. Complete	23,763		24,539	
S	22	Loans and other payables to any current or form		25,705	<u> </u>	24,000
Liabilities	~~	trustee, key employee, creator or founder, sub				
þ		controlled entity or family member of any of the		0	22	
Ë	23	Secured mortgages and notes payable to unrel		0		0
	24	Unsecured notes and loans payable to unrelate		0		0
	25	Other liabilities (including federal income tax, p		0	24	0
	23	parties, and other liabilities not included on line				
		Part X of Schedule D		0	25	0
	26	Total liabilities Add lines 17 through 05				31,812
	20	Total liabilities. Add lines 17 through 25		34,801	20	31,012
Ses		Organizations that follow FASB ASC 958, ch	eck here ► X			
au		and complete lines 27, 28, 32, and 33.				
Bal	27	Net assets without donor restrictions				1,600,696
힏	28	Net assets with donor restrictions		11,381,058	28	14,438,098
٦		Organizations that do not follow FASB ASC	958, check here ►			
Net Assets or Fund Balances		and complete lines 29 through 33.				
Š	29	Capital stock or trust principal, or current funds		0		
set	30	Paid-in or capital surplus, or land, building, or e		0		
Asi	31	Retained earnings, endowment, accumulated in		0		
et	32	Total net assets or fund balances		12,757,953		16,038,794
Z	33	Total liabilities and net assets/fund balances .		12,792,754	33	16,070,606

1 011111	OCCUPATION SOCIETY	02-001	2171	гац	ye 12
Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>	<u>. </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,812	2,851
2	Total expenses (must equal Part IX, column (A), line 25)	2		620	0,852
3	Revenue less expenses. Subtract line 2 from line 1	3		3,191	1,999
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	2,757	7,953
5	Net unrealized gains (losses) on investments	5		88	3,842
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1	6,038	3,794
Part	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 O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		20	^	
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		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** (2021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

Employer identification number

SQU	<u>IAM</u>	LAKES CONSERVATION SOC	IE I Y				02-60	12747			
Par	tΙ	Reason for Public Char	ity Status. (All or	ganizations must co	mplete t	his part.)	See instructions.				
The	orga	anization is not a private foundat	ion because it is: (F	or lines 1 through 12, o	check only	one box.)				
1		A church, convention of church	es, or association o	f churches described in	n section	170(b)(1)	(A)(i).				
2		A school described in section 1	70(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)		A				
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(I	b)(1)(A)(iii	i).				
4		A medical research organizatio	-		-			ter the			
•		hospital's name, city, and state	•								
5		An organization operated for th		e or university owned	or operate	d by a go	vernmental unit desc	rihed in			
		section 170(b)(1)(A)(iv). (Com		o or army orong own our	or operate	d by a go	Torring that drift door	nibou iii			
6	Ш	A federal, state, or local govern	ment or governmen	ital unit described in se	ection 170	(b)(1)(A)(v).				
7	Χ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) . (Complete Part II.)									
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9		An agricultural research organiz									
		or university or a non-land-gran	t college of agricult	ure (see instructions).	Enter the	name, city	, and state of the co	llege or			
10		university: An organization that normally re	ooiyoo (1) mara tha	on 22 1/20/ of its supply	ort from or	ntribution	a mambarahin fasa	and grass			
10	Ш	receipts from activities related t									
		support from gross investment									
		acquired by the organization af	ter June 30, 1975. S	See section 509(a)(2).	(Complet	e Part III.)	,				
11		An organization organized and	operated exclusivel	y to test for public safe	ety. See s e	ection 509	9(a)(4).				
12											
	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а		Type I. A supporting organiz	ation operated, sup	ervised, or controlled b	y its supp	orted orga	anization(s), typically	/ by giving			
	•	the supported organization(s organization. You must con			majority o	of the direc	ctors or trustees of the	ne supporting			
b		Type II. A supporting organize	•		on with its	supporte	d organization(s), by	having			
-	ļ	control or management of th									
		organization(s). You must c	omplete Part IV, S	ections A and C.	-		_				
С		Type III functionally integra						rated with,			
	ı	its supported organization(s									
d		Type III non-functionally in that is not functionally integr	tegrated. A support	ting organization opera	ated in cor	inection w	rith its supported org	anization(s)			
		requirement (see instruction						CHUVCHCSS			
е		Check this box if the organiz						e III			
		functionally integrated, or Ty									
f		Enter the number of supported	-						0		
g		Provide the following information Name of supported organization	about the supporte		(iv) le the e		(v) Amount of monetary	(vi) Amount of			
	(1)	Name of supported organization	(11) = 114	(iii) Type of organization (described on lines 1–10		organization or governing	support (see	(vi) Amount of other support (see			
				above (see instructions))		ment?	instructions)	instructions)			
					Yes	No					
/A\					res	No					
(A)											
(B)											
` ,											
(C)											
(D)											
(D)											
(E)											
. ,											
Tota									0		

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	998,151	715,262	930,010	996,231	3,477,232	7,116,886
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3	998,151	715,262	930,010	996,231	3,477,232	7,116,886
	shown on line 11, column (f)						1,239,764
6	Public support. Subtract line 5 from line 4						5,877,122
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	998,151	715,262	930,010	996,231	3,477,232	7,116,886
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	81,486	113,674	131,976	96,165	134,821	558,122
9	Net income from unrelated business activities, whether or not the business is regularly carried on	•	G				0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	(0
11	Total support. Add lines 7 through 10						7,675,008
12 13	Gross receipts from related activities, etc. (se First 5 years. If the Form 990 is for the orga organization, check this box and stop here	nization's first, sec		or fifth tax year as a			1,463
Sec	tion C. Computation of Public Sur	port Percenta	age				
	Public support percentage for 2021 (line 6, co	11	-			14	76.57%
15	Public support percentage from 2020 Schedu					15	76.81%
	16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
D							
17a	box and stop here. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—2020 15 is 10% or more, and if the organization me in Part VI how the organization meets the factorganization	eets the facts-and- cts-and-circumstan	circumstances tes ces test. The orga	t, check this box ar nization qualifies as	nd stop here . Expl s a publicly suppor	ain ted	▶ □
18	Private foundation. If the organization did n	ot check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		. □
	INSTRUCTIONS						-

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose					A	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						0
b	Amounts included on lines 2 and 3				7)		
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
	ction B. Total Support				Г	 	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,						_
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less	4					
	section 511 taxes) from businesses						_
	acquired after June 30, 1975						0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						•
40	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						^
40	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,	0	0	0	0	0	0
14	and 12.)	nization's first, soc		•	-		U
14	organization, check this box and stop here .	•		•	(, (,		►□
900	ction C. Computation of Public Sup						
	Public support percentage for 2021 (line 8, c	-		(f \)		15	0.00%
15	Public support percentage for 2021 (line 6, 6) Public support percentage from 2020 Schedu	. ,	•			16	0.00%
<u>16</u> Sec	ction D. Computation of Investmen				<u> </u>	10	0.00%
<u> </u>	Investment income percentage for 2021 (line			rolumn (f))		17	0.00%
18	Investment income percentage from 2020 So					18	0.00%
	33 1/3% support tests—2021. If the organic						0.0070
. Ju	not more than 33 1/3%, check this box and s						▶ □
b	33 1/3% support tests—2020. If the organization	-			-		
	line 18 is not more than 33 1/3%, check this						▶

Supporting Organizations Part IV

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

Section A. All Supporting Organizations

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

SQUAM LAKES CONSERVATION SOCIETY

- 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")? If "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 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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 disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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.)

	Yes	NO
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
70		
5a		
5b		
5c		
6		
7		
8		
9a		
2 33		
9b		
9c		
10a		
10b		
edule A (Fo	rm 990	1 2021

Part l	V 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		
	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	4.4		
Cooti	detail in Part VI. on B. Type I Supporting Organizations	11c		
Secu	on B. Type i Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		162	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
-	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Socti	the supported organization(s). on D. All Type III Supporting Organizations	1		
Secu	on B. 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		103	110
•	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			
04	supported organizations played in this regard.	3		
-	on E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction organization satisfied the Activities Test. Complete line 2 below.	ıction	s).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruct	ions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
h	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or					
1 Check here if the organization satisfied the Integral Part Test as a qualifying	•		•		
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1		, ,		
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4	0	0		
5 Depreciation and depletion	5	A			
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	0	0		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year		
Aggregate fair market value of all non-exempt-use assets (see			(optional)		
instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c.				
d Total (add lines 1a, 1b, and 1c)	1d	0	0		
e Discount claimed for blockage or other factors	14	0	0		
(explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3	0	0		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	╁	U	<u> </u>		
see instructions).	4	0	0		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0		
6 Multiply line 5 by 0.035.	6	0	0		
7 Recoveries of prior-year distributions	7	0	0		
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0		
Section C - Distributable Amount	<u> </u>		Current Year		
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0		
2 Enter 0.85 of line 1.	2		0		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0		
4 Enter greater of line 2 or line 3.	4		0		
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Ť				
emergency temporary reduction (see instructions).	6		0		
7 Check here if the current year is the organization's first as a non-functionally	_	egrated Type III supporting			
	,	JI	·· \		

Part '	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe		1				
2	'''	ot purposes of supported	1				
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations 3				
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part V i	5				
6	Other distributions (describe in Part VI). See instructions.		_6				
7	Total annual distributions. Add lines 1 through 6.		7	0			
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive				
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2021 from Section C, line 6		9	0			
10	Line 8 amount divided by line 9 amount	T	10	0.000			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6			0			
2	Underdistributions, if any, for years prior to 2021						
	(reasonable cause required—explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2021						
<u>a</u>	From 2016						
b	From 2017						
<u>c</u>	From 2018 0						
<u>d</u>	From 2019						
<u> </u>	From 2020						
f	Total of lines 3a through 3e	0					
g	Applied to underdistributions of prior years		0				
<u> </u>	Applied to 2021 distributable amount			0			
i	Carryover from 2016 not applied (see instructions)						
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0					
4	Distributions for 2021 from Section D, line 7: \$ 0						
a			0				
b	Applied to 2021 distributable amount			0			
С	Tromandor. Captact med la arta ib nominio i.	0					
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI . See instructions.		0				
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain						
	in Part VI. See instructions.			0			
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.	0					
8	Breakdown of line 7:						
a	Excess from 2017						
<u>b</u>	Excess from 2018 0						
<u> </u>	Excess from 2019 0						
d	Excess from 2020 0						
е	Excess from 2021						

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	• 0

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number SQUAM LAKES CONSERVATION SOCIETY Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). X Preservation of land for public use (for example, recreation or education) X Preservation of a historically important land area X Protection of natural habitat Preservation of a certified historic structure X Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements 5,437.00 c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 **▶** \$ 125,638 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: **b** Assets included in Form 990, Part X.

02-6012747

Part	Organizations Maintaining C									
3	· · · · · · · · · · · · · · · · · · ·									
	collection items (check all that apply):									
а	Public exhibition d Loan or exchange program									
b	Scholarly research e Other									
С										
4										
5	During the year, did the organization se	olicit or receive dona	ations of	art, historio	cal treasures,	or oth	er similar ့			
	assets to be sold to raise funds rather	than to be maintaine	ed as par	t of the org	ganization's co	ollectic	on?	Ye	es	No
Part	IV Escrow and Custodial Arrar Complete if the organization a 990, Part X, line 21.		n Form 9	990, Part	IV, line 9, o	r repo	orted an amount	on Fo	m	
1a	Is the organization an agent, trustee, c included on Form 990, Part X?			-		ner as	sets not	X Ye	25	No
b	If "Yes," explain the arrangement in Pa							٠٠ ت		
							P	mount		
С	Beginning balance					10	С		2	23,763
d	Additions during the year					10	d			776
е	Distributions during the year					1	е			
f	Ending balance					<u> 1</u>	f		2	4,539
2a	Did the organization include an amoun	t on Form 990, Part	X, line 2	1, for escr	ow or custodia	al acco	ount liability?	X Ye	es	No
b	If "Yes," explain the arrangement in Pa	rt XIII. Check here i	if the expl	anation ha	as been provid	ded on	Part XIII...			
Part			•							
	Complete if the organization a	nswered "Yes" o	n Form 9	990, Part	IV, line 10.					
		(a) Current year	_	or year	(c) Two years	back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance	3,748,709	3	3,272,459	2,20	7,953	2,402,27		2,20	2,686
b	Contributions	74,370		175,752	662	2,738	53,10	3	6	9,489
С	Net investment earnings, gains,									
	and losses	430,699		300,498	50	1,768	-170,25	5	18	3,766
d	Grants or scholarships							-		
е	Other expenditures for facilities									
_	and programs	4			100	0,000	77,17	1	5	3,667
f	Administrative expenses									
g	End of year balance	4,253,778		3,748,709		2,459	2,207,95	3	2,40	2,274
2	Provide the estimated percentage of the		,	line 1g, co	olumn (a)) held	as:				
a	Board designated or quasi-endowment Permanent endowment		3%							
b		50%								
С		.%	10 /							
2-	The percentages on lines 2a, 2b, and 2 Are there endowment funds not in the			n that ara		niniata	rad far tha			
3a		possession of the o	rganizatio	m mai are	neid and adn	imiste	red for the		Vaa	Na
	organization by:							20(1)	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		
b		•	•					3b		
4	Describe in Part XIII the intended uses		s endowr	nent tunds	5.					
Part	VI Land, Buildings, and Equipr Complete if the organization a		n Form (000 Port	IV/ line 11a	800	Form 000 Port	V lino	10	
	Description of property	(a) Cost or oth		` '	or other basis other)	٠,) Accumulated depreciation	(d) B	ook valu	е
1a	Land		0	· ·	6,464,701				6,46	4,701
b	Buildings		0		0		0			0
C	Leasehold improvements		0		29,573		19,151		1	0,422
d	Equipment		0		81,401		76,121			5,280
е	Other		0		0		0			0
Total	. Add lines 1a through 1e. (Column (d) r		0, Part X,	column (E	B), line 10c.) .		•		6,48	30,403

Complete if the organization		Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	· ·
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		A
(D)		
(E)		
(F)		
(G)		
(H) Total. (Column (b) must equal Form 990, Part X, col. (i	3) line 12.) . ▶ 0	
Part VIII Investments—Program Rel		
		Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		*
(5)		
(6)		
(7)		<u> </u>
(8)		
(9) Total. (Column (b) must equal Form 990, Part X, col. (l	3) line 13.) . ▶ 0	
Part IX Other Assets.	5) line 13.) . • 0	
	answered "Yes" on Form 990.	Part IV, line 11d. See Form 990, Part X, line 15.
	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)	9	
(9)		
Total. (Column (b) must equal Form 990, Pan	^t X, col. (B) line 15.)	
Part X Other Liabilities. Complete if the organization	answered "Yes" on Form 990	Part IV, line 11e or 11f. See Form 990, Part X,
line 25.	anoworda 100 on 10111 ood,	1 4111, 1110 110 01 1111 000 1 01111 000, 1 4117,
1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		C
(2)		
(3)		
(4)		
(5)		
(6)		
(7) (8)		
(9)		
Total. (Column (b) must equal Form 990, Pan	' X, col. (B) line 25.)	
		organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Χ

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	turn.	
1	Total revenue, gains, and other support per audited financial statements	1	2 004 602
	· · · · · · · · · · · · · · · · · · ·	1	3,901,693
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С.	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		00.040
е	Add lines 2a through 2d	2e	88,842
3	Subtract line 2e from line 1	3	3,812,851
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.)		
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,812,851
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	620,852
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Other losses	2e	0
3	Subtract line 2e from line 1	3	620,852
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	620,852
Part	XIII Supplemental Information.		,
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	t V. line 4	1: Part X. line
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa		,
Parti	I Line 9 Conservation easements are recorded at cost if purchased. Once the easement		
has b	een acquired the value of the asset is written down to a value of \$1 on the Statement		
of Fin	ancial Position with a corresponding entry to Program Service costs. Donated		
easer	ments are not recorded as an asset, revenue or expense but a record of the transaction		
is mai	intained and the details of the transaction are reported in a footnote to the		
financ	cial statements.		
Part \	/I Line 2b The organization is acting as an Intermediary on behalf of the White Oak		
Pond	Watershed Association (WOPWA). Funds have been contributed to the organization with		
donor	specification that these funds be distributed to WOPWA. The organization has no		
variar	nce power over the funds specifically identified as contributions to WOPWA. Funds		
contri	buted to the Organization specifically for distribution to WOPWA are recorded as a		
liabilit	y in the accompanying statement of financial position in accordance with FASB ASC		

Supplemental Information (continued) Part X Line 2 The Organization has been notified by the Internal Revenue Service that it is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code The Organization is further classified as an organization that is not a private foundation under Section 509(a)(3) of the Code. The most significant tax positions of the Organization are its assertion that it is exempt from income taxes and its determination of whether any amounts are subject to unrelated business tax (UBIT). The Organization follows the guidance of Accounting Standards Codification (ASC) 740, Accounting for Income Taxes, related to uncertain income taxes, which prescribes a threshold of more likely than not for recognition and recognition of tax positions taken or expected to be taken in a tax return. All significant tax positions have been considered by management. It has been determined that it is more likely than not that all tax positions would be sustained upon examination by taxing authorities. Accordingly, no provision for income taxes has been recorded.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SQUAM LAKES CONSERVATION SOCIETY	02-6012747
Form 990, Part VI, Section B, Line 11b: The Executive Director reviews the form 990 and	
provides each member of the board a complete copy for their review prior to filing.	-
Form 990, Part VI, Section B, Line 12c: A conflict of interest questionnaire is completed by	
all Board members annually.	
Form 990, Part VI, Section B, Line 15b: The Board goes into Executive session to review key	
employee salaries annually.)
Form 990, Part VI, Section C, Line 19: Government documents, policies, and Financial	
Statements are available to the public upon request.	

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
SQUAM LAKES CONSERVATION SOCIETY	02-6012747
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