Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

<u> A I</u>	or the	\pm 2022 calendar year, or tax year beginning $$ JUL 1 , 2022 and	l ending J	<u>UN 30, 2023</u>				
	Check if applicable	C Name of organization		D Employer identific	cation number			
Г	Addres	GATEWAY TO SCIENCE CENTER, INC						
	Name change			45-04435	17			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	/return termin		1	701-258-	1,942,402.			
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$				
H	return ∏Applic			H(a) Is this a group re for subordinates				
	tion pendin	SAME AS C ABOVE		H(b) Are all subordinates in	······ — —			
$\overline{}$	Γαν. Θ να	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) () (insert no.) $\overline{}$ 4947(a)(1)	or 527	1	list. See instructions			
	Nebsit	TIMED C. / /TETT COMPTITION CONTROL OF C	01 021	H(c) Group exemptio				
		organization; X Corporation Trust Association Other	L Year		A State of legal domicile; ND			
		Summary	12 100	01101111aa011, ===================================	otato or rogar dormono,			
	1	Briefly describe the organization's mission or most significant activities: TO I	NSPIRE	THE DISCOVE	ERY OF			
Governance		SCIENCE THROUGH HANDS-ON EXPERIENCES						
rnai	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass	sets.			
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	14			
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14			
es &		Total number of individuals employed in calendar year 2022 (Part V, line 2a) $\ \ \dots$			25			
ξ		Total number of volunteers (estimate if necessary)			50			
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
ē	1	Contributions and grants (Part VIII, line 1h)		13,958,618.	1,481,838.			
Revenue	1	Program service revenue (Part VIII, line 2g)		154,071.	339,620.			
Вè		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		14,764. 78,626.	-4,737. 75,946.			
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,206,079.	1,892,667.			
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		515,520.	826,670.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ben	b	Total fundraising expenses (Part IX, column (D), line 25) 161, 5	69.	Į i				
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		415,295.	895,470.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		930,815.	1,722,140.			
		Revenue less expenses. Subtract line 18 from line 12		13,275,264.	170,527.			
10 S			Ве	ginning of Current Year	End of Year			
Net Assets (20	Total assets (Part X, line 16)		24,235,129.	27,197,919.			
t As	21	Total liabilities (Part X, line 26)		1,007,821.	3,780,167.			
		Net assets or fund balances. Subtract line 21 from line 20		23,227,308.	23,417,752.			
	art II	Signature Block			 			
		Ities of perjury, I declare that I have examined this return, including accompanying schedule		· · ·	knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparer	nas any knowledge.				
C:	_	Signature of officer		I Date				
Sig		KAROL RIEDMAN, TREASURER		Duto				
Her	е	Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid	i	MELINDA PIATZ MELINDA PIATZ	1	5/13/24 if self-employ				
	oarer	Firm's name BRADY, MARTZ & ASSOCIATES, P.C.			1- 001000			
	Only	Firm's address P.O. BOX 1297		7	<u> </u>			
		BISMARCK, ND 58502-1297		Phone no. 70	1-223-1717			
May	the IF	RS discuss this return with the preparer shown above? See instructions		, , , , , , , , , , , , , , , , , , , ,	X Yes No			

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	GATEWAY TO SCIENCE'S MISSION IS TO INSPIRE THE DISCOVERY OF SCIENCE
	THROUGH HANDS-ON EXPERIENCES THROUGH THE OPERATION OF AN INTERACTIVE
	SCIENCE CENTER AND BY OFFERING EDUCATIONAL PROGRAMS.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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.
 4а	(Code:) (Expenses \$83,830 . including grants of \$) (Revenue \$122,482 .)
Tu	EDUCATIONAL PROGRAMS & OUTREACH ACTIVITIES:
	GATEWAY TO SCIENCE OFFERS FUN, COOL AND AWESOME SCIENCE PROGRAMS FOR
	STUDENTS AND FAMILIES (PRE-K THROUGH ADULT). THE PROGRAMS CONSIST OF
	ACTIVITIES LIKE CAMPS, CLUBS, AND EDUCATIONAL EVENTS DESIGNED TO
	EDUCATE YOUNG PEOPLE ABOUT SCIENCE, TECHNOLOGY, ENGINEERING AND AND
	MATHEMATICS (STEM) WITH HANDS-ON EXPERIENCES.
4b	(Code:) (Expenses \$
	MAINTAIN GALLERY OF INTERACTIVE SCIENCE EXHIBITS:
	CAMBLIAN BO COTTNOT PROVIDED HANDS ON COTTNOT LEADNING BYDED THORS FOR
	GATEWAY TO SCIENCE PROVIDES HANDS-ON SCIENCE LEARNING EXPERIENCES FOR ALL AGES, PRESCHOOL TO ADULT. IGNITE YOUR IMAGINATION AS YOU EXPLORE
	OUR UNIQUE HANDS-ON GALLERY CONTAINING MORE THAN 90 INTERACTIVE
	EXHIBITS. WITH SUBJECTS RANGING FROM PHYSICS TO NATURE TO MATHEMATICS
	AND BEYOND, LEARNING IS MADE FUN FOR ALL AGES IN AN INFORMAL
	ENVIRONMENT WHERE HANDS-ON EXPERIENCE IS THE BEST TEACHER.
	GATEWAY TO SCIENCE EXHIBITS ARE DESIGNED TO EDUCATE AND ENTERTAIN THE
	CURIOUS MINDS OF CHILDREN AND FAMILIES.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 772,754.
	Form 990 (2022)

Form 990 (2022) GATEWAY TO SCIENCE CENTER, INC 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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			x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	- 72	
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	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
-	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b				
	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2022) GATEWAY TO SCIENCE CENTER, INC
Part IV Checklist of Required Schedules (continued)

22 X 23 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), lim 27 if Y rev.; cromplete Schedule J. Parts I and 8.1 w. or special controlled and of more offices, directors, butteres, livery employees, and highest compensation of the organization's current and former offices, directors, butteres, livery employees, and highest compensation of the organization source and so the last active 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 Did the organization have a tax exempt bond sous with an outstanding principal amount of more than \$100,000 as of the Schedule K If No." go to line 25a. 25b Did the organization marks and any proceeds of fax exempt bonds beyond a temporary period exception? 25c Did the organization marks and any account of their than a returning sector at any time during the year to defease any tax exempt bonds? 25c Did the organization marks and any account of their than a returning sector at any time during the year to defease any tax exempt bonds? 25d Section 501(46), 305(46)44, and 501(c)(29) organizations. Did the organization go any tax exempt bonds? 25d Section 501(46), 305(46)44, and 501(c)(29) organizations. Did the organization was benefit transaction with a disquisition with a disquisition with a disquisition person during the year? If Yes, complete Schedule L, Part II 25d Schedule L, Part II 25d Did the organization aware that it in organged in an excess benefit transaction with a disquisition person during the year? If Yes, complete Schedule L, Part II 25d Did the organization aware that it organged in an excess benefit transaction with a disquisition provide a grant or other assistant or with a substantial contributor, or 35% controlled entity of trainly member of any of these persons? If Yes, complete Schedule L, Part III 25d Did the organization provide a grant or other assistance to a receiver of tr		(GOTTEMBOD)		Yes	No
Part X. column (A), line 27 (**I**nex** completes Scendule**). Parts 1 and 18 2	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
23 Did the arganization answer "Yes" to Park IVI Section A, lims 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 IVI Yes," and yes the section of the list day of the year, that this was taked after December 31, 2002? If "Yes," answer linses 24 through 24d and complete Schedule IVI "Yes," or to line 25s 24a Did the organization invest say proceeds of tax exempt bonds beyond a temporary period exception? 24b Did the organization invest say proceeds of tax exempt bonds beyond a temporary period exception? 24c Did the organization answer that in the appeal of the section of the through 24d and complete Schedule IVI "Yes," answer lines 25th through 24d and complete Schedule IVI "Yes," answer lines 25th through 24d and complete Schedule IVI "Yes," answer lines 25th through 24d and complete Schedule IVI "Yes," answer lines 25th through 24d and complete Schedule IVI "Yes," answer lines 25th through 24d and complete Schedule IVI "Yes," answer lines 25th through 24d and complete Schedule IVI "Yes," answer lines 25th through 24d and complete Schedule IVI "Yes," answer lines 25th through 24d and complete Schedule IVI "Yes," answer lines 25th through 24d and complete Schedule IVI "Yes," answer lines 25th through 24d and complete Schedule IVI "Yes," answer lines 25th through 24d and complete Schedule IVI "Yes," complete Sc			22		х
and former officers, directions, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV. 23	23				
Schedule / Late 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? // *Yes, *answer lines 24b through 24d and complete Schedule K // *Ne, *por to line 25a. b Did the organization mivest amy proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrivor account other than a refunding escrive at any time during the year? d Did the organization and as an *no behalf of *issue for bonds outstanding at any time during the year? 24d 25a Section 50(16),8, 001(16),4, and 501(16)/29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? */ *Yes, *complete Schedule L, Part I */ *25a Section 50(16),8, 001(16),4, and 501(16)/29 organizations organization wave that It engaged in an excess benefit transaction has not been reported on any of the organization spot or forms 990 or 990£27 if *Yes, *complete Schedule L, Part I */ *25a */ */ */ */ */ */ */ */ */ */ */ */ */	20				
24a Did the organization have a tox-everyth 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 "Yea," arrayer lines 24th through 24d and complete Schedule K. If "No.", "go to him 25a b Did the organization invest any proceeds of tax-everyth bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-everyth bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-everyth bonds outstanding at any time during the year to defease any tax-everyth bonds? 24d Did the organization available pass of the organization are scales benefit transaction with a disqualified person during the year? If Yea, "complete Schedule L. Part I 25a Section 50(tc)(3), 50(tc)(4), and 50 (tc)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organizations prior Forms 990 er 990-E27 If "Yea," complete Schedule L. Part I 25b X 25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former office, director, rustee, key employee, creator or former officer, director, rustee, key employee, creator or founder, or substantial contributor or # Yea, complete Schedule L, Part IV, instructions or applicable limpt thresholds, conditions, and exceptions; and the payable schedule L, Part IV V. 25b X. A 3556 controlled entity		, ,	22		x
sale 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 25s b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 50(16), 8.01(24), and 501(2/9) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that langaged in an excess benefit transaction than an other reported on any of the organization sprior Forms 980 or 990-E27 (If "Yes," complete Schedule L, Part I 25b X 25D 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 IV 25b X 27D 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 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27b International Contributions or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27b International Contributions or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27b International Contributions or or more individuals and/or organizations described in line 28a or 28b If Yes," complete Schedule L, Part IV 27b International Contributions or endough in the Contributions of the following parties (specific Members) International Cont	24.5		23		
Schedule K. If "No." go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualited person during the year? If "Yes," complete Schedule L, Part I b is the organization avare that it engaged in an excess benefit transaction with a disqualited person in a prior year, and that the transaction has not been reported on any of the organization's prior forms 900 or 900(E27 "Yes," complete Schedule L, Part I 25b Did the organization appropriate any amount on Part X, line 5 or 22, for receivables from or payables to any current or forms officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity formiting an employee thereof or family escriptions; complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity frinculing an employee thereof or family member of any of these persons? If Yes," complete Schedule L, Part II 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 flight presholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, "complete Schedule II, Part IV, 25a b A family member of any individual desortions of art, historical freasures, or other similar assets, or	2 4 a				
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an excove account other than a refunding secrove at any time during the year to defease any tax exempt bonds? d Did the organization and tax an "on behalf of" issues for bonds outstanding at any time during the year? d Did the organization and tax an "on behalf of" issues for bonds outstanding at any time during the year? d Did the organization aware that the negaged in an excess benefit transaction with a disqualified person during the year? "I" "Yes," complete Schedule L, Part I b Is the organization aware that the negaged in an excess benefit transaction what has disqualified person during the year? "I" "Yes," complete Schedule L, Part I b Is the organization aware that the negaged in an excess benefit transaction what not disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Forms 990 or 990 E27 !!" "Yes," complete Schedule L, Part I b Did the organization provide a grant or other assistance or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? "I" "Yes," complete Schedule L, Part II 28 Was the organization aperture or family member of any of these persons? "I" "Yes," complete Schedule L, Part II b A family member of any individual desorbed in line 28a? "I" "Yes," complete Schedule L, Part II c A 39% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? !! "Yes," complete Schedule L, Part IV 28 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? !! "Yes," complete Schedule N, Part I 30 Did the organization nealed to any tax exemption of the similar assets, or qualified conservation onthice of the organization related to any antity or transfer more than 25% of its net assets? I" "Yes,			242		x
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any taxe-weight bonds? 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)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule I., Part I	h				
any tax-exempt bonds? 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? #1" (**)'s, complete Schedule I, Part I 25a			240		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 255 Section 501(CS), 501(CH), 40, 4015(CH), 201 (CH), 40, 4015(CH), 201 (CH), 40, 4015(CH), 201 (CH), 4015(CH), 4015(CH	·		240		
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 I, Part I "Yes," complete Schedule I, Part II "Yes," complete Schedule II "Yes,	٨				
b is the organization ware 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 E27 "'Yes," complete Schedule L, Part I 25b X 27 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? "'Yes," complete Schedule L, Part II 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 35% controlled entity forciding an employee thereof of armily member of any of these persons? "'Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IIV 28 Variety of the part II 29 Variety of the part II 20 Variety of the part II 20 Variety of the part II 20 Variety of the part II 21 Variety of the part II 22 Variety of the part II 23 Variety of the organization releve more than \$25,000 in non-cash contributions? "Yes," complete Schedule N, Part I 23 Variety of the organization wall exchange, dispose of, or transfer more than \$25% of its net assets, or qualified conservation contributions? "Yes," complete Schedule N, Part I 29 Variet			240		
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 is prior Forms 990 or 990-EZ? "Yes," complete Schedule L, Part I 250 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 former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? "Yes," complete Schedule L, Part 26	ZJa		252		x
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 25 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 of family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity finduluting an employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV 28 Was the organization of the following parties (see the Schedule L, Part IV 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV 28 Was the organization and individual described in line 28a" If "Yes," complete Schedule I, Part IV 28 Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 30 Did the organization liquidate, terminate, or dissolve and case operations? If "Yes," complete Schedule N, Part I 31 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-28 pt "yes," complete Schedule N, Part I 31 Did the organization on 100% of an entity disregarded as separate from the organization under Regulation section 512(b)(13)? I	h	, , , , , , , , , , , , , , , , , , ,	25a		
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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 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 35b 35b 35b 35b 35b 35b 35	32	•	22		x
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 Y 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 V I III and 19? Note: All Form 990 filers are required to complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Schedule O Form 990 filers are required to complete Schedule O Form 990 filers are required to complete Schedule O Form 990 filers are required to complete Schedule O Form 990 filers are required to complete Schedule O Form 990 filers are required to complete Schedule O Form 990 filers are required to complete Schedule O Form 990 filers are required to complete Schedule O Form 990 filers are required to complete Schedule O Form 990 filers are required to complete Schedule O Form 990 filers are required to complete Schedule O Form 990 filers are required to complete Schedule O Form 990 filers are required to complete Schedule O Form 990 filers are required to complete Schedule O Form 990 filers are required to complete Schedule O Form 990 filers are required to complete Schedule O Form 990 filers are required to complete Schedule O Form 990 filers are required to complete Schedule O Form 990 filers are required form 990 filers are required form 990 filers are required	33		22		x
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Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 V! 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Security Indicates	34		24		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 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 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 V 37 X X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	25.0				
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 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?		• • • • • • • • • • • • • • • • • • • •	33a		
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If "Yes," complete Schedule R, Part V, line 2 36	36		330		
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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 The Inter the number reported in box 3 of Form 1096. Enter -0- if not applicable 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 The Inter the number of part VI 37 X X X A Did the organization conduct more than 5% of its activities through an entity that is not a related organization The Inter VI	50		36		х
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? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 12	37		30		
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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 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? 1c	50		38	х	
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b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	10	Enter the number reported in box 3 of Form 1096. Enter :0: if not applicable		169	140
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c			1		
(gambling) winnings to prize winners?		Enter the Hamber of Forme W 24 included of time 14. Enter of inflort applicable	1		
	C		10		
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Form 990 (2022) GATEWAY TO SCIENCE CENTER, INC

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

	- (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			140
	filed for the calendar year ending with or within the year covered by this return 2a 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	อม		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	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		
	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 the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	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			37
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	ا ـِـر		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

GATEWAY TO SCIENCE CENTER, INC Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 14 **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. 14 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ELISABETH DEMKE - 701-258-1975

1600 CANARY AVE, BISMARCK, ND 58501

Form **990** (2022)

15340513 785000 41244

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) Name and title	(B) Average hours per week	box	not ci	ss per	ition more son is	than s bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	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) ELISABETH DEMKE	40.00	1						54 054		•
EXECUTIVE DIRECTOR	1 00			Х				74,971.	0.	0.
(2) DOUG ZINKE	1.00	l		l						•
PRESIDENT		Х		Х				0.	0.	0.
(3) CHRIS RIEDMAN	1.00	. ,		,,					_	0
VICE PRESIDENT	4 00	Х		Х			-	0.	0.	0.
(4) KAROL RIEDMAN TREASURER	4.00	X		х				0.	0.	0
(5) JASON ANDERSON	1.00	^		^				0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(6) JEFF ESLINGER	1.00	Α							0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(7) LINDA GUTENSOHN	1.00	- 22						•	0.	U•
DIRECTOR	1.00	х						0.	0.	0.
(8) JEFF HRUBY	1.00	125						•	•	•
DIRECTOR		х						0.	0.	0.
(9) KAY KOCH	1.00									
DIRECTOR		Х						0.	0.	0.
(10) DAN LEINGANG	1.00									
DIRECTOR		Х						0.	0.	0.
(11) TIM LERVICK	1.00									
DIRECTOR		Х						0.	0.	0.
(12) KARIE MISCHEL	1.00									
DIRECTOR		Х						0.	0.	0.
(13) CAMERON THOROUGHMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(14) GREGG WICHE	1.00									
DIRECTOR		Х						0.	0.	0.
(15) TOM HUTCHENS	1.00									
DIRECTOR		Х						0.	0.	0.
		-								
		-								
		1								
-		L	l	l		l	l	I.		Form 990 (2022)

Form 990 (2022) GATEWAY	TO SCIEN	ICE	C	EN	TE	R,	I	NC	45-04	4351	.7	Page 8
Part VII Section A. Officers, Directors, True	stees, Key Em	ploye	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per	box,	not c	ss per	ition more fr son is	than o s both r/trust	an	(D) Reportable compensation	(E) Reportable compensation		(F) Estima amour	ated nt of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISO 1099-NEC)	C/	othe compen from organiz and rel organiza	sation the ation ated
										_		
										+		
		_										
		-								+		
		-										
		-								\perp		
		-										
1b Subtotal c Total from continuation sheets to Part V	II, Section A							74,971. 0. 74,971.		0. 0.		0. 0.
d Total (add lines 1b and 1c)										<u> </u>		0.
											Ye	s No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s										:	3	Х
4 For any individual listed on line 1a, is the s and related organizations greater than \$15											4	Х
5 Did any person listed on line 1a receive or	accrue comper	nsatio	on fr	om a	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes," cor Section B. Independent Contractors	nplete Schedul	e J fo	or su	ıch r	oerso	on .				\$	5	X
Complete this table for your five highest countries the organization. Report compensation for	•	-							•	ensation	n from	
(A) Name and business			NE					(B) Description of s		Com	(C) npensat	ion
							\perp					
O Total number of index and and and and and	in aludina - buda	o# !!:-	ai+	J # ~ .	the s	0 1:-1	+o -	ahaya) wha wasained we	ave then			
2 Total number of independent contractors (\$100,000 of compensation from the organ	•	UL III	iiteC	ו נט ז	tnos 0		ied	above, who received mo	DIE UIAII			

Form 990 (2022) GATEWAY
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		<u> </u>	,	(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							300010113 0 12 0 14
nts		Federated campaigns 1a	F4 010				
ira ou		Membership dues 1b	54,213.				
s, (Am		Fundraising events 1c	43,087.				
ar E	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e	248,241.				
i Si	f	All other contributions, gifts, grants, and					
bet		similar amounts not included above 1f 1,	136,297.				
ΞÖ	c	Noncash contributions included in lines 1a-1f	21,524.				
츳댎	_	Total. Add lines 1a-1f		1,481,838.			
<u> </u>	-		Business Code	, , , , , , ,			
	2 -	ADMISSIONS	611710	197,906.	197,906.		
je		REGISTRATIONS	611710	119,435.	119,435.		
Program Service Revenue			011/10	117,433.	117,433.		
n S	C						
e E	C						
Š.	е		F2000	00 000			00 000
Δ.		All other program service revenue	532000	22,279.			22,279.
	g	Total. Add lines 2a-2f		339,620.			
	3	Investment income (including dividends, interest	st, and				
		other similar amounts)		23,474.			23,474.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	ı a		(ii) Oti ioi				
		assets other than inventory 7a					
4	D	Less: cost or other basis	20 211				
ng		and sales expenses	28,211.				
š	С	Gain or (loss) 7c	-28,211.	20 011			20 011
her Revenue		Net gain or (loss)		-28,211.			-28,211.
þer	8 a	Gross income from fundraising events (not					
ð		including \$ 43 , 087. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	94,423.				
	b	Less: direct expenses 8b	21,524.				
	c	Net income or (loss) from fundraising events		72,899.			72,899.
		Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	.0 0	and allowances 10a					
	l.						
$\overline{}$		Net income or (loss) from sales of inventory	Dusiness Onda				
छ		MICCELL VIEWING DESCRIPTION	Business Code	2 047	2 047		
eor e	11 a	MISCELLANEOUS REVENUE	611710	3,047.	3,047.		
an en	b						
Miscellaneous Revenue	c						
Ais	d	All other revenue					
	е	Total. Add lines 11a-11d		3,047.			
	12	Total revenue. See instructions		1,892,667.	320,388.	0.	90,441.

232009 12-13-22

Form 990 (2022) GATEWAY TO SCIENCE CENTER, INC 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).	
Chack if Schedula O contains a response or note to any line in this Part IV	_

_	Check if Schedule O contains a respons	se or note to any line in ti	nis Part IX	(C)	<u>L</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) 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				
3	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				
6	Compensation not included above to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	772,906.	474,266.	175,047.	123,593
8	Pension plan accruals and contributions (include	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	= . = , = 0 0	= ,	===,000
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	53,764.	37,627.	7,031.	9,106
11	Fees for services (nonemployees):	,	, ,	,	
 а	Management				
b	Legal				
С	Accounting	12,500.		12,500.	
d	Lobbying	,		•	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	47,784.	7,754.	39,390.	640
12	Advertising and promotion	43,212.	43,212.		
13	Office expenses	38,301.	11,450.	26,592.	259
14	Information technology	70,773.	10,299.	59,727.	747
15	Royalties				
16	Occupancy	102,306.	19,742.	80,705.	1,859
17	Travel	25,932.	21,606.	4,326.	-
18	Payments of travel or entertainment expenses		-	-	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	35,448.	2,149.	13,189.	20,110
20	Interest	8,985.		8,985.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	279,985.	98,740.	180,126.	1,119
23	Insurance	20,271.	6,290.	13,981.	
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.)				
а	BAD DEBTS	129,500.		129,500.	
b	SUPPLIES	51,851.	23,898.	27,194.	759
С	DUES	23,308.	14,591.	5,340.	3,377
d	PARTNERSHIPS	4,700.	900.	3,800.	
е	All other expenses	614.	230.	384.	
25	Total functional expenses. Add lines 1 through 24e	1,722,140.	772,754.	787,817.	161,569
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)

Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments	10,020,278.	2	2,795,862.		
	3	Pledges and grants receivable, net			1,631,189.	3	1,214,233.
	4	Accounts receivable, net			11,481.	4	31,048.
	5	Loans and other receivables from any current of	r former	officer, director,			
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqual	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			0.5.504	8	0.4.600
⋖	9	Prepaid expenses and deferred charges			26,681.	9	24,609.
	10a	Land, buildings, and equipment: cost or other		02 000 610			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	23,088,610.	10 201 000		00 600 105
					12,321,287.		22,693,195. 244,153.
	11	Investments - publicly traded securities			224,213.	11	244,153.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		^	14	104 010	
	15	Other assets. See Part IV, line 11			0. 24,235,129.	15	194,819. 27,197,919.
	16	Total assets. Add lines 1 through 15 (must equ			99,195.	16	2,798,455.
	17	Accounts payable and accrued expenses			33,133.	17	2,730,433.
	18 19	Grants payable			307,280.	18 19	378,969.
	20	Deferred revenue			307,200	20	310,303.
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or for				21	
Liabilities		trustee, key employee, creator or founder, subs					
pili		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·	44,762.	24	39,642.
	25	Other liabilities (including federal income tax, p.			,		, ,
		parties, and other liabilities not included on line					
		of Schedule D			556,584.	25	563,101.
	26	Total liabilities. Add lines 17 through 25			1,007,821.	26	3,780,167.
		Organizations that follow FASB ASC 958, ch	eck here	X			
Ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			11,494,729.	27	20,638,900.
Ba	28	Net assets with donor restrictions			11,732,579.	28	2,778,852.
pur		Organizations that do not follow FASB ASC 9	958, che	ck here			
F.		and complete lines 29 through 33.		1			
S	29	Capital stock or trust principal, or current funds	3			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or e	quipmer	nt fund		30	
t As	31	Retained earnings, endowment, accumulated in	ncome, d	or other funds		31	
Se l	32	Total net assets or fund balances			23,227,308.	32	23,417,752.
	33	Total liabilities and net assets/fund balances			24,235,129.	33	27,197,919.

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>67.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1			40.
3	Revenue less expenses. Subtract line 2 from line 1	3				<u> 27.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23	, 22	7,3	08.
5	Net unrealized gains (losses) on investments	5		1	9,9	<u> 17.</u>
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	23	, 41	7,7	<u>52.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					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	Ο.				
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 Sche	edule 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?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization GATEWAY TO SCIENCE CENTER, INC Employer identification number 45-0443517

Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
	organ								
1	H	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	Н	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	\square	A hospital or a cooperative							
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	llv receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general i	oublic described in	
		section 170(b)(1)(A)(vi). (C	•		Ü				
8		A community trust describe		1)(A)(vi) (Complete Par	+ II)				
9	H	An agricultural research org			•	nd in coni	unction with a land grant	collogo	
9	ш	-				-	-	-	
		or university or a non-land-g	rant college of agrict	ulture (see instructions).	Enter the i	name, city	, and state of the college	e or	
	77	university:							
10	X	An organization that norma							
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusiv	vely for the benefit of, to	perform tl	he function	ns of, or to carry out the	purposes of one or	
		more publicly supported org	=	•	-		•	•	
		lines 12a through 12d that							
а		Type I. A supporting orga	* *					aivina	
u	_	the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	_			
		• • • •	· · · · · ·		majority o	n the direc	iors or trustees or the st	ррогинд	
		organization. You must o							
b								-	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported	
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С			grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,	
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and an attentiv	/eness	
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	•	-					
		functionally integrated, or					31 · 7 31 · 7 31 ·		
f	Ente	er the number of supported o	* *	iany miegratea eapperin	.9 0.94=				
		vide the following information		d organization(s)					
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other	
		organization	, ,	(described on lines 1-10	in your governi	No No	support (see instructions)	support (see instructions)	
				above (see instructions))	103	140			
Tota									

(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

Se	qualify under the tests listed be ction A. Public Support	elow, please comp	ictor art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(5) 2010	(0) 2020	(4) 2021	(O) LOLL	(i) rotar
•	membership fees received. (Do not						
	include any "unusual grants.")	851,063.	2479245.	1343611.	458,618.	1503398.	6635935.
2	Gross receipts from admissions,	032,0030	21,32100		100,0100		
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	103,215.	94,513.	79.638.	181,950.	320.388.	779.704.
3	Gross receipts from activities that						,
Ŭ	are not an unrelated trade or bus-						
	iness under section 513	84,288.	65,549.	41,374.	78,725.	94.423.	364,359.
4	Tax revenues levied for the organ-				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1038566.	2639307.	1464623.	719,293.	1918209.	7779998.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	73,153.	64,819.	35,112.	14,448.	266,912.	454,444.
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	165,815.	433,340.	689,003.			1288158.
(Add lines 7a and 7b	238,968.	498,159.	724,115.	14,448.	266,912.	1742602.
8	Public support. (Subtract line 7c from line 6.)						6037396.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	1038566.	2639307.	1464623.	719,293.	1918209.	7779998.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	45,175.	7,237.	4,328.	14,764.	23,474.	94,978.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	45,175.	7,237.	4,328.	14,764.	23,474.	94,978.
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	1002541	0646544	1460051	5 24 055	1041602	E0E40E6
	Total support. (Add lines 9, 10c, 11, and 12.)	1083741.	2646544.	1468951.	734,057.		7874976.
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
60	check this box and stop here						
	ation C. Computation of Dubli	a Cumpant Day	+				
	ction C. Computation of Publi			- L (n)		45	76 67 %
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, c			15	76.67 %
15 16	Public support percentage for 2022 (I Public support percentage from 2021	ine 8, column (f), d Schedule A, Part	ivided by line 13, c	column (f))		15 16	76.67 % 72.54 %
15 16 Se	Public support percentage for 2022 (I Public support percentage from 2021 ction D. Computation of Inves	ine 8, column (f), d Schedule A, Part stment Income	ivided by line 13, o			16	72.54 %
15 16 Se 17	Public support percentage for 2022 (I Public support percentage from 2021 ction D. Computation of Investment income percentage for 20	ine 8, column (f), d Schedule A, Part stment Income 222 (line 10c, colun	ivided by line 13, c III, line 15 Percentage nn (f), divided by lin	ne 13, column (f))		16	72.54 %
15 16 Sec 17 18	Public support percentage for 2022 (In Public support percentage from 2021 ction D. Computation of Investment income percentage for 20 Investment income percentage from 2022 (Investment Income percentage from 2022 (Investment Income percentage for 2022 (Investment	ine 8, column (f), d Schedule A, Part stment Income 022 (line 10c, colun 2021 Schedule A,	ivided by line 13, o III, line 15 Percentage nn (f), divided by lin Part III, line 17	ne 13, column (f))		16 17 18	72.54 % 1.21 % 1.17 %
15 16 Sec 17 18	Public support percentage for 2022 (In Public support percentage from 2021 ction D. Computation of Investment income percentage from 2021 Investment income percentage from 2021 a 33 1/3% support tests - 2022. If the	ine 8, column (f), d Schedule A, Part stment Income 122 (line 10c, colun 2021 Schedule A, organization did n	ivided by line 13, could be line 15	ne 13, column (f)) on line 14, and line	15 is more than 33	17 18 3 1/3%, and line 17	72.54 % 1.21 % 1.17 % 7 is not
15 16 See 17 18 19	Public support percentage for 2022 (In Public support percentage from 2021 ction D. Computation of Investment income percentage from 2021 Investment income percentage from 2033 1/3% support tests - 2022. If the more than 33 1/3%, check this box are	ine 8, column (f), d Schedule A, Part stment Income 022 (line 10c, colun 2021 Schedule A, organization did n nd stop here. The	ivided by line 13, colling line 15	ne 13, column (f)) on line 14, and line ïes as a publicly si	15 is more than 30	17 18 3 1/3%, and line 17	72.54 % 1.21 % 1.17 % 7 is not
15 16 See 17 18 19	Public support percentage for 2022 (In Public support percentage from 2021 ction D. Computation of Investment income percentage from 2021 Investment income percentage from 2021 a 33 1/3% support tests - 2022. If the	ine 8, column (f), d Schedule A, Part stment Income 022 (line 10c, colun 2021 Schedule A, organization did n at stop here. The	ivided by line 13, or lill, line 15 Percentage Inn (f), divided by line Part III, line 17 ot check the box or organization qualifort check a box on	ne 13, column (f)) on line 14, and line ies as a publicly si line 14 or line 19a	15 is more than 33 upported organizat , and line 16 is mo	17 18 3 1/3%, and line 17 cion	72.54 % 1.21 % 1.17 % 7 is not X

Payments from Disqualified Persons Included on Part III, Line 7a

2022

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
AMANDA WANGLER	1,000.	52.	0.	50.	0.
ART AND SHIRLEY CARLSON	5,150.	353.	915.	0.	0.
BRENDAN JOYCE	203.	203.	0.	100.	0.
CHRIS AND KATE DORFSCHMIDT	52.	52.	0.	0.	0.
CHRIS AND SHANNA RIEDMAN	0.	52.	0.	200.	0.
DAKOTA PHARMACY	0.	50.	0.	0.	0.
DANIEL AND LISA LEINGANG	350.	203.	0.	100.	0.
DAVE AND CONNIE SPRYNCZYNATYK	20,908.	20,973.	15,762.	48.	0.
DOUG AND TONYA ZINKE	402.	402.	300.	250.	0.
GREGG AND SANDY WICHE	5,932.	456.	1,600.	500.	0.
JASON AND CATHRYN ANDERSON	431.	334.	0.	0.	0.
JEFF AND KIM ESLINGER	203.	1,000.	100.	0.	0.
JEFF HRUBY	103.	103.	0.	100.	0.
JOEL AND LINDA GUTENSOHN	150.	1,150.	0.	150.	0.
KAREN TRAEHOLT	302.	552.	500.	50.	0.
KARIE MISCHEL	0.	0.	0.	100.	0.
KAY KOCH	20,075.	6,185.	535.	700.	7,445.
KEITH AND BETH DEMKE	3,725.	7,685.	2,675.	5,600.	9,467.
KEVIN AND HILDY OBERLANDER	5,000.	5,000.	5,000.	0.	0.
MICHAEL AND KAROL RIEDMAN	800.	11,734.	600.	700.	0.
NICK AND AMANDA EBERLE	809.	1,052.	0.	0.	0.
RANDY AND PAM BINEGAR	200.	0.	0.	0.	0.
REBECCA THOROUGHMAN	0.	0.	0.	100.	0.
SCOTT AND SANDY OLSON	100.	100.	100.	100.	0.
Total to Schedule A, Part III, Line 7a					

Payments from Disqualified Persons Included on Part III, Line 7a

2022

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
SCOTT AND SHONDA WILD	0.	0.	100.	0.	0.
STEVE AND NANCY DUROW	1,029.	1,528.	2,025.	2,000.	0.
TIM LERVICK	2,600.	3,100.	3,000.	100.	0.
TOM AND KATIE HUTCHENS	3,629.	2,500.	1,900.	3,500.	0.
MARVIN AND BARBARA MASSET	0.	0.	0.	0.	250,000.
Total to Schedule A, Part III, Line 7a	73,153.	64,819.	35,112.	14,448.	266,912.

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2022

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
AE2S	0.	0.	10,410.	0.	0.
AMERICAN ONLINE			10,1101		•
GIVING FOUNDATION	0.	28,630.	0.	0.	0.
BARTLETT AND WEST	0.	0.	5,310.	0.	0.
BASIN ELECTRIC POWER COOPERATIVE	14,163.	0.	10,310.	0.	0.
BERK AND KAY STROTHMAN	0.	0.	205,310.	0.	0.
CRESTWOOD OPERATIONS					
LLC	0.	77,035.	60,310.	0.	0.
DAVE AND CONNIE	_				
SPRYNCZYNATYK	0.	0.	1,172.	0.	0.
FRANKLIN INSTITUTE	0.	0.	810.	0.	0.
GREAT RIVER ENERGY	0.	33,535.	45,310.	0.	0.
H.A. THOMPSON & SONS	0.	0.	5,310.	0.	0.
HESS CORPORATION	0.	223,535.	0.	0.	0.
INLAND OIL & GAS CORPORATION	0.	0.	5,310.	0.	0.
JAMES AND LYNN ARTHAUD	0.	0.	10,310.	0.	0.
JOHN AND MIKEY HOEVEN	14,163.	0.	0.	0.	0.
KIRKWOOD SCHEELS SPORTS	0.	0.	10,310.	0.	0.
KRIS AND MYLO			-		
WOLDING	0.	0.	6,310.	0.	0.
LEACH FOUNDATION	89,163.	0.	0.	0.	0.
MARATHON PETROLEUM	0.	0.	310.	0.	0.
MDU RESOURCES	0.	0.	45,310.	0.	0.
METRO AREA AMBULANCE	0.	23,535.	35,310.	0.	0.
ND DEPARTMENT OF COMMERCE	0.	0.	25,031.	0.	0.
ND FARMERS UNION	9,163.	0.	0.	0.	0.
ND FOREST SERVICE	0.	0.	35,310.	0.	0.
ND SOYBEAN COUNCIL	0.	0.	35,310.	0.	0.
Total to Schedule A, Part III, Line 7b					

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2022

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
NISC	0.	0.	65,310.	0.	0.
NORTH DAKOTA CORN COUNCIL	0.	0.	35,310.	0.	0.
OASIS PETROLEUM, INC	39,163.	23,535.	0.	0.	0.
ONEOK FOUNDATION	0.	0.	35,310.	0.	0.
PINE INVESTMENTS COMPANY LLC	0.	23,535.	0.	0.	0.
Total to Schedule A,					
Part III, Line 7b	165,815.	433,340.	689,003.		

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors
Attach to Form 990 or Form 990-PF.

INC

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

GATEWAY TO SCIENCE CENTER

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

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Name of the organization

Employer identification number

45-0443517

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

David 2

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

GATEWAY TO SCIENCE CENTER, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AE2S 4050 GARDEN VIEW DRIVE, STE 200 GRAND FORKS, ND 58201	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LEVI AND BETHANY ANDRIST 213 TORONTO LOOP BISMARCK, ND 58503	\$6,610.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	APEX ENGINEERING 600 S 2ND ST, SUITE 145 BISMARCK, ND 58504	\$5,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No4_	Name, address, and ZIP + 4 JAMES AND LYNN ARTHAUD PO BOX 197 MEDORA, ND 58645	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	RYAN AND MAGGIE BARTH 9831 DYEVERA LN RENO, NV 89521	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	KATE AND WYATT BLACK 2919 PROMONTORY DR BISMARCK, ND 58503	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Name of organization

Employer identification number

GATEWAY TO SCIENCE CENTER, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DEB CARPENTER 1209 PRAIRIE DRIVE, BISMARCK BISMARCK, ND 58501	\$\$,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CONOCOPHILLIPS LOWER 48 11090 30TH ST SW DICKINSON, ND 58601-9455	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	KEITH AND BETH DEMKE 1830 N 22ND STREET BISMARCK, ND 58501	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	DOOSAN/BOBCAT COMPANY PO BOX 5556 BISMARCK, ND 58506	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	DUEMELANDS COMMERICAL REAL ESTATE 301 E THAYER AVE BISMARCK, ND 58501	\$\$, 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_	MIKE AND VICKI FITZMAURICE 322 8TH AVENUE SE MINOT, ND 58701	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GATEWAY TO SCIENCE CENTER, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	GOEBEL PEDIATRIC DENTISTRY 1148 W DIVIDE AVE BISMARCK, ND 58501-1202	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	GREAT RIVER ENERGY 1611 E CENTURY AVE SUITE 200 BISMARCK, ND 58503	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	H.A. THOMPSON PO BOX 1195 BISMARCK, ND 58502-1195	\$14,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	THERESA HEGGE 7685 STAR LANE BISMARCK, ND 58503	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u>	KAY KOCH 315 SATURN DRIVE BISMARCK, ND 58503	\$ 7,445.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	TOM & FRANCES LEACH FOUNDATION 1720 BURNT BOAR DR SUITE 206 BISMARCK, ND 58503	\$	Person X Payroll

Name of organization

Employer identification number

GATEWAY TO SCIENCE CENTER, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	LIONS DISTRICT 5-NW 1600 CANARY AVE BISMARCK, ND 58501	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	MARVIN AND BARBARA MASSET 343 MARIETTA DR BISMARCK, ND 58504	\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	METRO AREA AMBULANCE PO BOX 595 MANDAN, ND 58554	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	MICROSOFT CORPORATION 3900 44TH AVE SW FARGO, ND 58104	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23_	MIDWEST DAIRY ASSOCIATION 2015 RICE STREET SAINT PAUL, MN 55113-3895	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22452 11-14	MINNKOTA POWER COOPERATIVE 5301 32ND AVE S GRAND FORKS, ND 58201-3312	\$15,000.	Person X Payroll

Name of organization

Employer identification number

GATEWAY TO SCIENCE CENTER, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	BRIAN AND HEATHER SANDNESS NELSON 1847 S GRANDVIEW LN BISMARCK, ND 58503	5,475.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	NESET CONSULTING SERVICE 6844 HIGHWAY 40 TIOGA, ND 58852	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	NORTH DAKOTA DENTAL FOUNDATION PO BOX 1322 BISMARCK, ND 58502	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	ONEOK FOUNDATION PO BOX 871 TULSA, OK 74102-0871	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	OPTIMIST CLUB OF BISMARCK PO BOX 511 BISMARCK, ND 58502	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	SANFORD HEALTH BISMARCK 300 N 7TH STREET BISMARCK, ND 58501	\$\$10,000.	Person X Payroll

Name of organization

Employer identification number

GATEWAY TO SCIENCE CENTER, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
31_	CHRISTINE TELLO-SKJERSETH 539 ASPEN AVE BISMARCK, ND 58503	5,890.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
32	THE BONE & JOINT CENTER 310 N 9TH ST BISMARCK, ND 58501	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
33	MARK AND CLAUDIA THOMPSON 1976 MESQUITE LOOP BISMARCK, ND 58503	- - \$\$20,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
34	US BANK FOUNDATION 800 NICOLLET MALL MINNEAPOLIS, MN 55402	\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
35	WEISZ & SONS, INC. PO BOX 1756 BISMARCK, ND 58502	- - - - -	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
36	KRIS AND MYLO WOLDING 4142 BAYPORT P MANDAN, ND 58554	50,000.	Person X Payroll	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

GATEWAY TO SCIENCE CENTER, INC

Employer identification number 45-0443517

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Accounts. Complete if the
	organization answered Tes off offi 550, Fartiv, inf	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(u) = since salaries a rando	(4) - 11-12 - 11-12 - 11-12
2	Aggregate value of contributions to (during year)		_
3	Aggregate value of grants from (during year)		_
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	funds
Ū	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organization		,
-	Preservation of land for public use (for example, recreated to the second secon	`	historically important land area
	Protection of natural habitat	,	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year	,g,,	gg
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	5 5 .		.
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	n easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)((4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statement	ts that describes the
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its revenue statement and bal	ance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

22,693,195.

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

D 1 1/11		Other Securities.
Part VIII	INVASTMANTS -	()Ther Securities
I GIL VII	111463111161113 -	Other occurres.

rait viii investinents - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		

<u>(9)</u>	(I) I I I OOO D I V I (D) I' IO
	(b) must equal Form 990, Part X, col. (B) line 13.)
Part IX	Other Assets.

(5) (6) (7) (8)

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

(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(a) Description	(b) Book value
(3) (4) (5) (6) (7) (8) (9)	(1)	
(4) (5) (6) (7) (8) (9)	(2)	
(5) (6) (7) (8) (9)	(3)	
(6) (7) (8) (9)	(4)	
(6) (7) (8) (9)	(5)	
(7) (8) (9)		
(9)		
(9)	(8)	

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)) Federal income taxes	
(2)	RETAINAGE PAYABLE	335,784.
(3)	SECURITY RETAINERS	35,000.
(4)	OPERATING LEASES	192,317.
(5)		
(6)		
(7)		
(8)		
(9)	j	
Total	· (Column (b) must equal Form 990, Part X, col. (B) line 25.)	563,101.

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

Schedule D (Form 990) 2022

Pai	rt XI Reconciliation of Revenue per Audited Financial Stat		evenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				1 012 504	
1				1	1,912,584.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما	19,917.			
a	5 (, , , , , , , , , , , , , , , , , ,		10,011.	1		
b	Donated services and use of facilities Recoveries of prior year grants			-		
c d				-		
e e				2e	19 917.	
3	Add lines 2a through 2d Subtract line 2e from line 1			3	19,917. 1,892,667.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				2,032,007	
a		4a				
b						
c				4c	0.	
					1,892,667.	
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Returr).	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin					
1	Total expenses and losses per audited financial statements			1	1,722,140.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а		2a				
b						
С						
d	- · · · · · · · · · · · · · · · · · · ·					
е				2e	0.	
3	Subtract line 2e from line 1			3	1,722,140.	
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.)	4b				
С	Add lines 4a and 4b			4c	0.	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		5	1,722,140.	
Pa	rt XIII Supplemental Information.					
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 $$; Part IV, lines 1b a	nd 2b; Part V, line 4	; Part X	X, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional informa	ation.			
PAI	RT V, LINE 4:					
	T DONOR RECENTAGED ENDOUGHENE FINE TO BE	DE 114ED E	OD G11GE2 T3		T. O. D.	
THI	E DONOR-RESTRICTED ENDOWMENT FUND IS TO	BE USED F	OR SUSTAIN	ABII	TITY OF	
	- COVERD					
THI	E CENTER.					
D 7 T	om v tinin 1.					
PAI	RT X, LINE 2:					
miti	TO THE PARTY OF TH	יא א בי ב נואורים:	D CECHTON	E 0 1 /	(C) (2) OF	
тп	E CENTER IS EXEMPT FROM FEDERAL INCOME T	AXES UNDE	R SECTION	201	(C)(3) OF	
тит	TAMEDNAL DEGRESSIE CODE AND DV GIDMIE ME		א איטטשה א	v ™	\ TNCOME	
1111	E INTERNAL REVENUE CODE AND BY VIRTUE TH	EKEOF FKO	M NOKIH DA	TION.	A INCOME	
m a s	YES MUE CENMED TO CIIDTECM MO MAY ON THE	OME INDET	אשבט שט דש	C EX	лем оп	
1 A 2	TAXES. THE CENTER IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT					
DITI	DIIDDACE IMI ECC MUAM INCOME IC OMBEDWICE EVOLUDED DV MUE CODE MUE CENMED					
FUI	PURPOSE UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE CENTER					
НΣ	S PROCESSES IN PLACE TO ENSURE THE MAINT	ENANCE OF	Tጥς ጥል¥_ፔ	хвмг	י פוזיים אים	
1147	STRUCTORED IN THACE TO EMBORE THE MAINT	LINANCE OF	TID IWV-F	4211111	T DIMIUD;	
ΤО	IDENTIFY AND REPORT UNRELATED INCOME; T	O DETERMT	NE ITS FTI	ING	AND TAX	
	TOURIST THE THE ONE OF THE OFFICE THE OFFICE THE		.,			
OBI	TIGATIONS IN HIRISDICTIONS FOR WHICH IT	HAS NEXUS	 AND TO T 	DEM	TFV AND	

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number 45-0443517 GATEWAY TO SCIENCE CENTER Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2022

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

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.					
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			EINSTEIN ON	GIVING		` '
			WINE	HEARTS DAY	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ē			(Gverit type)	(event type)	(total Hamber)	
Revenue			70 (17	10 207	47 505	127 500
ě	1	Gross receipts	70,617.	19,307.	47,585.	137,509.
	2	Less: Contributions	23,779.	19,307.		43,086.
	3	Gross income (line 1 minus line 2)	46,838.		47,585.	94,423.
	4	Cash prizes				
	5	Noncash prizes	21,524.			21,524.
S			,			,
nse	6	Rent/facility costs				
Direct Expenses	١	Trong admity doord				
Ė	_	Food and houseness				
<u>9</u>	7	Food and beverages				
⊡	_					
	8	Entertainment				
	9	Other direct expenses				01 504
	10		(/			21,524.
_		Net income summary. Subtract line 10 from li				72,899.
Pa	ırt I		answered "Yes" on Form	n 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		•		-
Φ			(a) Bingo	(b) Pull tabs/instant (c) Other gaming		(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
eve						
<u> </u>	1	Gross revenue				
'n	2	Cash prizes				
Se						
Expenses	3	Noncash prizes				
Ж						
Direct	4	Rent/facility costs				
ے	Ů					
	5	Other direct expenses				
	Ť		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No No	
	•					
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	'	Direct expense summary. And imes 2 through	10 II1 00Idiii1 (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
		Not garning moorne summary. Custract into r	nominic 1, column (d)			I.
9	En	ter the state(s) in which the organization condu	icte gaming activities:			
						Yes No
					169 [] INO	
b If "No," explain:						
	_					
٠.	\ <u>\</u>	and the approximation to the P	alsaal assessed 1 1 1 1			
		ere any of the organization's gaming licenses re	•			Yes No
t	IT "	Yes," explain:				
	_					

Schedule G (Form 990) 2022

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Sch	ledule G (Form 990) 2022 GATEWAY TO SCIENCE CENTER, INC 45-0	<u> </u>	17	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	'es	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	v	'es	No
12	Indicate the percentage of gaming activity conducted in:	ш.	-	
		ا ءمدا		0.4
	a The organization's facility	13a		<u>%</u>
	o An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Y	'es	No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
,	c If "Yes," enter name and address of the third party:			
•	on Tes, entername and address of the tilld party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of convices provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
Ī	retain the state gaming license?	v	'es	☐ No
L		. — ·	-	
Ľ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$			
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, line	s 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CATEWAY TO SCIENCE CENTER TNC Employer identification number 45-0443517

GATEWAT TO SCIENCE CENTER, INC	40 0440011
FORM 990, PART VI, SECTION A, LINE 2:	
CHRIS RIEDMAN AND KAROL RIEDMAN HAVE A FAMILY RELATIONSHIP.	
FORM 990, PART VI, SECTION A, LINE 6:	
GATEWAY TO SCIENCE HAS MEMBERS AT THE FOLLOWING LEVELS:	
STUDENT/SENIOR (62+) \$30	
INDIVIDUAL \$50	
FAMILY/GRANDPARENTS \$80	
FAMILY PLUS \$100	
SUSTAINING \$175	
BENEFITS OF MEMBERSHIP ARE:	
-FREE UNLIMITED ADMISSION TO GATEWAY TO SCIENCE FOR MEMBERS	
HOUSEHOLD.	
-RECIPROCITY TO FELLOW ASTC CENTERS.	
-DISCOUNTS FOR PROGRAMS AND BIRTHDAY PARTIES.	
-E-NEWS AND NOTICES OF UPCOMING EVENTS.	
-FAMILY PLUS & SUSTAINING MEMBERSHIPS INCLUDE ADMISSION FOR	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PROVIDED TO ALL BOARD MEMBERS FOR THEIR REV	TEW AND COMMENT
PRIOR TO FILING.	TIEW THE CONTENT
INTOK TO TILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH BOARD MEMBER COMPLETES A CONFLICT OF INTEREST FORM ANI) CONFIRMS IN
REGULAR SELF-ASSESSMENT IF ANY CHANGES HAVE OCCURRED. FORMS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization GATEWAY TO SCIENCE CENTER, INC	Employer identification number 45-0443517
GOVERNANCE COMMITTEE.	
FORM 990, PART VI, SECTION B, LINE 15A:	
COMPENSATION IS REVIEWED ANNUALLY BY INTERNAL RELATIONS CO	MMITTEE DURING
BUDGET PROCESS. COMPARISON TO LOCAL MARKET IS CONDUCTED AS	PART OF THIS
PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION PROVIDES A COPY OF ALL ITS GOVERNING DOCU	MENTS, FINANCIAL
STATEMENTS, AND FORM 990 UPON REQUEST.	