Form	990
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

ΑF	or th	e 2023 calendar year, or tax year beginning and o	ending		
B c	heck if pplicab	e: C Name of organization		D Employer identified	cation number
		DATTON SUCLETY OF NATURAL HISTORY			
	Name Chang	e Doing business as		31-05859	17
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return	2600 DEWEESE PARKWAY		937-275-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,444,551.
	Amen	DATION, OH 45414		H(a) Is this a group re	eturn
	Applic dition	F Name and address of principal officer: INACEI I OPIME		for subordinates	? 🖸 Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u> 1</u>	ax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemption	
		forganization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 1952	A State of legal domicile: OH
Pa	art I	Summary			
n	1	Briefly describe the organization's mission or most significant activities: \underline{THE} N			
Governance		SOCIETY OF NATURAL HISTORY IS TO CREATE A	ND PRO	OVIDE MEANIN	GFUL AND
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	21
ŝ	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	111
Activities &	6	Total number of volunteers (estimate if necessary)			169
\ct i	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			18,590.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
θ	8	Contributions and grants (Part VIII, line 1h)		2,716,484.	3,325,925.
nue	9	Program service revenue (Part VIII, line 2g)		1,376,834.	1,753,486.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		910,592.	1,310,451.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		110,082.	131,189.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		5,113,992.	6,521,051.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ _{.}$		2,562,449.	2,814,625.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
gx	b	Total fundraising expenses (Part IX, column (D), line 25) 292,07			
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,849,928.	·
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,412,377.	4,925,439.
	19	Revenue less expenses. Subtract line 18 from line 12		701,615.	1,595,612.
s or			Be	eginning of Current Year	End of Year
t Assets or d Balances	20	Total assets (Part X, line 16)		18,633,500.	20,188,506.
t As	21	Total liabilities (Part X, line 26)		628,770.	698,160.
Inet		Net assets or fund balances. Subtract line 21 from line 20		18,004,730.	19,490,346.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	

Sign	Signature of officer			Date				
Here	MICHAEL WESTENDORF, CHIEF	FINANCIAL OFFICER						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	APRIL CAULFIELD	APRIL CAULFIELD	10/18	/24 self-employed	P01949369			
Preparer	Firm's name CLARK, SCHAEFER,	HACKETT & CO.		Firm's EIN 31-	0800053			
Use Only	Firm's address 14 EAST MAIN STRE	ET, SUITE 500						
	SPRINGFIELD, OH 4	5502		Phone no. 937 -	399-2000			
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2023) DAYTON SOCIETY OF NATURAL HISTORY	31-0585917	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🔲
1	Briefly describe the organization's mission:THE MISSION OF THE DAYTON SOCIETY OF NATURAL HISTORY ISPROVIDE MEANINGFUL AND ENTERTAINING LEARNING EXPERIENCES	S FOR CURIOUS	<u> </u>
	MINDS TO ENGAGE WITH NATURAL HISTORY, SCIENCE, AND NATURAL		
	HONORING AND PRESERVING COLLECTIONS FOR FUTURE GENERATIO	DNS.	
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	XNo
2	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.		ld
4a	(Code:) (Expenses \$3, 400, 291. including grants of \$) (Reve		/
	THE DAYTON SOCIETY OF NATURAL HISTORY CREATES AND PROVID		
	AND ENTERTAINING LEARNING EXPERIENCES FOR CURIOUS MINDS		ГН
	NATURAL HISTORY, SCIENCE, AND NATURE WHILE HONORING AND	PRESERVING	
	COLLECTIONS FOR FUTURE GENERATIONS.		
	DONIL'S OPEDATION OF THE DOONGHOET MIGHTIN OF DISCOVERY AN		
	DSNH'S OPERATION OF THE BOONSHOFT MUSEUM OF DISCOVERY AN INDIAN VILLAGE/ARCHAEOLOGICAL PARK PROVIDED INTERACTIVE		
	EXPERIENCES FOR ABOUT 262,016 VISITORS, EDUCATING AND EN		ידיא
		THE BOONSHOF	
	MUSEUM OF DISCOVERY HAD 197,371 MEMBER AND GUEST VISITS;		
	CHILDREN VISITED THE MUSEUM; THE EXHIBITS-TO-GO PROGRAM		
	AND 6,013 VISITED SUNWATCH INDIAN VILLAGE/ARCHAEOLOGICAI	-	,
4b	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue\$)
_			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 3,400,291.		
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Form 990 (2			SOCIETY	OF	NATURAL	HISTORY
Part IV	Che	ecklist of Required So	hedules			

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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,			37
	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		v	
-	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		х	
40	If "Yes," complete Schedule D, Part IV	9	^	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4	х	
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Δ	
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,	11a	х	
h	Part VI	11a	- 23	
D		11b		х
с	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
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			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	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	05.		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	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 repeated on any of the organization's prior Forms 200 or 200 F72. If We all second the			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	37
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a181819	•		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	•		
С		10	Х	
33000	(gambling) winnings to prize winners?	Eorm		(2023)
002004		1 000		(2020)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 111			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х	
			<u>3a</u>	X	<u> </u>
			3b	X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		30	Δ	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at				v
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		X
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 Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
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 contribution				
	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	icae provided to the pover?	7a	х	
			7a 7b	X	<u> </u>
			10	Δ	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	_		
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
			9b		
10	Section 501(c)(7) organizations. Enter:		0.0		
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
a ⊾		10b			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:	1			
	Gross income from members or shareholders	<u>11a</u>			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
		11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a			14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		<u> </u>
. –					<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set (s) of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set (s) of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set (s) of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set (s) of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set (s) of the section 4960 tax on payment(s) of tax on payment(s) of the section 4960 tax on payment(s) of tax				v
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				37
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 act				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	 X
Section A. Governing Body and Management	

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any	/ other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct si	upervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X X
4						
5						
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one	e or			
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	tockholde	ers, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the fo	llowing:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at th	ne			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Co	ode.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, a	ffiliates,	10b		
	and branches to ensure their operations are consistent with the organization's exempt purposes?					
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	es," desc	cribe		37	
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	ll by inde	pendent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	
	The organization's CEO, Executive Director, or top management official			15a	X X	
b	Other officers or key employees of the organization			15b	Δ	
10-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		-			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			40-		х
	taxable entity during the year?			16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation is ising under applicable federal tay law, and take strangton to evaluation	•	icipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orgar exempt status with respect to such arrangements?			16b		
Sec	exempt status with respect to such arrangements?			001		
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T	(section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			Jy)	aranak	
	X Own website Another's website Upon request Other (explain)	on Scho	dule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	cial	

statements available to the public during the tax year.

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	THE ORGANIZATION - 937-275-7431
	2600 DEWEESE PARKWAY, DAYTON, OH 45414

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	2600 DEWEESE PARKWAY, DAYTON, OH 45	41
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332006 12-21-23

2023.04030 DAYTON SOCIETY OF NATURAL 40000121

Form **990** (2023)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cl		ition		ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	aaa	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	l trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual ti	utiona	_	nploy	st cor	1	1000 NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JASON TRIMBACH	2.00									
CHAIR		Х		х				0.	Ο.	0.
(2) JANET WIRTH	2.00									
VICE CHAIR		Х		х				0.	Ο.	0.
(3) GREGORY HOFFBAUER	2.00									
TREASURER		X		Х				0.	Ο.	0.
(4) CARISSA ROSS	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) STEPHANIE ADAMS-TAYLOR	2.00									
TRUSTEE		Х						0.	0.	0.
(6) CHERYL ENNIS	2.00									
TRUSTEE		Х						0.	0.	0.
(7) NORA STANG	2.00									
TRUSTEE		Х						0.	0.	0.
(8) DIANA FEATHERSTONE	2.00									
TRUSTEE		Х						0.	0.	0.
(9) YASMEEN SOIN	2.00									
TRUSTEE		Х						0.	0.	0.
(10) MICHAEL STEMEN	2.00									
TRUSTEE		Х						0.	0.	0.
(11) PAT MCDONALD	2.00									_
TRUSTEE		Х						0.	0.	0.
(12) GLEN MCMURRY	2.00									-
TRUSTEE		Х						0.	0.	0.
(13) SHAWN FARRELL	2.00									•
TRUSTEE		Х						0.	0.	0.
(14) STEVE HESS	2.00								•	•
TRUSTEE		Х						0.	0.	0.
(15) MIA SPELLS	2.00								•	•
TRUSTEE		Х						0.	0.	0.
(16) JEFFREY TRZECIAK	2.00									2
TRUSTEE		X						0.	0.	0.
(17) ERIN HOLDEN	2.00									2
TRUSTEE		Х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

16291018 758050 4000012-458

2023.04030 DAYTON SOCIETY OF NATURAL 40000121

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Form 990 (2023) DAYTON SC	OCIETY C)F	NA	TU.	RA	Γ	ΗI	ISTORY	31-0585	917	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			(0				(D)	(E)		(F)
Name and title	Average	(-1-		Pos				Reportable	Reportable		imated
	hours per	box,	, unles	ss per	rson i	than c is both	n an	compensation	compensation	amo	ount of
	week	offic	cer an	d a di	irecto	or/trust	tee)	from	from related	c	other
	(list any	ector						the	organizations	comp	ensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	fro	om the
	related	stee c	ruste			ensa		(W-2/1099-MISC/	1099-NEC)		nization
	organizations	al tru:	onal t		loyee	comp		1099-NEC)			related
	below line)	ndividual trustee or director	n stit utio nal trustee	Officer	/ em p	Highest compensated employee	Former			orgar	nizations
	,	Inc	lns	0ff	Ke	Hig	Б			──	
(18) CHRISTOPHER JAMES	2.00								_		-
TRUSTEE		Х						0.	0.	<u> </u>	0.
(19) K. RICHARD NIEHOFF	2.00										
TRUSTEE		Х						0.	0.		0.
(20) TERRY POSEY JR.	2.00										
TRUSTEE		Х						0.	0.		0.
(21) RALPH WILCOXSON II	2.00										
TRUSTEE		х						0.	0.		Ο.
(22) TRACEY TOMME	40.00										
PRESIDENT & CEO				х				187,085.	0.	4	,278.
(23) MICHAEL WESTENDORF	40.00								•••	<u> </u>	7=: • •
CFO				х				109,000.	0.	9	,687.
								105,000.		<u> </u>	,007.
										+	
										+	
									0	+ 1 2	
1b Subtotal								296,085.	0.		,965.
c Total from continuation sheets to Part VI	, Section A							0.	0.		0.
d Total (add lines 1b and 1c)				<u></u>				296,085.	0.	13	,965.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											2
										`	Yes No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated empl	oyee on		
line 1a? If "Yes," complete Schedule J for s	uch individual									3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150	,000? If "Yes.	" со	mple	ete S	Sche	edule	Jf	for such individual	-	4	X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes." com	•				-			•		5	X
Section B. Independent Contractors	<u>proto opriodure</u>	201	<u> </u>		2010	<u>on</u> .				<u></u>	
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100.000 of compens	ation fror	n
the organization. Report compensation for		•							, ,		
(A)	<u>into outorratur y</u> e			<u>.g</u>				(B)		(C)	
Name and business	address	NC	ONE	2				Description of s	ervices	Compens	sation
2 Total number of independent contractors (ii	ncluding but p	nt lin	niter	t to t	thos	se lie	ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz					(1103 (,			

Form **990** (2023)

332008 12-21-23

Form	n 990	0 (2			OCIET	Y OF NATU	JRAL HISTOR	RY	31-0585	917 Page 9
Pa	rt V	/111	Statement of Rev	venue						
			Check if Schedule O c	contains a	response	or note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts					1b	596,047.				
<u>G</u>		с	Fundraising events		1c	91,672.				
ar A					1d					
s, G mila			Government grants (contri		1e	688,547.				
Sij			All other contributions, gifts, g							
buti			similar amounts not included		1f	1,949,659.				
d O		g	Noncash contributions included in I	lines 1a-1f	1g \$					
Col		h	Total. Add lines 1a-1f				3,325,925.			
						Business Code				
ė	2	а	PROGRAMS			900099	920,402.	920,402.		
e vic		b	ADMISSIONS			900099	833,084.	833,084.		
Sei		с								
am		d								
Program Service Revenue		е								
Pr		f	All other program service r	revenue						
		g	Total. Add lines 2a-2f				1,753,486.			
	3		Investment income (includ	ling divide	nds, intere	est, and				
			other similar amounts)				390,372.			390,372.
	4		Income from investment of tax-exempt bond pr			roceeds				
	5		Royalties							
				(i) Real	(ii) Personal				
	6	6 a Gross rents 6a								
		b	Less: rental expenses	6b						
		С	Rental income or (loss)	6c						
			Net rental income or (loss)							
	7	а	Gross amount from sales of		Securities	(ii) Other				
			assets other than inventory	7a ⁵ ,	439,763.					
		b	Less: cost or other basis							
nue			and sales expenses		487,729.					
evenue			Gain or (loss)		952,034.		000.070			000.070
r Re			Net gain or (loss)				920,079.			920,079.
Other R	8	а	Gross income from fundraisin							
0			including \$		- 1					
			contributions reported on	-		25 951				
			Part IV, line 18							
			Less: direct expenses			52,751.	-16,900.			-16,900.
			Net income or (loss) from f Gross income from gaming		-		10,500.			10,000.
	9	d	Part IV, line 19							
		h	Less: direct expenses							
			Net income or (loss) from (1				
			Gross sales of inventory, le							
		4	and allowances			474,325.				
		b	Less: cost of goods sold							
			Net income or (loss) from s				123,260.	107,670.	15,590.	
		_			·j	Business Code				
snc	11	а	OTHER REVENUE			900099	24,829.	21,829.	3,000.	
scellaneo Revenue	-	b								
ella		c								
Miscellaneous Revenue			All other revenue							
≥	L		Total. Add lines 11a-11d				24,829.			
	12		Total revenue. See instructio				6,521,051.	1,882,985.	18,590.	1293551.
33200	9 12-	21-								Form 990 (2023

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DAYTON SOCIETY OF NATURAL HISTORY Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a response		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			-	· · · ·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	21.0 05.0	000 100	F2 0C0	04 01 6
	trustees, and key employees	310,050.	232,166.	53,068.	24,816.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	0.000 700	1 550 020	250 077	1 (7 01 4
7	Other salaries and wages	2,096,729.	1,570,038.	358,877.	167,814.
8	Pension plan accruals and contributions (include	15 000	11 070	0 7 2 0	1 000
-	section 401(k) and 403(b) employer contributions)	15,996.	<u>11,978.</u> 161,866.	2,738. 36,999.	<u> </u>
9	Other employee benefits	216,166.	131,553.		14 061
10	Payroll taxes	175,684.	131,333.	30,070.	14,061.
11	Fees for services (nonemployees):				
a					
b	F				
	Accounting	36,428.	5,142.	28,363.	2,923.
	Lobbying	50,420.	5,142.	20,303.	2,923.
	Professional fundraising services. See Part IV, line 17	85,078.		85,078.	
f	Investment management fees	05,070.		05,070.	
g	Other. (If line 11g amount exceeds 10% of line 25,	324,421.	45,792.	252,599.	26,030.
40	column (A), amount, list line 11g expenses on Sch 0.)	81,273.	68,349.	252,555	12,924
12	Advertising and promotion	271,410.	212,800.	36,704.	21,906
13 14	Office expenses Information technology	2/1/410.	212,000.	50,7040	21,500
14 15	Royalties				
16	Occupancy	229,073.	171,805.	57,268.	
17	Traval	19,866.	16,170.	3,696.	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,766.	7,116.	8,009.	1,641.
20	Interest	_ , , , , , , , , , , , , , , , , , , ,	.,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	549,065.	411,799.	137,266.	
23	Insurance	101,935.	76,451.	25,484.	
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.)				
2	REPAIRS AND MAINTENANCE	186,937.	122,782.	64,155.	
a b	MISCELLANEOUS	90,665.	66,277.	24,388.	
c	PROGRAMS	37,852.	37,234.	,	618.
d	PRINTING	35,651.	26,738.	8,913.	
	All other expenses	44,394.	24,235.	19,394.	765
25	Total functional expenses. Add lines 1 through 24e	4,925,439.	3,400,291.	1,233,069.	292,079
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)				

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Form 990 (2023)

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DAYTON SOCIETY OF NATURAL HISTORY

31-0585917 Page 11

		Check if Schedule O contains a reasonable or set	o to on	v line in this Dart V			
		Check if Schedule O contains a response or not	e to an	y inte in this Part X			(B)
					(A) Beginning of year		End of year
	1	Cash - non-interest-bearing			350,527.	1	132,031.
	2	Savings and temporary cash investments			6,694.	2	106.
	3	Pledges and grants receivable, net			186,326.	3	200,000.
	4	Accounts receivable, net			57,075.	4	14,631.
	5	Loans and other receivables from any current or			0170707		
	ľ	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqualit				Ŭ	
	ľ	under section 4958(f)(1)), and persons described	-			6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			77,932.	8	51,172.
Ass	9	–			84,968.	9	76,358.
		Land, buildings, and equipment: cost or other			01/5000	5	10,0000
		basis. Complete Part VI of Schedule D	10a	26,960,776.			
	b	Less: accumulated depreciation	10h	20,243,116.	6,276,135.	10c	6,717,660.
	11	Investments - publicly traded securities			11,593,843.	11	12,323,001.
	12	Investments - other securities. See Part IV, line 1			11,000,0100	12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			0.	15	673,547.
	16	Total assets. Add lines 1 through 15 (must equ			18,633,500.	16	20,188,506.
	17	Accounts payable and accrued expenses			147,434.	17	186,099.
	18	Grants payable		,	18		
	19	Deferred revenue			297,584.	19	385,046.
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I			58,301.	21	47,178.
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
lide		controlled entity or family member of any of thes				22	
Ë	23	Secured mortgages and notes payable to unrela	-	F		23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pa		Г			
		parties, and other liabilities not included on lines					
		of Schedule D			125,451.	25	79,837.
	26	Total liabilities. Add lines 17 through 25			628,770.	26	698,160.
		Organizations that follow FASB ASC 958, che	ck here	e X			
Ses		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			5,115,241.	27	5,964,826.
Bal	28	Net assets with donor restrictions	12,889,489.	28	13,525,520.		
pu		Organizations that do not follow FASB ASC 9	58, che	eck here			
лщ.		and complete lines 29 through 33.					
S OL	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			18,004,730.	32	19,490,346.
_	33	Total liabilities and net assets/fund balances			18,633,500.	33	20,188,506.

Form **990** (2023)

Part X Balance Sheet

Form	990	(2023)	١
UIII	550		/

	1 990 (2023) DAYTON SOCIETY OF NATURAL HISTORY	31-	-0585	<u>5917</u>	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,52		
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,92		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,59		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18	3,00		
5	Net unrealized gains (losses) on investments	5		-12		
6	Donated services and use of facilities	6		1	3,8	00.
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	19	9,49	<u>0,3</u>	46.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
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	Х	
	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					1
	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	ed aud	it			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b		
					000	

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Nan	ne of t	he organization ענגר	ON COOTERNY			770			r identification number
Da	art I	Reason for Public (OF NATURAL			an instruction		1-0585917
								15.	
	organ	ization is not a private found	· ·	e ,		,	I)/ A)/:)		
1 2		 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 							
2		A school described in section 170(b) (1)(A)(ii). (Altach Schedule E (Form 990).)							
4		A medical research organiz					•	Viiii) Entor	the hospital's name
-		city, and state:			accombed	in Sectio			the hospital o hame,
5		An organization operated for	or the benefit of a co	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
Ŭ		section 170(b)(1)(A)(iv). (0			e operat				
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	\square	An organization that norma	•				.,	ne deneral i	public described in
		section 170(b)(1)(A)(vi). (C			0			0	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	e or
		university:							
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, an	d gross receipts from
		activities related to its exen							
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Co	· ·						
11		An organization organized a							
12		An organization organized a							
		more publicly supported or lines 12a through 12d that							
а		Type I. A supporting orga						-	aivina
	·	the supported organization	-	-	• • • •	-			
		organization. You must o			inajonity o				apporting
b	, [Type II. A supporting org	-		tion with its	s supporte	ed organizatio	n(s). bv hav	vina
		control or management o	-				-		-
		organization(s). You mus			•				
с	:] Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	l an attentiv	veness
		requirement (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga					Туре I, Туре	II, Type III	
		functionally integrated, or	<i></i>	nally integrated supporti	ng organiz	ation.			[]
f		er the number of supported of	•						
		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	-	support (see instructions)
				above (see instructions))	163				
Tota	al								
_									

	. (-	NATURAL		31-0585917	Page 2
Part II	Support Schedule for	or Organiza	ations Descr	ibed	in Sections	170(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)	

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

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support		-				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
-	Public support. Subtract line 5 from line 4.						
	••	(-) 0010	(1-) 0000	(-) 0001	(4) 0000	(-) 0000	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						
12	· · · · · · · · · · · · · · · · · · ·					12	
	First 5 years. If the Form 990 is for th	•	,	fourth or fifth tax		· · · ·	
10	organization, check this box and sto						
See	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022					15	%
	33 1/3% support test - 2023. If the o					·	
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and s	stop here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instruction	s
						Schedule A	(Form 990) 2023

Schedule A (Form 990) 2023

DAYTON SOCIETY OF NATURAL HISTORY Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Galandar year (of ficel year beginning in lock) and "unembership fees received. (Do not include an" (unexaligned). (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 Gifts, garars, contributions, and membership fees received. (Do not include an" (unexaligned). 1506 708. 2543961. 2849 285. 2716484. 3325925. 12942363. 2 Gress receipts from admissions, mechandles of our services per- tormed, or tacillities fumined in any activity that is related to the organization's tax evenues level of the organiz- ization's beneficies of the organiz- ization's beneficies of the organiz- ization's beneficies of the organization's resource or facilities fumilised by a governmental unit to the organization's the accessor facilities fumilised on its aut at evenues level of the organization's resource or facilities fumilised by a governmental unit to the organization's beneficies of the organization's resource or facilities or the organization's beneficies of the organization's resource or facilities fumoups 5 3496964. 3301103. 4243798. 4465955. 5521258. 21029078. 4 7, 259. 69, 031. 54, 249. 38, 130. 58, 700. 267, 369. 9 Anount's foundaries trade with a perimeter in a state at the organization's the association of the organization's fact at the perimeter in a state at the organization's fact at the perimeter in a state at the organization's fact at the perim in a state at the perimeter in a state at the perimeter									
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Include any 'unusual grants ') 1506708. 2543961. 2849285. 2716484. 3325925. 12942363. 2 Grass receipts from admission to nervices performed, or failing to universe promed, or failing to universe performed, or failing to unit to unite to universe performed, or failing to universe perform	1	Gifts, grants, contributions, and							
2 Gross receipts from admissions, preformed, or facilities fumithed in any activity that is related to the organization's tax-exempt purpose 1990256. 757,142. 1394513. 1749471. 2195333. 8086715. 3 Gross receipts from admissions, preform admissions tax-exempt purpose 3496964. 3301103. 4243798. 4465955. 5521258. 21029078. 4 Tax revenues levide for the organization is an envices on facilities fumithed by a governmental unit to the organization without charge 3496964. 3301103. 4243798. 4465955. 5521258. 21029078. 7a Amounts included on lines 1, 2, and 3 received for disquilified persons 3496964. 3301103. 4243798. 4465955. 5521258. 21029078. 5 Tesk with or disquilified persons 47,259. 69,031. 54,249. 38,130. 58,700. 267,369. 6 Add lines 7a and 7b 47,259. 69,031. 54,249. 38,130. 58,700. 267,369. 9 Public support. Gross incender for interest. 330,253. 531,930. 523,194. 343,365. 390,372. 2119114. 9		membership fees received. (Do not							
mechandise sold or services performed, or sellides furnited is 1990256. 757,142. 1394513. 1749471. 2195333. 8086715. 3 Gross receipts from activities that are not an unrelated tade or organization is even mpt purpose 1990256. 757,142. 1394513. 1749471. 2195333. 8086715. 4 Tax revenue eventiated tade or organization is even of the organization is even of the program takes to be in the organization of the organization is the organization without charge of the organization is the organization without charge of the organization is a too favore of the organization without charge of the organization of the organization of the organization without charge of the organization of the organization without charge of the organization without charge of the organization of the organizat		include any "unusual grants.")	1506708.	2543961.	2849285.	2716484.	3325925.	12942363.	
are not an unrelated trade or bus- iness under section 513 Image: Section 513 4 Tax revenues levied for the organ- ization's benefit and ether pad to or expended on its behalt Image: Section 513 5 The value of services or facilities furnished by agovernmental into the organization without charge Image: Section 513 6 Total. Add lines 1 through 5 Image: Section 613 7 A mounts included on lines 1, 2, and 3 received from disqualified persons the section 52 or 1, 2, 2, 2, 2, 2, 2, 3, 2, 2, 2, 3, 3, 1, 30, 5, 8, 700, 2, 67, 3, 69, - 0, 47, 259, 69, 0, 31, 54, 249, 38, 1, 30, 58, 700, 2, 67, 3, 69, - 0, 47, 259, 69, 0, 31, 54, 249, 38, 1, 30, 58, 700, 2, 67, 3, 69, - 2, 6/d lines 7, and 7b 9 Public support caturation between the section of the sec	2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	1990256.	757,142.	1394513.	1749471.	2195333.	8086715.	
iness under section 513 1 Tax revenues levide for the organization stemide for the organization stemide for an etabolari or expended on its behalf 3496964.3301103.4243798.4465955.5521258.21029078. 6 Total. Add lines 1 through 5 3496964.3301103.4243798.4465955.5521258.21029078. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 47, 259.69, 031.54, 249.38, 130.58, 700.267, 369. 9 Amounts included on lines 1, 2, and 3 received from disqualified persons 47, 259.69, 031.54, 249.38, 130.58, 700.267, 369. 9 Amounts included on lines 1, 2, and 3 received from disqualified persons 47, 259.69, 031.54, 249.38, 130.58, 700.267, 369. 9 Amounts included on lines 3, 2, and 3 received from disqualified persons 47, 259.69, 031.54, 249.38, 130.58, 700.267, 369. 9 Amounts from line 6. 47, 259.69, 031.54, 249.38, 130.58, 700.267, 369. 0. 9 Amounts from line 6. 3496964.3301103.4243798.4465955.5521258.21029078. 0. 10 diddends, payments received on securities loss from lines its able lines and lines received on securities loss from lines 10. 330, 253.531, 930.523, 194.343, 365.390, 372.2119114. 11 Medicines taxable income from lines 10. 330, 253.531, 930.523, 194.343, 365.390, 372.2119114. 330, 253.531, 930.523, 194.343, 365.390, 372.2119114. 12 Other income of the business and income from sites and received from the 30.300, 253.531, 930.523, 194.343, 365.390, 372.2119114. 342	3	Gross receipts from activities that							
train's benefit and either paid to or expended on its behalf image:		are not an unrelated trade or bus-							
train's benefit and either paid to or expended on its behalf image:	4								
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6 Total. Add lines 1 through 5 3496964. 3301103. 4243798. 4465955. 5521258. 21029078. 7a Amounts included on lines 1, 2, and 3 received from disqualifie persons that exceed the gate of \$3000 r 1% of the amounts included on lines 2 ard 3 received througe the disqualitie persons that exceed the gate of \$3000 r 1% of the amounts included on lines 2 ard 3 received througe the disqualitie persons that exceed the gate of \$3000 r 1% of the amounts included on lines 1, 2, and 47, 259. 69, 031. 54, 249. 38, 130. 58, 700. 267, 369. 6 Add lines 7a and 7b 47, 259. 69, 031. 54, 249. 38, 130. 58, 700. 267, 369. 9 Public support. (gather is the is 1) 47, 259. 69, 031. 54, 249. 38, 130. 58, 700. 267, 369. Section B. Total Support 47, 259. 69, 031. 54, 249. 38, 130. 58, 700. 267, 369. Section B, Total Support 47, 259. 69, 031. 54, 249. 38, 130. 58, 700. 267, 369. Section B, Total Support 3496964. 3301103. 4243798. 4465955. 5521258. 21029078. 70 Add lines 7a and 7b 3496964. 3301103. 4243798. 4465955. 5521258. 21029078. 9 Amounts include on interest. 330, 253. 531, 930. 523, 194. 343, 365. 390, 372. 2119114. 9 Unrelated business taxable income (less section 511 laws) from businesse acquired at rulue 30, 197. 3378828. 4748251. 47904224. 5919559.23264279. 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 5010(3) organization, check this box and stop here. The organization of the dest persons 2022 Schedule A. Part III, line 15. 16 15	5	furnished by a governmental unit to							
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term of the rule disquified persons that exceed the general of StOD or V for 0 the amount on line 13 or the year 0. c Add lines 7a and 7b 47,259.69,031.54,249.38,130.58,700.267,369. 20761709. Section B. Total Support 3496964.3301103.4243798.4465955.5521258.21029078. 20761709. Calendar year (or fiscal year beginning in) 3496964.3301103.4243798.4465955.5521258.21029078. 34969964.3301103.4243798.4465955.5521258.21029078. 0a Gross income from interest, dividends, payments received on securities loans, entrs, royalties, and income from similars surces acquired after June 30, 1975. 330,253.531,930.523,194.343,365.390,372.2119114. b Unrelated business taxable income (less section 511 taxes) from businesses activities not include on ine 100, whether or not the business is regularly carried on arrows for include diverses activities not include on ine 100, whether or not the business is regularly carried on the role of capital assets (Explain in Part VI). 330,253.531,930.523,194.343,365.390,372.2119114. 12 Other income. Do not include gain or loss for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 3827217.3978828.4748251.4790424.5919559.23264279. 14 First S years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 16 Section D. Computation of Public Support Percentage 17 19.11	7a		47,259.	69,031.	54,249.	38,130.	58,700.	267,369.	
c Add lines 7a and 7b 47,259.69,031.54,249.38,130.58,700.267,369.20761709. 8 Public support. Subtracting 7, torm less 1 20761709.20761709170120000000000000000000000000000000	b	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.	
8 Public support. (skitzet line 1/z tom line 6) 20761709. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 3496964. 3301103. 4243798. 4465955. 5521258. 21029078. dividends, payments received on securities loans, rents, royatties, and income from similar sources 330, 253. 531, 930. 523, 194. 343, 365. 390, 372. 2119114. b Unrelated business taxable income (es section 511 taxes) from businesses acquired after June 30, 1975 C Add lines 10a and 10b 330, 253. 531, 930. 523, 194. 343, 365. 390, 372. 2119114. It here fore form unrelated businesses activities not include gain or loss from the sale of capital assets (Explain In Part VI). 3827217. 3978828. 4748251. 4790424. 5919559. 23264279. 14 First Systems, this Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Imacononon file business activites actin the sale	с		47,259.	69,031.	54,249.	38,130.	58,700.	267,369.	
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^{2023.04030} DAYTON SOCIETY OF NATURAL 40000121

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2023 DAYTON SOCIETY OF NATURAL HISTORY Part IV Supporting Organizations (continued)

Yes No

11a 11b 11c	Yes	No
11b	Yes	
11b	Yes	
11b	Yes	
	Yes	
<u>11c</u>	Ves	
<u>11c</u>	Yes	
	Ves	
	Yes	
	.03	No
1		
2		
	1	1

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1

Section D. All Type III Supporting Organizations	

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>		i col uunny inc year	1000 1100 000

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
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С		The organization supported a g	governmental entity.	Describe in Part VI how	you supported a gove	ernmental entity (see instruct	ion <u>s)</u> .
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- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990) 2023

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

Schedule A (Form 990) 2023

31-0585917 Page 6

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Schedule A (Form 990) 2023

instructions).

DAYTON	SOCIETY	OF	NATURAL	HISTORY
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		Y OF NATURAL HI			1-0585917	Page 7
Par		a)(3) Supporting Orga	nizations (continu	ued)		
Secti	on D - Distributions				Current Ye	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	Γ	Γ	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributab Amount for 2	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023 DAYTON SOCIETY OF NATURAL HISTORY 31-0585917 Page Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:
NET FUNDRAISING
2020 AMOUNT: \$ 29,586.
<u>2021 AMOUNT: \$ -20,025.</u>
2022 AMOUNT: \$ -41,276.
2023 AMOUNT: \$ -16,900.
OTHER INCOME
2020 AMOUNT: \$ 116,209.
2021 AMOUNT: \$ 1,284.
2022 AMOUNT: \$ 22,380.
2023 AMOUNT: \$ 24,829.

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Sched	ule	В
(Form 990)		

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

DAYTON SOCIETY	OF NATURAL HISTORY	31-0585917

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	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 for an *exclusively* set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts u

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).

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

Schedule B (Form 990) (2023)

Name of organization

Part I

(a)

DAYTON SOCIETY OF NATURAL HISTORY

No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 50,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

 		\$6,641.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>4</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 5 </u>		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 6 </u>		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-26-23	25	04030 DAYTON SOCIETY O	Schedule B (Form 990) (2023
91018 75805(0 4000012-458 2023.0		F NATURAL 40000

Employer identification number

(d)

(d)

X

31-0585917

Person Payroll

Noncash

(c)

 $16291018 \ 758050 \ 4000012-458$

DAYTON SOCIETY OF NATURAL HISTORY

Part I **Contributors** (see instructions). Use duplicate copies of Part Lif additional space is needed

· are ·			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,908.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>15,050.</u>	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		\$ <u>50,000.</u>	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
		\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>15,000.</u>	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		\$5,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Employer identification number

31-0585917

	I		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$13,386.	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
16		\$ <u>100,000.</u>	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
17			Person X
		\$10,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$ <u> 10,000.</u> (c) Total contributions	Noncash (Complete Part II for
		(c)	Noncash (Complete Part II for noncash contributions.)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Schedule	в	(Form	990)	(2023)	
oneuule			330)	(2020)	

Name of organization

(a)

No.

13

(a)

No.

14

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31-0585917

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(d)

Type of contribution

X

X

(c)

Total contributions

(c)

Total contributions

\$

\$

11,945.

50,000.

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DAYTON SOCIETY OF NATURAL HISTORY

(a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions**

<u> 19</u>		\$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
20		\$45,010.	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		\$ <u>100,321.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ <u>91,963.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$14,406.	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
24		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Employer identification number

(d)

Type of contribution

31-0585917

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Name of organization

DAYTON SOCIETY OF NATURAL HISTORY

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 X Person Payroll 12,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 26 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 27 X Person Payroll 6,290. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 28 X Person Payroll Noncash 5,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 30 X Person Payroll 300,000. Noncash \$ (Complete Part II for noncash contributions.)

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Employer identification number

31-0585917

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 31 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 32 X Person Payroll 86,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 33 X Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 34 X Person Payroll 62,187. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 X Person Payroll 12,950. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 36 X Person Payroll 40,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

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Employer identification number

31-0585917

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 37 X Person Payroll 187,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 38 X Person Payroll 55,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 39 X Person Payroll 37,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 40 X Person Payroll Noncash 5,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 42 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

16291018 758050 4000012-458

Schedule B (Form 990) (2023)

Name of organization

31-0585917

Employer identification number

Page 2

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Schedule B (Form 990) (2023)

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				
<u>43</u>		- _ \$ <u>673,547.</u> -	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				
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

DAYTON SOCIETY OF NATURAL HISTORY

Schedule B (Form 990) (2023) Name of organization

323452 12-26-23

 $16291018 \ 758050 \ 4000012-458$

Employer identification number

31-0585917

Page 2

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
323453 12-26-23			Schedule B (Form 990) (2023)

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

DAYTON SOCIETY OF NATURAL HISTORY

Name of organization

Part II

Employer identification number

31-0585917

Schedule B (Form 990) (2023)

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2023.04030 DAYTON SOCIETY OF NATURAL 40000121

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	B (Form 990) (2023)			Page 4			
Name of o	organization			Employer identification number			
DAYTO	N SOCIETY OF NATURAL HI	STORY		31-0585917			
Part III	from any one contributor. Complete columns (a) through (e) and the following line en	try. For organizations				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info	o. once.) \$			
(a) No.	Use duplicate copies of Part III if additional	space is needed.					
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
		(e) Transfer of gi	/				
	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee			
		[
(a) No. from	(b) Purpose of gift (c) Use of gift		(d) De	scription of how gift is held			
Part I							
		(o) Transfor of gi					
	(e) Transfer of gift						
	Transferee's name, address, a	Relationship of t	ransferor to transferee				
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
Part I							
		(.) T urn of an of all					
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
Part I				scription of now girt is new			
		(e) Transfer of gi	<i>i</i> t				
	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee			
			•				
323454 12-26	6-23	I		Schedule B (Form 990) (2023)			

34 2023.04030 DAYTON SOCIETY OF NATURAL 40000121

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LHA 332041 11-06-23

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

SCHEDULE C (Form 990)

Department of the Treasury

Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nar	ne of organization			E	Emplo	yer identification number
		SOCIETY OF NATURA				31-0585917
Pa	art I-A Complete if the or	ganization is exempt unde	er section 501(c) o	or is a section 527	' org	anization.
2	Provide a description of the organ Political campaign activity expend Volunteer hours for political campa	itures				
Pa	art I-B Complete if the or	ganization is exempt unde	er section 501(c)(3	8).		
	Enter the amount of any excise tax				\$	
	Enter the amount of any excise tax					
	If the organization incurred a secti					
	Was a correction made?					
	If "Yes." describe in Part IV.					
Pa	art I-C Complete if the or	ganization is exempt unde	er section 501(c),	except section 50)1(c)	(3).
1	Enter the amount directly expende	ed by the filing organization for sec	tion 527 exempt functi	on activities	. \$	
2	Enter the amount of the filing orga	nization's funds contributed to oth	er organizations for se	ction 527		
	exempt function activities				\$_	
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here a	nd on Form 1120-POL,			
	line 17b					
4	Did the filing organization file Forr					
5	Enter the names, addresses, and e made payments. For each organiz contributions received that were p political action committee (PAC). I	ation listed, enter the amount paic romptly and directly delivered to a	from the filing organization separate political orga	ation's funds. Also ente nization, such as a sep	er the	amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
		1	1	1		

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

Schedule C (Form 990) 2023



Open to Public

Inspection

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Schedule C (Form 990) 2023 Part II-A Complete if the org				RAL HISTORY 501(c)(3) and file)585917 ection unde	
section 501(h)).			•				
A Check if the filing organiza	tion belond	as to an affi	iated group (and list ir	Part IV each affiliated	group member's nam	ne, address, EIN	٧.
expenses, and shar					5	,	,
B Check if the filing organiza	tion check	ed box A ar	id "limited control" pro	visions apply.			
		oying Exper eans amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated totals	•
1a Total lobbying expenditures to influ	lence publ	ic opinion (arassroots lobbving)				
b Total lobbying expenditures to influ	•						
c Total lobbying expenditures (add li							
d Other exempt purpose expenditure							
e Total exempt purpose expenditure							
f Lobbying nontaxable amount. Ente	er the amou	unt from the					
If the amount on line 1e, column (a) o			bying nontaxable am				
not over \$500,000,			he amount on line 1e.				
over \$500,000 but not over \$1,000	,000,	\$100,00	0 plus 15% of the exc	ess over \$500,000.			
over \$1,000,000 but not over \$1,50	00,000,	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.			
over \$1,500,000 but not over \$17,0	000,000,	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.			
over \$17,000,000,		\$1,000,	000.				
g Grassroots nontaxable amount (en	ter 25% of	line 1f)					
h Subtract line 1g from line 1a. If zero	o or less, e	nter -0-					
i Subtract line 1f from line 1c. If zero	o or less, er	nter -0					
j If there is an amount other than zer	ro on eithe	r line 1h or l	ine 1i, did the organiza	ation file Form 4720			
reporting section 4911 tax for this	year?					Yes [No
		4-Year Ave	eraging Period Under	Section 501(h)			
(Some organizations the second s			01(h) election do not ate instructions for lin	•	f the five columns b	elow.	
	Lobb	oying Exper	nditures During 4-Yea	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2	2020	(b) 2021	(c) 2022	(d) 2023	(e) Tot	al
2a Lobbying nontaxable amount							
 b Lobbying ceiling amount (150% of line 2a, column(e)) 							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
f Grassroots lobbying expenditures							

Schedule C (Form 990) 2023

332042 11-06-23

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)	(k)
of the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1	i)?	X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		36	5,427.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?		X		
j Total. Add lines 1c through 1i			36	5,427.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4),	section 501(c)(5), or sea	ction	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditure				
Part III-B Complete if the organization is exempt under section 501(c)(4),	• •			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answ answered "Yes."		R (b) Part	III-A, line	3, IS
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year				
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e)				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion o	f the excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbyin	ng and political			
expenditures next year?		4		
5 Taxable amount of lobbying and political expenditures. See instructions		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	ed group list); Part	II-A, lines 1 a	nd 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.				
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
EFFORTS WERE DIRECTED TOWARD SECURING STATE OF OH:	IO FUNDING	J TO SU	PPORT	

THE EXPANSION OF PROGRAMS.

Schedule C (Form 990) 2023

332043 11-06-23

SCHEDULE	D
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(Form	990)
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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

Department of the Treasury Internal Revenue Service
Name of the organization

DAYTON SOCIETY OF NATURAL HISTORY

Employer identification number 31 - 0585917

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li		(b) Funds and other accounts
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Par	impermissible private benefit? t II Conservation Easements. Complete if the or	rappization answord "Voc" on Form 000	Yes No
			Fait IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
•	Preservation of open space	ified encounting encluits time in the form	
2	Complete lines 2a through 2d if the organization held a qual day of the tax year.	med conservation contribution in the form	Held at the End of the Tax Year
_			
a L			
b		rusture included on line Oc	
C L	Number of conservation easements on a certified historic str		<u>2c</u>
d	Number of conservation easements included on line 2c acqu		2d
2	on a historic structure listed in the National Register Number of conservation easements modified, transferred, re		
3		leased, extinguished, or terminated by the	organization during the tax
4	year Number of states where property subject to conservation ea	somet is leasted	
- 5			
5	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting.		
U			servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations and enforcing conserva	tion easements during the year
-	,		
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , , ,	
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.	-	
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 98	58, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	irtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these item	IS.
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furth	nerance 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 tre	easures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under FASB $\ensuremath{\text{A}}$	-	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2023
332051	09-28-23	20	

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2023.04030 DAYTON SOCIETY OF NATURAL 40000121

		SOCIETY OF					31-05			age 2	
Par	t III Organizations Maintaining C	ollections of Art,	, Historical Tre	asures, or O	ther S	Simila	r Assets	(contin	ued)		
3	Using the organization's acquisition, accession	on, and other records	, check any of the t	following that ma	ake sign	nificant u	use of its				
	collection items (check all that apply).										
а	X Public exhibition	d	Loan or exc								
b	X Scholarly research	е	Other								
с	E X Preservation for future generations										
4	Provide a description of the organization's co						se in Part	XIII.			
5	During the year, did the organization solicit or						_	-		-	
Dee	to be sold to raise funds rather than to be ma							Yes	X	No	
Par	t IV Escrow and Custodial Arrang		e if the organizatior	answered "Yes	on Fo	rm 990,	Part IV, li	ne 9, or			
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia		•					7.2	v	1	
	on Form 990, Part X?						∟	Yes	Δ	No	
D	If "Yes," explain the arrangement in Part XIII a	and complete the folio	owing table:					Amount			
								Amount			
	Beginning balance					1c 1d					
	Additions during the year					1e					
	Ending balance					1f					
	Did the organization include an amount on Fo						X	Yes		No	
	If "Yes," explain the arrangement in Part XIII.					•]	X	_	
	t V Endowment Funds Complete if									<u></u>	
	· ·	(a) Current year	(b) Prior year	(c) Two years ba		I) Three y	/ears back	(e) Four	years	back	
1a	Beginning of year balance	11,593,843.	13,668,205.	12,192,3	94.	11,9	41,918.	10,	10,594,760		
	Contributions		16.	3	73.		523.				
	Net investment earnings, gains, and losses	1,214,236.	-1,536,459.	2,017,1	80.	9	2,	289,	120.		
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	400,000.	450,000.	450,0	00.	695,000. 919,0				000.	
f	Administrative expenses	85,078.	87,919.	91,7	42.		23,851.		22,	962.	
g	End of year balance	12,323,001.	11,593,843.	13,668,2	05.	12,1	92,394.	11,	941,	918.	
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a))) held as:							
а	Board designated or quasi-endowment		_%								
b	Permanent endowment100	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	•									
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administered	for the			Г			
	organization by:								Yes	No	
	(i) Unrelated organizations?							3a(i)	X	- 37	
								3a(ii)		X	
-	If "Yes" on line 3a(ii), are the related organization							3b			
4 Par	t VI Land, Buildings, and Equipm		ment funds.								
1 41	Complete if the organization answered		Part IV line 11a S	ee Form 990 Pa	art X lin	e 10					
		,	,	í	,						
	Description of property	(a) Cost or ot basis (investm	. ,	or other (other)	• •	umulate eciation		(d) Book	value	2	
10	Land				Gopie	- Siation					
ia b	Land		14 62	4,189.	9.62	24,83	14.	4,999	. 3'	75.	
	Buildings Leasehold improvements				5,02	, 0.		_ ,	, 5		
	Equipment		3.28	6,496.	2.59	90,90	61.	695	. 5	35.	
	Other					27,34		1,022			
	. Add lines 1a through 1e. (Column (d) must ea					-		6,717			
		<u>quari unii 330, Edil A</u>						D (Corres	-		

Schedule D (Form 990) 2023

332052 09-28-23

	e if the organization answered "Yes" o rity Or CategOry (including name of security)	(b) Book value	(c) Method of valuation: Cost	
1) Financial derivativ	, , , , , , , , , , , , , , , , , , , ,	(()	
•	/ interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equ	al Form 990, Part X, line 12, col. (B))			
	nents - Program Related.			
	e if the organization answered "Yes" o			
	cription of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	al Form 990, Part X, line 13, col. (B))			
Part IX Other				
	e if the organization answered "Yes" o	n Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
ľ		Description	, ,	(b) Book value
(1)		·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	st equal Form 990, Part X, line 15, col.	<i>(B)</i>)		
	iabilities			
Complete	e if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, I	
l.	(a) Description of liability			(b) Book value
(1) Federal incom				
(2) OTHER L	IABILITIES			79,837
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	st equal Form 990, Part X, line 25, col.			

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Schedule D (Form 990) 2023 DAYTON SOCIETY OF NATURAL HISTORY

(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)		
Fotal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		

	edule D (Form 990) 2023 DAYTON SOCIETY OF NATURAL			0585917	Page 4				
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.							
1	Total revenue, gains, and other support per audited financial statements			1	6,733,	<u>793.</u>			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	. 2a	-123,796.						
b	Donated services and use of facilities	2b	17,800.						
с	Recoveries of prior year grants	2c							
d	Other (Describe in Part XIII.)	2d	318,738.						
е	Add lines 2a through 2d			2e		742.			
3	Subtract line 2e from line 1			3	6,521,	051.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII.)	4b							
	Add lines 4a and 4b			4c		0.			
С	Add lines 4a and 4b								
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)			5	6,521,	051.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem					051.			
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)	nents With			n				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	nents With a.	Expenses per F						
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 122	nents With a.	Expenses per F	Retur	n				
5 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 Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.	Expenses per F	Retur	n				
5 Par 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With a.	Expenses per F	Retur	n				
5 Par 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	Expenses per F	Retur	n				
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	Expenses per F	Retur	n				
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F 4,000. 318,738.	Retur	n <u>5,248,</u> 322,	<u>177.</u> 738.			
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F 4,000. 318,738.	1	n 5,248,	<u>177.</u> 738.			
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F 4,000. 318,738.	1 2e	n <u>5,248,</u> 322,	<u>177.</u> 738.			
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F 4,000. 318,738.	1 2e	n <u>5,248,</u> 322,	<u>177.</u> 738.			
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F 4,000. 318,738.	1 2e	n <u>5,248,</u> 322,	<u>177.</u> 738.			
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	Expenses per F 4,000. 318,738.	1 2e	n 5,248, 322, 4,925,	<u>177.</u> 738. 439.			
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	Expenses per F	1 2e 3	n <u>5,248,</u> 322,	<u>177.</u> 738. 439.			

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

PART III, LINE 4:

THE COLLECTION CONTAINS OBJECTS OF BIOLOGICAL, GEOLOGICAL, AND

ANTHROPOLOGICAL SIGNIFICANCE TO HONOR AND PRESERVE FOR FUTURE GENERATIONS.

PART IV, LINE 2B:

THE ORGANIZATION HOLDS FUNDS FOR OTHER ORGANIZATIONS IN ESCROW.

PART V, LINE 4:

THE SOCIETY'S ENDOWMENT CONSISTS OF VARIOUS ENDOWMENT FUNDS CREATED TO

SUPPORT THE MISSION AND VISION OF ENRICHING THE LIVES OF CHILDREN AND

41

ADULTS THROUGH INTERACTIVE LEARNING AND EXPERIENCES.

332054 09-28-23

PART X, LINE 2:

THE SOCIETY IS AN EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE SOCIETY QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

THE SOCIETY EVALUATES THE INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN INCOME TAX RETURNS FILED BY THE SOCIETY TO DETERMINE WHETHER A LIABILITY FOR UNCERTAIN TAX POSITIONS EXIST AND WHETHER A LIABILITY FOR SUCH UNCERTAIN POSITIONS SHOULD BE RECOGNIZED. THE SOCIETY IS EXEMPT FROM INCOME TAXES AND MANAGEMENT BELIEVES THE SOCIETY HAS NOT ENGAGED IN ANY ACTIVITIES THAT WOULD DISOUALIFY THEM FROM TAX-EXEMPT STATUS. THE SOCIETY DOES, HOWEVER, CONDUCT CERTAIN LIMITED ACTIVITIES SUBJECT TO TAXATION AS THEY ARE NOT SUBSTANTIALLY RELATED TO FURTHERING THE SOCIETY'S MISSION AND ARE CONSIDERED UNRELATED BUSINESS INCOME. TAXES ON UNRELATED BUSINESS INCOME ARE PAID IN ACCORDANCE WITH THE INTERNAL REVENUE CODE. NO ACCRUAL HAS BEEN PROVIDED BECAUSE THE AMOUNT OF TAX DUE IS IMMATERIAL. THESOCIETY'S POLICY WITH REGARDS TO INTEREST AND PENALTIES IS TO RECOGNIZE INTEREST THROUGH INTEREST EXPENSE AND PENALTIES THROUGH OTHER EXPENSE. INEVALUATING THE SOCIETY'S TAX PROVISION AND TAX-EXEMPT STATUS, INTERPRETATIONS AND TAX PLANNING STRATEGIES WERE CONSIDERED. THE SOCIETY BELIEVES THEIR ESTIMATES ARE APPROPRIATE BASED ON THE CURRENT FACTS AND CIRCUMSTANCES.

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PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES - MERCHANDISE

SPECIAL EVENTS - DIRECT EXPENSES

351,065. 52,751.

Schedule D (Form 990) 2023

332055 09-28-23

Schedule D (Form 990) 2023 DAYTON SOCIETY OF NATURAL HISTORY Part XIII Supplemental Information (continued)	31-0585917 Page 5
INVESTMENT FEES	-85,078.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	318,738.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF SALES - MERCHANDISE	351,065.
SPECIAL EVENTS - DIRECT EXPENSES	52,751.
INVESTMENT FEES	-85,078.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	318,738.
332055 09-28-23	Schedule D (Form 990) 2023
43	

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	Complete if the	2023						
Department of the Treasury	Ū	organization entered more than \$15 Attach to Form 990 o						Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc	tions	and tl	ne latest information	ı .		Inspection
Name of the organizatior	31-058	lentification number 5917						
Part I Fundrais	ing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ne 1	7. Form 990-E	Z filers are not
 Indicate whether the a Mail solicitat Mail solicitat Internet and Phone solicities In-person so Did the organization key employees list If "Yes," list the 10 compensated at lege 	e organization rais email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv east \$5,000 by the	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	tion of tion of fundra (incluc	non-g gover lising of onal fu agree	overnment grants nment grants events ficers, directors, trust undraising services? ments under which th	ne fur	ndraiser is to	
(i) Name and addres or entity (func		(ii) Activity		aiser ustody itrol of utions?	(iv) Gross receipts to (or retaine from activity fundraise		or retained by fundraiser ted in col. (i)	to (or retained by) organization
			Yes	No				
		n is registered or licensed to solicit c		 utions	or has been notified	it is e	exempt from	registration
or licensing.		- 						

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

DAYTON SOCIETY OF NATURAL HISTORY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			ABC		col. (c)
3		(event type)	(event type)	(total number)	
1	Gross receipts	109,353.	18,170.		127,523
	Less: Contributions	73,502.	18,170.		91,672
3	Gross income (line 1 minus line 2)	35,851.			35,851
4	Cash prizes				
	Noncash prizes				
	Rent/facility costs				
7	Food and beverages	39,704.			39,704
	Entertainment	2,150.			2,150
9	Other direct expenses		34.		2,150 10,897
10					52,751
11	Net income summary. Subtract line 10 from I	ine 3, column (d)			-16,900
art I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form		eported more than	
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (d
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
	Other direct expenses				
--		Yes %	Yes %	Yes %	
6	Volunteer labor	□ No	□ No	No	
7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
8	Net gaming income summary. Subtract line 7	r from line 1, column (d)			
Fnt	ter the state(s) in which the organization condu	ucts gaming activities: 0	н		
	.,	· · · _			Yes X N
blf"	No," explain: THE ORGANIZATION	CONDUCTS A E	RAFFLE IN CON		'H ITS
_					
\sim		INAL IS EVENT	I FROM FEDER.	АЛ ТИСОМЕ ТА	VALION
alst blf" <u>A</u>	ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain: <u>THE ORGANIZATION</u> <u>NNUAL GALA EVENT. PURSU</u> HARITABLE ORGANIZATION	ctivities in each of these s CONDUCTS A I ANT TO OHIO F	states? RAFFLE IN CON REVISED CODE	SECTION 2915	^H ITS 092, A

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

332082 09-13-23

****** SEE PART IV FOR COMPLETE EXPLANATIONS

Schedule G (Form 990) 2023

45 2023.04030 DAYTON SOCIETY OF NATURAL 40000121

Schedule G (Form 990) 2023	DAYTON SOC	IETY OF 1	NATURAL	HISTORY	31-0	585917	Page 3
11 Does the organization conduct ga	aming activities with no	onmembers?				Yes	X No
12 Is the organization a grantor, ben	eficiary or trustee of a	trust, or a memb	er of a partnersl	nip or other entity f	ormed		
to administer charitable gaming?						Yes	X No
13 Indicate the percentage of gaming							
a The organization's facility						13a	%
b An outside facility						13b	%
14 Enter the name and address of th	e person who prepare	s the organizatio	n's gaming/spe	cial events books a	nd records:		
Name							
Address							
15a Does the organization have a con	tract with a third party	from whom the	organization rec	eives gaming rever	าue?	Yes	X No
b If "Yes," enter the amount of gam	ing revenue received k	by the organization	on \$	ar	nd the amount		
of gaming revenue retained by the		, ,					
c If "Yes," enter name and address	of the third party:						
Name							
Address	<u> </u>						
16 Gaming manager information:							
Name							
Gaming manager compensation	\$						
Description of some issue must ideal							
Description of services provided							
Director/officer	Employee	Inde	ependent contra	ctor			
17 Mandatory distributions:							
a Is the organization required under	r state law to make cha	aritable distributi	ons from the ga	ming proceeds to			
						Yes	LX No
b Enter the amount of distributions	•		ted to other exe	mpt organizations of	or spent in the		
organization's own exempt activit Part IV Supplemental Infor			quirod by Part I	ling 2h, columns (i	ii) and (v): and Par	t III lines Q (b 10b
15b, 15c, 16, and 17b, as					li) and (v), and Fan	t III, III 185 9, 8	<i>b</i> , 100,
SCHEDULE G, PART II	I, LINE 9B,	EXPLANAT	lON:				
THE ORGANIZATION CON	NDUCTS A RAI	FLE IN C	CONJUNCT	ON WITH I	TS		
ANNUAL GALA EVENT.	PURSUANT TO	OHIO REV	VISED COL	DE SECTION	2915 092	, A	
CHARITABLE ORGANIZA	TION THAT IS	S EXEMPT	FROM FEI	DERAL INCO	<u>ME TAXATI</u>	ON	
UNDER SUBSECTION 502	1(A) AND IS	DESCRIBE	D IN SUE	SECTION 5	01(C)(3)	OF THE	
INTERNAL REVENUE CO	DE MAY CONDI	JCT A RAF	FLE TO F	RAISE MONE	Y FOR THE		
ORGANIZATION AND DO	ES NOT NEED	A LICENS	SE TO CON	IDUCT BING	O IN ORDE	R TO	
CONDUCT A RAFFLE DRA	AWING THAT	IS NOT FO	R PROFI	ſ.			
332083 09-13-23					Schedu	ule G (Form	990) 2023

	a (Form 990)
Dout IV	Cummler

Part IV	Supplemental Information (continued))	
			Schedule G (Form 990)
332084 04-01-	23	47	Schedule & (Form 990)

47 16291018 758050 4000012-458 2023.04030 DAYTON SOCIETY OF NATURAL 40000121

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ດງ)
		Compensated Employees		20	ZJ)
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organization	1		identificatio		mber
		DAYTON SOCIETY OF NATURAL HISTORY	31-0	058591	7	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	°	nal use			
	Travel for companions Payments for business use of personal residence					
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
-		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
~	la d'acta e del de 16 au					
3	•	ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Eventium Director, but available in Dect III	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	ompensation consultant	ommittoo			
		ther organizations Approval by the board or compensation of	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				X
c	·	eive payment from an equity-based compensation arrangement?				x
-	-	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r					
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n			
	contingent on the n	et earnings of:				
а	The organization?			6a		X
b		ation?				X
		or 6b, describe in Part III.				
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ıe			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023

31-0585917

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TRACEY TOMME	(i)	170,585.	16,500.	0.	3,762.	516.	191,363.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

(Form 990)

Part I

Transactions With Interested Persons

28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

DAYTON SOCIETY OF NATURAL HISTORY

Employer identification number

31-0585917

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1		(b) Relationship between disqualified		(d) Corr	rected?
	(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	the organization managers or disqualifie	d persons during the year under		
	section 4958		\$		
3	Enter the amount of tax, if any, on li	ine 2, above, reimbursed by the organiza	tion \$		

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a inte	a) Name of rested person	(b) Relationship with organization	(c) Purpose of loan	(d) Lo fron organi:	an to or 1 the zation?	(e) Original principal amount	(f) Balance due	(g) defa) In ault?	(h) Ap by bo comm	proved ard or littee?	(i) W agreer	ritten nent?
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total						\$							

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

LHA 332131 11-06-23

Schedule L (Form 990) 2023	DAYTON	SOCIETY	\mathbf{OF}	NATURAL	HISTORY
----------------------------	--------	---------	---------------	---------	---------

Fart IV Dusiness fransactions involving interested Person	Part IV	Business Transactions Involving Interested Persons
---	---------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
				Yes	No
(1)MICHAEL STEMEN	TRUSTEE AND FORMER	434,027.	TRUSTEE AND		Х
(2)					
(3)					
(4)					
_(5)					
_(6)					
_(7)					
_(8)					
_(9)					
<u>(10)</u>					
Part V Supplemental Information					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MICHAEL STEMEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE AND FORMER CFO OF RIECK (SERVICE PROVIDER)

(D) DESCRIPTION OF TRANSACTION: TRUSTEE AND FORMER CFO OF RIECK (SERVICE

PROVIDER)

Schedule L (Form 990) 2023

332132 11-30-23

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public

Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.					
Attach to Form 990.					

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

Name of the organization

DAYTON SOCIETY OF NATURAL HISTORY

Employer identification number
21 0505017

DAYTON SOCIE	TY OF 1	NATURAL HI	ISTORY	31-0585917
Types of Property				
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts

1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts	X	175		NO APPRAISAL	
23	Scientific specimens	X	10	0.	NO APPRAISAL	
24	Archeological artifacts					
25	Other ()					
26	Other ()					
27	Other ()					
28	Other ()					
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for co	ontributions		
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29		
					Ye	es No

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it			
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for			
	exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			
F F	Denominante De duration Act Nation and the Instructions for Form 000		0001	0000

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23 Schedule M (Form 990) 2023 DAYTON SOCIETY OF NATURAL HISTORY

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE MUSEUM ACCESSIONED 175 ETHNOGRAPHIC OBJECTS INTO ITS ANTHROPOLOGY

COLLECTION AND 10 SPECIMENS INTO ITS BIOLOGY (5) AND GEOLOGY (5)

COLLECTIONS. THESE ITEMS WERE RECEIVED TO PRESERVE AND PROTECT FOR

FUTURE GENERATIONS AND WILL NOT BE RESOLD; THEREFORE, THEY WERE NOT

APPRAISED OR HAVE ANY VALUE ALLOCATED TO THEM.

Schedule M (Form 990) 2023

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54 2023.04030 DAYTON SOCIETY OF NATURAL 40000121 SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



DAYTON SOCIETY OF NATURAL HISTORY

Employer identification number 31 - 0585917

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

ENTERTAINING LEARNING EXPERIENCES FOR CURIOUS MINDS TO ENGAGE WITH

NATURAL HISTORY, SCIENCE, AND NATURE WHILE HONORING AND PRESERVING

COLLECTIONS FOR FUTURE GENERATIONS.

FORM 990, PART VI, SECTION A, LINE 6:

ANY PERSON WHO IS IN SYMPATHY WITH THE MISSION OF THE SOCIETY IS ELIGIBLE

FOR MEMBERSHIP. MEMBERSHIPS ARE VALID FOR ONE YEAR.

FORM 990, PART VI, SECTION A, LINE 7A:

AT THE ANNUAL MEETING HELD EACH YEAR IN JANUARY, BOARD MEMBERS ELECT FIVE TRUSTEES FOR A TERM OF THREE YEARS EACH, PLUS FOUR TRUSTEES FOR A TERM OF ONE YEAR.

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

THE FORM 990 IS REVIEWED BY THE PRESIDENT AND CEO AND THE CHIEF FINANCIAL

OFFICER BEFORE IT IS FILED WITH THE IRS. IN ADDITION, A COPY IS PROVIDED TO

MEMBERS OF THE BOARD FOR THEIR REVIEW AND REVISIONS PRIOR TO FILING.

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

THE ORGANIZATION ASKS OFFICERS, TRUSTEES, AND KEY EMPLOYEES TO DISCLOSE

POTENTIAL CONFLICTS OF INTEREST AS THEY OCCUR. THESE ARE THEN REVIEWED BY

THE EXECUTIVE COMMITTEE FOR COMPLIANCE.

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

COMPENSATION FOR THE PRESIDENT AND CEO IS BASED ON A COMBINATION OF

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
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Name of the organization DAYTON SOCIETY OF NATURAL HISTORY	Employer identification number $31 - 0585917$			
EDUCATION AND EXPERIENCE AS THEY RELATE TO THE FIELD AND T	HE SALARY SCALE			
OF THE MUSEUM. RAISES ARE IN THE FORM OF COST OF LIVING IN	CREASES WHICH ARE			
EXTENDED TO ALL STAFF AT THE SAME PERCENTAGE. THE PRESIDEN	T AND CEO IS			
ELIGIBLE FOR A PERFORMANCE BONUS OF UP TO 15% OF THEIR SAL	ARY. THE			
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS CONDUCTS AN	ASSESSMENT OF THE			
PERFORMANCE OF THE PRESIDENT AND CEO BASED ON PARAMETERS T	HAT HAVE BEEN SET			
PRIOR TO OR EARLY IN THE FISCAL YEAR TO DETERMINE THE PORT	ION OF THE			
PERFORMANCE BONUS, IF ANY, TO BE ALLOCATED.				
FORM 990, PART VI, SECTION C, LINE 19:				
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST POLICY AND			
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.				
FORM 990, PART XII, LINE 2C:				
THE PROCESS HAS NOT CHANGED.				

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