

March 19, 2024

Castle Preservation Society
P.O. Box 687
Moultonborough, NH 03254

Enclosed please find the original and one copy of the 2023 Exempt Organization returns, as follows:

- 2023 Form 990, together with instructions for filing.
- 2023 Form 990-T, together with instructions for filing

Please review each document for accuracy and completeness and notify us of any discrepancies before filing.

Please sign and return Form 8879-TE authorizing us to E-file your federal and/or state returns. We recommend tax returns be mailed "certified and return receipt requested" when paper filing to provide evidence of timely filing.

You will need to file the New Hampshire Annual Report Certificate online. We will provide a PDF copy of the Form 990 excluding Schedule B for you to use in this filing. Forms and instructions for the online filing can be found at www.doj.nh.gov/charitable-trusts/forms.htm.

Thank you for giving us the opportunity to serve you. Please contact us if we can be of any further assistance.

Yours truly,

Shauna Brown, CPA

LEONE, MCDONNELL & ROBERTS,
PROFESSIONAL ASSOCIATION
Shauna Brown, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

Castle Preservation Society
P.O. Box 687
Moultonborough, NH 03254

Prepared By:

Leone, McDonnell & Roberts, P.A.
5 Nelson Street
Dover, NH 03820

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

Castle Preservation Society
P.O. Box 687
Moultonborough, NH 03254

Prepared By:

Leone, McDonnell & Roberts, P.A.
5 Nelson Street
Dover, NH 03820

Amount Due or Refund:

No amount is due.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

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Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CASTLE PRESERVATION SOCIETY		D Employer identification number 27-0085747
	Doing business as		E Telephone number 603-476-5900
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 687		G Gross receipts \$ 2,517,312.
	City or town, state or province, country, and ZIP or foreign postal code MOULTONBOROUGH, NH 03254		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: ANN GLOVER 455 OLD MOUNTAIN ROAD, MOULTONBOROUGH, NH 0		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: WWW.CASTLEINTHECLOUDS.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2004	M State of legal domicile: NH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE CASTLE PRESERVATION SOCIETY'S MISSION IS TO PRESERVE, INTERPRET AND SHARE THE BUILDINGS
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 13
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 93
	6 Total number of volunteers (estimate if necessary) 6 72
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 532,183.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 679,034. 748,905.
	9 Program service revenue (Part VIII, line 2g) 420,579. 551,084.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,112. 26,820.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,051,184. 1,143,964.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,158,909. 2,470,773.
	Expenses
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 976,480. 1,245,573.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.	
b Total fundraising expenses (Part IX, column (D), line 25) 84,529.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,224,997. 1,279,717.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,201,477. 2,525,290.	
19 Revenue less expenses. Subtract line 18 from line 12 -42,568. -54,517.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 6,030,829. 5,866,414.
	21 Total liabilities (Part X, line 26) 734,321. 615,924.
	22 Net assets or fund balances. Subtract line 21 from line 20 5,296,508. 5,250,490.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	ANN GLOVER, CHAIR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SHAUNA BROWN, CPA	<i>Shauna Brown, CPA</i>	03/19/24	<input type="checkbox"/>	P01390350
Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	LEONE, MCDONNELL & ROBERTS, P.A.	02-0417217	603-569-1953		
Firm's address					
5 NELSON STREET DOVER, NH 03820					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission: TO PROTECT, PRESERVE AND MANAGE THE USE OF CASTLE IN THE CLOUDS AND RELATED BUILDINGS AND GROUNDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,168,732. including grants of \$) (Revenue \$ 1,064,709.) PROTECTION AND MAINTENANCE OF CASTLE IN THE CLOUDS

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,168,732.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 13; 1b Enter the number of voting members included... 13; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ANN GLOVER - 603-476-5900
P.O. BOX 687, MOULTONBOROUGH, NH 03254

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES CLARK EXECUTIVE DIRECTOR	40.00			X			108,695.	0.	4,665.	
(2) JAMES GREGOIRE VICE CHAIR & TREASURER	2.00	X		X			0.	0.	0.	
(3) ANN GLOVER CHAIR	2.00	X		X			0.	0.	0.	
(4) DAVID FROST DIRECTOR	2.00	X					0.	0.	0.	
(5) ANITA SPRINGER DIRECTOR	2.00	X					0.	0.	0.	
(6) JONATHAN BROWHER DIRECTOR	2.00	X					0.	0.	0.	
(7) RICHARD NYLANDER DIRECTOR	2.00	X					0.	0.	0.	
(8) CHRIS WILLIAMS DIRECTOR	2.00	X					0.	0.	0.	
(9) MARK BORRIN SECRETARY	2.00	X		X			0.	0.	0.	
(10) ANDY COPPINGER DIRECTOR	2.00	X					0.	0.	0.	
(11) ANN HACKL DIRECTOR	2.00	X					0.	0.	0.	
(12) RUSTY MCLEAR DIRECTOR	2.00	X					0.	0.	0.	
(13) ALLISON HART DIRECTOR	2.00	X					0.	0.	0.	
(14) DANA POPE DIRECTOR	2.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							108,695.	0.	4,665.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							108,695.	0.	4,665.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	73,261.				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	189,357.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	486,287.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 25,386.				
	h	Total. Add lines 1a-1f		748,905.				
Program Service Revenue	2 a	GATE RECEIPTS	Business Code					
			900099	494,705.	494,705.			
	b	SPECIAL EVENTS	900099	56,379.	56,379.			
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		551,084.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		26,820.	26,820.			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
d	Net gain or (loss)							
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		171,515.				
				46,539.				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events		124,976.			124,976.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	FUNCTIONS	Business Code					
			721000	532,183.		532,183.		
	b	CAFE SALES	722515	373,962.	373,962.			
	c	GIFT SHOP	459420	106,700.	106,700.			
	d	All other revenue	900099	6,143.	6,143.			
e	Total. Add lines 11a-11d		1,018,988.					
12	Total revenue. See instructions		2,470,773.	1,064,709.	532,183.	124,976.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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, trustees, and key employees	104,335.	15,650.	46,951.	41,734.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,003,952.	844,513.	126,326.	33,113.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,390.	12,032.	6,634.	1,724.
9 Other employee benefits	31,890.	28,543.	1,540.	1,807.
10 Payroll taxes	85,006.	65,975.	13,290.	5,741.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	25,504.	21,517.	3,987.	
12 Advertising and promotion	133,342.	112,494.	20,848.	
13 Office expenses	11,056.	9,327.	1,729.	
14 Information technology				
15 Royalties				
16 Occupancy	41,032.	34,617.	6,415.	
17 Travel	12,759.	12,759.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	12,113.	12,113.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	420,851.	420,851.		
23 Insurance	94,485.	79,713.	14,772.	
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 O.)				
a PURCHASES	182,333.	182,333.		
b REPAIRS AND MAINTENANCE	94,108.	79,395.	14,713.	
c FUNCTION EXPENSE	63,307.	63,307.		
d CREDIT CARD FEES	50,736.	50,736.		
e All other expenses	138,091.	122,857.	14,824.	410.
25 Total functional expenses. Add lines 1 through 24e	2,525,290.	2,168,732.	272,029.	84,529.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,302,186.	1	739,673.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	5,000.	3	0.
	4 Accounts receivable, net	1,494.	4	1,494.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	34,459.	8	28,625.
	9 Prepaid expenses and deferred charges	45,707.	9	47,396.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,808,096.		
	b Less: accumulated depreciation	10b 4,363,996.	10c	4,444,100.
	11 Investments - publicly traded securities	329,474.	11	605,126.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,030,829.	16	5,866,414.	
Liabilities	17 Accounts payable and accrued expenses	37,719.	17	9,270.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	413,023.	23	374,079.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	283,579.	25	232,575.
	26 Total liabilities. Add lines 17 through 25	734,321.	26	615,924.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,690,935.	27	4,688,673.
	28 Net assets with donor restrictions	605,573.	28	561,817.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,296,508.	32	5,250,490.
	33 Total liabilities and net assets/fund balances	6,030,829.	33	5,866,414.

Part 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	2,470,773.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,525,290.
3	Revenue less expenses. Subtract line 2 from line 1	3	-54,517.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,296,508.
5	Net unrealized gains (losses) on investments	5	8,499.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,250,490.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2023)

Part II 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.)

Section A. Public Support

Calendar 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 organization'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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 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 business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

Calendar 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.")	369,698.	1405047.	1242314.	679,034.	748,905.	4444998.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1978207.	707,336.	1399424.	1497334.	1648539.	7230840.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	2347905.	2112383.	2641738.	2176368.	2397444.	11675838.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						11675838.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	2347905.	2112383.	2641738.	2176368.	2397444.	11675838.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,420.	250.	894.	8,112.	26,790.	38,466.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,420.	250.	894.	8,112.	26,790.	38,466.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	2350325.	2112633.	2642632.	2184480.	2424234.	11714304.

14 First 5 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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	99.67 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	99.87 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	.33 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	.13 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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.)

Horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

CASTLE PRESERVATION SOCIETY

Employer identification number

27-0085747

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization CASTLE PRESERVATION SOCIETY	Employer identification number 27-0085747
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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>1</u>	 <hr/> <hr/> <hr/>	\$ <u>5,001.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>23,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CASTLE PRESERVATION SOCIETY	Employer identification number 27-0085747
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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
7	 <hr/> <hr/> <hr/>	\$ <u>22,347.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>12,172.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>6,259.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>6,013.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CASTLE PRESERVATION SOCIETY	Employer identification number 27-0085747
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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
13	<hr/> <hr/> <hr/>	\$ 11,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 25,951.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 7,561.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CASTLE PRESERVATION SOCIETY	Employer identification number 27-0085747
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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
19	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 8,391.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 41,558.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CASTLE PRESERVATION SOCIETY	Employer identification number 27-0085747
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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
25	 <hr/> <hr/> <hr/>	\$ <u>7,365.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	 <hr/> <hr/> <hr/>	\$ <u>6,473.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	 <hr/> <hr/> <hr/>	\$ <u>5,154.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
28	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CASTLE PRESERVATION SOCIETY	Employer identification number 27-0085747
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 17,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 5,851.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 5,361.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CASTLE PRESERVATION SOCIETY	Employer identification number 27-0085747
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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
37	<hr/> <hr/> <hr/>	\$ 20,232.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CASTLE PRESERVATION SOCIETY	Employer identification number 27-0085747
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
27	STOCK _____ _____ _____	\$ 5,154.	12/21/23
37	PROPERTY IMPROVEMENTS _____ _____ _____	\$ 20,232.	12/18/23
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization CASTLE PRESERVATION SOCIETY	Employer identification number 27-0085747
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. 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. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: CASTLE PRESERVATION SOCIETY; Employer identification number: 27-0085747

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, details of conservation easements held at end of tax year (2a-2d), and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures collections.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		101,250.		101,250.
b Buildings		7,783,980.	3,608,480.	4,175,500.
c Leasehold improvements				
d Equipment		578,239.	492,016.	86,223.
e Other		344,627.	263,500.	81,127.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,444,100.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNCTION DEPOSITS	232,575.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	232,575.

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

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.

1	Total revenue, gains, and other support per audited financial statements		1	2,575,282.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	8,499.	
b	Donated services and use of facilities	2b	49,471.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	46,539.	
e	Add lines 2a through 2d	2e		104,509.
3	Subtract line 2e from line 1		3	2,470,773.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,470,773.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,621,300.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	49,471.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	46,539.	
e	Add lines 2a through 2d	2e		96,010.
3	Subtract line 2e from line 1		3	2,525,290.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,525,290.

Part XIII Supplemental Information

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 X, LINE 2:

ACCOUNTING STANDARD CODIFICATION NO. 740, "ACCOUNTING FOR INCOME TAXES," ESTABLISHED THE MINIMUM THRESHOLD FOR RECOGNIZING, AND A SYSTEM FOR MEASURING, THE BENEFITS OF TAX RETURN POSITIONS IN FINANCIAL STATEMENTS. THE SOCIETY HAS ANALYZED THE ORGANIZATION'S TAX POSITION TAKEN ON ITS INCOME TAX RETURNS FOR ALL OPEN YEARS, WHICH INCLUDES THE PREVIOUS THREE TAX YEARS, AND HAS CONCLUDED THAT NO ADDITIONAL PROVISION FOR INCOME TAXES IS NECESSARY IN THE SOCIETY'S FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING ACTIVITY - REVENUE NETTED AGAINST EXPENSES IN

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING ACTIVITY - EXPENSES NETTED AGAINST INCOME IN

990

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA	CHRISTMAS AT THE CASTLE	1	
Revenue		(event type)	(event type)	(total number)	
1	Gross receipts	92,189.	66,525.	12,801.	171,515.
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	92,189.	66,525.	12,801.	171,515.
Direct Expenses					
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	35,490.	3,190.	7,859.	46,539.
10	Direct expense summary. Add lines 4 through 9 in column (d)				46,539.
11	Net income summary. Subtract line 10 from line 3, column (d)				124,976.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue					
1	Gross revenue				
Direct Expenses					
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **CASTLE PRESERVATION SOCIETY** Employer identification number **27-0085747**

Part I 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	X	1	5,154.	FMV
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				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>PROPERTY IMPROV</u>)	X	1	20,232.	FMV
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	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?		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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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.		

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

Schedule M (Form 990) 2023

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CASTLE PRESERVATION SOCIETY

Employer identification number

27-0085747

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

AND LANDSCAPE OF THE CASTLE IN THE CLOUDS AS A CULTURAL RESOURCE FOR
THE BENEFIT OF THE PUBLIC.

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

AVAILABLE UPON REQUEST

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

THE ORGANIZATION'S NEW DIRECTORS ARE SCREENED FOR COMPLIANCE. DIRECTORS ARE
REQUIRED TO UPDATE AND NOTIFY MANAGEMENT OF ANY CONFLICT OF INTEREST
ANNUALLY.

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

THE BOARD REVIEWS MANAGEMENT'S PERFORMANCE AND COMPENSATION ANNUALLY. THEY
RESEARCH COMPARABLE COMPENSATION, DETERMINE RAISES, IF ANY, AND DOCUMENT
THE PROCESS IN PERSONNEL FILES.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST

PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS

Type and Entity: EVENTS AND WEDDINGS POST-2017 NOL F
 Section 382 Annual Limitation Section 382 Carryover

DETAIL CARRYOVER SCHEDULE

Year Originated	Original Carryover Amount	Total Amount Used	Section 382 Carryover										
			Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	
A 2018	124,799.												
B 2019	65,458.												
C 2020	158,375.												
D 2021	163.												
E 2022	154,150.												
F 2023	50,101.												
G													
H													
I													
J													
K													
L													
M													
N													
O													
P													
Q													
R													
S													
T													
U													
V													
W													
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A													
B													
C													
D													
E													
F													
G													
H													
I													
J													
K													
L													
M													
N													
O													
P													
Q													
R													
S													
T													
U													
V													
W													

Type and Entity: PRE-2018 NOL FED **DETAIL CARRYOVER SCHEDULE**

Section 382 Annual Limitation		Section 382 Carryover									
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/13	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2012	59,281.	5,232.	5,232.							
B	2014	140,034.									
C	2015	77,211.									
D	2016	54,115.									
E	2017	103,514.									
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A											
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2023

Department of the Treasury
Internal Revenue Service

For calendar year 2023 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CASTLE PRESERVATION SOCIETY</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 687</p> <p>City or town, state or province, country, and ZIP or foreign postal code MOULTONBOROUGH, NH 03254</p>	<p>D Employer identification number 27-0085747</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 5,866,414.</p>			
<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity</p>			
<p>H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800</p>			
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/></p>			
<p>J Enter the number of attached Schedules A (Form 990-T) 1</p>			
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation</p>			
<p>L The books are in care of ANN GLOVER Telephone number 603-476-5900</p>			

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		0.
3a Amount due from Form 4255	3a		
b Amount due from Form 8611	3b		
c Amount due from Form 8697	3c		
d Amount due from Form 8866	3d		
e Other amounts due (see instructions)	3e		
f Total amounts due. Add lines 3a through 3e	3f		0.
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.

Part III Tax and Payments <i>(continued)</i>			
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information <i>(see instructions)</i>			
1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		Yes No X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ <u>428,923.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code		Available post-2017 NOL carryover	
722320		\$ 502,945.	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer _____	Date _____	Title CHAIR	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	SHAUNA BROWN, CPA	<i>Shauna Brown, CPA</i>	03/19/24	P01390350
	Firm's name	Firm's EIN		
	LEONE, MCDONNELL & ROBERTS, P.A.	02-0417217		
	Firm's address	Phone no.		
	5 NELSON STREET DOVER, NH 03820	603-569-1953		

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/13	59,281.	5,232.	54,049.	54,049.
12/31/14	140,034.	0.	140,034.	140,034.
12/31/15	77,211.	0.	77,211.	77,211.
12/31/16	54,115.	0.	54,115.	54,115.
12/31/17	103,514.	0.	103,514.	103,514.
NOL CARRYOVER AVAILABLE THIS YEAR			428,923.	428,923.

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

1

OMB No. 1545-0047

2023

Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Name of the organization CASTLE PRESERVATION SOCIETY	B Employer identification number 27-0085747
C Unrelated business activity code (see instructions) 722320	D Sequence: 1 of 1

E Describe the unrelated trade or business **EVENTS AND WEDDINGS**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>532,183.</u>				
b Less returns and allowances _____ c Balance	1c	532,183.		
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3	532,183.		532,183.
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	532,183.		532,183.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1			
2 Salaries and wages	2			331,932.
3 Repairs and maintenance	3			28,185.
4 Bad debts	4			
5 Interest (attach statement). See instructions	5			
6 Taxes and licenses	6			25,459.
7 Depreciation (attach Form 4562). See instructions	7	126,045.		
8 Less depreciation claimed in Part III and elsewhere on return	8a			126,045.
9 Depletion	9			
10 Contributions to deferred compensation plans	10			
11 Employee benefit programs	11			
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement) SEE STATEMENT 2	14			70,663.
15 Total deductions. Add lines 1 through 14	15			582,284.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			-50,101.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			-50,101.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals				0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION	AMOUNT
FUNCTION EXPENSES	30,076.
INSURANCE	28,298.
UTILITIES	12,289.
TOTAL TO SCHEDULE A, PART II, LINE 14	70,663.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	124,799.	0.	124,799.	124,799.
12/31/19	65,458.	0.	65,458.	65,458.
12/31/20	158,375.	0.	158,375.	158,375.
12/31/21	163.	0.	163.	163.
12/31/22	154,150.	0.	154,150.	154,150.
NOL CARRYOVER AVAILABLE THIS YEAR			502,945.	502,945.

Depreciation and Amortization
(Including Information on Listed Property) A PG1 1

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CASTLE PRESERVATION SOCIETY

EVENTS AND WEDDINGS

27-0085747

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,890,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	126,045.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows include 30-36 regarding miles driven and personal use availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Rows include 37-41 regarding policy statements and requirements for vehicle use.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2023 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2023 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	DELL COMPUTER	063008	SL	5.00	16	1,227.			1,227.	1,227.		0.
2	DELL COMPUTER	041106	SL	5.00	16	1,377.			1,377.	1,015.		0.
3	MICROSSYSTEM	040909	SL	5.00	16	1,731.			1,731.	1,731.		0.
4	MICROSSYSTEM	051309	SL	5.00	16	1,468.			1,468.	1,468.		0.
5	COMPUTER-CCR DATA SYSTEM	040212	SL	5.00	16	20,410.			20,410.	20,410.		0.
6	COMPUTER- CCR DATA SYSTEM	051012	SL	5.00	16	684.			684.	684.		0.
7	2 LAPTOPS	082316	SL	5.00	16	1,460.			1,460.	1,460.		0.
8	LENOVO LAPTOP/WIRELESS KIT/SSD	042017	SL	5.00	16	1,235.			1,235.	1,194.		0.
9	LENOVO LAPTOP/WIRELESS KIT	050217	SL	5.00	16	359.			359.	347.		0.
10	LIGHTING IMPROVEMENTS	042309	SL	15.00	16	3,033.			3,033.	2,772.		202.
11	IMPROVEMENTS	051909	SL	15.00	16	1,550.			1,550.	1,412.		103.
12	FLOORING	031710	SL	15.00	16	2,133.			2,133.	1,819.		142.
13	REMODELING	032510	SL	15.00	16	9,649.			9,649.	8,228.		643.
14	LEASEHOLD IMPROVEMENTS	081510	SL	15.00	16	34,985.			34,985.	28,571.		2,332.
15	FURNANCE	051210	SL	15.00	16	11,556.			11,556.	9,437.		770.
16	PARKING LOT	051210	SL	15.00	16	1,731.			1,731.	1,413.		115.
17	IMPROVEMENTS	101111	SL	15.00	16	13,901.			13,901.	10,426.		927.
18	WINNI ROOM	040612	SL	15.00	16	1,000.			1,000.	683.		67.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	STORAGE BENCH	051112	SL	15.00	16	3,000.			3,000.	2,050.		200.
20	BAR BENCHES	061212	SL	15.00	16	4,428.			4,428.	3,026.		295.
21	IMPROVEMENTS	092613	SL	15.00	16	73,053.			73,053.	47,484.		4,870.
22	LAND	051210	200DB	5.00	17	101,250.			101,250.			0.
23	PAVING/DRAINAGE PROJECT	051319	SL	15.00	16	10,020.			10,020.	2,449.		668.
24	RADIO SYSTEMS	092004	SL	7.00	16	468.			468.	468.		0.
25	RIDING LAWMOWER	061504	SL	10.00	16	1,170.			1,170.	1,170.		0.
26	COMPUTER SYSTEMS	062804	SL	10.00	16	2,100.			2,100.	2,100.		0.
27	SOFTWARE	083105	SL	3.00	16	800.			800.	800.		0.
28	FIRE PREVENTION SYSTEM-KITCHEN	062904	SL	10.00	16	2,395.			2,395.	2,395.		0.
29	EQUIPMENT	051806	SL	7.00	16	1,335.			1,335.	1,335.		0.
30	WINDOWS	101706	SL	7.00	16	3,281.			3,281.	3,281.		0.
31	HEATING/AIR CONDITIONING SYSTEM	010507	SL	10.00	16	6,287.			6,287.	5,838.		0.
32	MICROSYSTEM	040407	SL	5.00	16	11,976.			11,976.	10,578.		0.
33	MICROSYSTEM	051607	SL	5.00	16	11,720.			11,720.	11,720.		0.
34	EQUIPMENT	052107	SL	5.00	16	1,553.			1,553.	1,553.		0.
35	MICROSYSTEM	052907	SL	5.00	16	4,997.			4,997.	4,997.		0.
36	RESTAURANT EQUIPMENT	082807	SL	5.00	16	3,574.			3,574.	3,574.		0.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	RESTAURANT EQUIPMENT	100507	SL	5.00	16	2,000.			2,000.	2,000.		0.
38	UTILITY CART	112707	SL	5.00	16	1,180.			1,180.	1,180.		0.
39	EQUIPMENT	010108	SL	5.00	16	50,348.			50,348.	50,348.		0.
40	BROILER FOR THE KITCHEN	062808	SL	5.00	16	1,110.			1,110.	1,110.		0.
41	MEAT SLICER	081408	SL	5.00	16	959.			959.	959.		0.
42	CONVENTION OVEN	041309	SL	5.00	16	3,675.			3,675.	3,675.		0.
43	EQUIPMENT	051210	SL	5.00	16	86,476.			86,476.	70,621.		0.
44	EQUIPMENT	051210	SL	5.00	16	160,327.			160,327.	130,932.		0.
45	MITTY LITE	040612	SL	5.00	16	6,646.			6,646.	6,646.		0.
46	MITTY LITE	060112	SL	5.00	16	6,646.			6,646.	6,646.		0.
47	MACHINERY AND EQUIPMENT	091513	SL	5.00	16	40,430.			40,430.	40,430.		0.
48	FREEZER	062616	SL	5.00	16	35,350.			35,350.	35,350.		0.
49	SLICER	101916	SL	5.00	16	1,848.			1,848.	1,848.		0.
50	KITTREDGE EQUIPMENT	122717	SL	5.00	16	2,645.			2,645.	2,645.		0.
51	2 TROLLEY	051204	SL	10.00	16	22,400.			22,400.	22,400.		0.
52	PICK UP TRUCK	113004	SL	10.00	16	32,879.			32,879.	32,879.		0.
53	TROLLEY CAPITAL REPAIRS	062904	SL	10.00	16	2,937.			2,937.	2,937.		0.
54	TROLLEY	102409	SL	10.00	16	75,000.			75,000.	68,125.		0.

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55	TRUCK	013114	SL	5.00	16	6,434.			6,434.	5,898.		0.
56	TRUCK	031714	SL	5.00	16	29,919.			29,919.	28,423.		0.
57	LAND IMPROVEMENT	010612	SL	15.00	16	20,565.			20,565.	15,424.		1,371.
58	SCULPTURE	032505	SL	20.00	16	25,000.			25,000.	22,188.		1,250.
59	HISTORICAL BUILDING STUDY	120804	SL	20.00	16	58,799.			58,799.	52,184.		2,940.
60	SIGN	120804	SL	20.00	16	1,000.			1,000.	888.		50.
61	BUILDING IMPROVEMENTS	033106	SL	15.00	16	14,645.			14,645.	14,645.		0.
62	SIGNS	033106	SL	15.00	16	3,622.			3,622.	3,622.		0.
63	IMPROVEMENT	050506	SL	15.00	16	4,200.			4,200.	4,200.		0.
64	IMPROVMENTS	050407	SL	15.00	16	43,451.			43,451.	43,451.		0.
65	IMPROVEMENTS	062107	SL	15.00	16	61,815.			61,815.	61,815.		0.
66	IMPROVEMENTS	080607	SL	15.00	16	8,301.			8,301.	8,301.		0.
67	IMPROVMENTS	090707	SL	15.00	16	10,758.			10,758.	10,758.		0.
68	IMPROVEMENTS	102507	SL	15.00	16	19,500.			19,500.	19,500.		0.
69	IMPROVEMENTS	110907	SL	15.00	16	25,139.			25,139.	25,139.		0.
70	IMPROVEMENTS	010308	SL	15.00	16	17,373.			17,373.	17,373.		0.
71	IMPROVEMENTS	031308	SL	15.00	16	30,135.			30,135.	29,716.		335.
72	RESTORATION	020609	SL	15.00	16	260,357.			260,357.	241,553.		17,357.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
73	IMPROVEMENT	033109	SL	15.00	16	11,750.			11,750.	10,836.		783.
74	FLOORING	030509	SL	15.00	16	10,000.			10,000.	9,222.		667.
75	SHADES	030609	SL	15.00	16	3,800.			3,800.	3,504.		253.
76	IMPROVEMENTS	022708	SL	15.00	16	2,048.			2,048.	2,048.		0.
77	IMPROVEMENTS	032608	SL	15.00	16	1,500.			1,500.	1,500.		0.
78	DISPLAY CABINET	032808	SL	5.00	16	1,681.			1,681.	1,681.		0.
79	HEATING UNIT	033108	SL	15.00	16	6,079.			6,079.	6,079.		0.
80	BARN RESTORATION	121609	SL	15.00	16	66,618.			66,618.	57,921.		4,441.
81	IMPROVEMENTS	070109	SL	15.00	16	85,126.			85,126.	76,613.		5,675.
82	RESTORATIONS	123010	SL	15.00	16	236,314.			236,314.	192,990.		15,754.
83	RESTORATIONS	101410	SL	15.00	16	4,049.			4,049.	3,306.		270.
84	RESTORATION	123111	SL	15.00	16	300,347.			300,347.	225,260.		20,023.
85	RESTORATION	021514	SL	15.00	16	9,679.			9,679.	5,807.		645.
86	RESTORATION	021515	SL	15.00	16							0.
87	RESTORATION	021516	SL	15.00	16	41,830.			41,830.	18,126.		2,789.
88	LOWER GATE HOUSE	021512	SL	15.00	16	245,727.			245,727.	167,913.		16,382.
89	LOWER GATE HOUSE	021515	SL	15.00	16	529.			529.	265.		35.
90	LOWER GATE HOUSE	021516	SL	15.00	16	3,500.			3,500.	1,517.		233.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
91	CASTLE SOUTH/EAST STONE FACADE	021512	SL	15.00	16	48,272.			48,272.	32,986.		3,218.
92	CASTLE SOUTH/EAST STONE FACADE	021513	SL	15.00	16	68,617.			68,617.	44,601.		4,574.
93	CASTLE SOUTH/EAST STONE FACADE	021514	SL	15.00	16	24,120.			24,120.	13,668.		1,608.
94	CASTLE INTERIOR	021512	SL	15.00	16	24,103.			24,103.	16,470.		1,607.
95	CASTLE INTERIOR	021513	SL	15.00	16	9,255.			9,255.	6,016.		617.
96	CASTLE INTERIOR	021514	SL	15.00	16	17,650.			17,650.	10,002.		1,177.
97	CASTLE INTERIOR	021515	SL	15.00	16	51,252.			51,252.	25,626.		3,417.
98	CASTLE INTERIOR	021516	SL	15.00	16	57,304.			57,304.	43,933.		3,820.
99	CASTLE INTERIOR	020317	SL	15.00	16	390.			390.	169.		26.
100	CASTLE INTERIOR	040517	SL	15.00	16	120.			120.	52.		8.
101	CASTLE INTERIOR	041417	SL	15.00	16	250.			250.	108.		17.
102	CASTLE INTERIOR	041717	SL	15.00	16	680.			680.	295.		45.
103	CASTLE INTERIOR	042017	SL	15.00	16	2,293.			2,293.	841.		153.
104	CASTLE INTERIOR	042017	SL	15.00	16	870.			870.	319.		58.
105	CASTLE INTERIOR	050217	SL	15.00	16	3,550.			3,550.	1,302.		237.
106	CASTLE INTERIOR	050417	SL	15.00	16	48.			48.	17.		3.
107	CASTLE INTERIOR	050717	SL	15.00	16	15,341.			15,341.	5,625.		1,023.
108	CASTLE INTEIORS	051417	SL	15.00	16	360.			360.	132.		24.

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109	CASTLE INTERIOR	052617	SL	15.00	16	1,040.			1,040.	381.		69.
110	CASTLE INTERIOR	052817	SL	15.00	16	508.			508.	186.		34.
111	CASTLE INTERIOR	060917	SL	15.00	16	400.			400.	147.		27.
112	CASTLE INTERIOR	060917	SL	15.00	16	378.			378.	139.		25.
113	CASTLE INTERIOR	070217	SL	15.00	16	520.			520.	191.		35.
114	CASTLE INTERIOR	073117	SL	15.00	16	1,076.			1,076.	395.		72.
115	BASEMENT WINDOWS	021512	SL	15.00	16	40,856.			40,856.	27,918.		2,724.
116	BASEMENT WINDOWS	021514	SL	15.00	16	1,894.			1,894.	1,073.		126.
117	BASEMENT WINDOWS	021516	SL	15.00	16	23,206.			23,206.	10,056.		1,547.
118	CASTLE PORTICO	021512	SL	15.00	16	79,385.			79,385.	54,246.		5,292.
119	CASTLE PORTICO	021513	SL	15.00	16	165,069.			165,069.	107,295.		11,005.
120	CASTLE PORTICO	021514	SL	15.00	16	705.			705.	400.		47.
121	CASTLE PORTICO	021516	SL	15.00	16	1,416.			1,416.	614.		94.
122	CASTLE PORTICO	061517	SL	15.00	16	4,536.			4,536.	1,663.		302.
123	CASTLE BRIDE BALCONY	052617	SL	15.00	16	6,584.			6,584.	2,414.		439.
124	CASTLE BRIDE BALCONY	061517	SL	15.00	16	4,352.			4,352.	1,596.		290.
125	CASTLE ELECTRIC	021512	SL	15.00	16	20,595.			20,595.	14,073.		1,373.
126	CASTLE ELECTRIC	021513	SL	15.00	16	8,436.			8,436.	5,483.		562.

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127	CASTLE ELECTRIC	021514	SL	15.00	16	2,416.			2,416.	1,369.		161.
128	CASTLE STONE WALLS/MISC	021514	SL	15.00	16	18,943.			18,943.	10,734.		1,263.
129	CASTLE STONE WALLS/MISC	021515	SL	15.00	16	526.			526.	263.		35.
130	CASTLE STONE WALLS/MISC	021516	SL	15.00	16	135,349.			135,349.	74,120.		9,023.
131	CASTLE STONE WALLS/MISC	071817	SL	15.00	16	200.			200.	77.		13.
132	RESTORATION PROJECT 2014	021514	SL	15.00	16	146,847.			146,847.	83,213.		9,790.
133	RESTORATION PROJECT 2015	021515	SL	15.00	16	136,659.			136,659.	68,330.		9,111.
134	RESTORATION PROJECT 2015	021516	SL	15.00	16	33,242.			33,242.	17,175.		2,216.
135	RESTORATION PROJECT 2016	070805	SL	15.00	16	17,500.			17,500.	4,083.		0.
136	RESTORATION PROJECT 2017	021517	SL	15.00	16	315.			315.	116.		21.
137	RESTORATION PROJECT 2017	021517	SL	15.00	16	3,532.			3,532.	1,295.		235.
138	RESTORATION PROJECT 2017	021517	SL	15.00	16	2,048.			2,048.	751.		137.
139	RESTORATION PROJECT 2017	021517	SL	15.00	16	12,400.			12,400.	4,547.		827.
140	RESTORATION PROJECT 2017	021517	SL	15.00	16	5,767.			5,767.	2,115.		384.
141	DOG HOUSE	021514	SL	15.00	16	7,780.			7,780.	4,409.		519.
142	DOG HOUSE	021515	SL	15.00	16	47,361.			47,361.	23,681.		3,157.
143	SOUTH TOWER	021515	SL	15.00	16	44,237.			44,237.	22,118.		2,949.
144	SOUTH TOWER	021516	SL	15.00	16	27,802.			27,802.	21,314.		1,853.

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145	BASEMENT	021516	SL	15.00	16	3,861.			3,861.	2,960.		257.
146	BASEMENT	012517	SL	15.00	16	959.			959.	352.		64.
147	BASEMENT	030617	SL	15.00	16	39.			39.	14.		3.
148	BASEMENT	033117	SL	15.00	16	34,726.			34,726.	12,733.		2,315.
149	BASEMENT	042017	SL	15.00	16	8,611.			8,611.	3,157.		574.
150	BASEMENT	043017	SL	15.00	16	77,957.			77,957.	28,584.		5,197.
151	BASEMENT	052517	SL	15.00	16	500.			500.	183.		33.
152	BASEMENT	052917	SL	15.00	16	3,235.			3,235.	1,186.		216.
153	BASEMENT	053117	SL	15.00	16	72,465.			72,465.	26,571.		4,831.
154	BASEMENT	060117	SL	15.00	16	500.			500.	183.		33.
155	BASEMENT	061517	SL	15.00	16	17,330.			17,330.	6,354.		1,155.
156	BASEMENT	071017	SL	15.00	16	15,242.			15,242.	5,589.		1,016.
157	BASEMENT	071817	SL	15.00	16	16,230.			16,230.	5,951.		1,082.
158	BASEMENT	073117	SL	15.00	16	3,244.			3,244.	1,189.		216.
159	BASEMENT	080317	SL	15.00	16	17,930.			17,930.	6,574.		1,195.
160	BASEMENT	083117	SL	15.00	16	24,365.			24,365.	8,934.		1,624.
161	BASEMENT	093017	SL	15.00	16	5,137.			5,137.	1,884.		342.
162	BASEMENT	111917	SL	15.00	16	28,500.			28,500.	10,450.		1,900.

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163	SHANNON POND DAM	032417	SL	15.00	16	70.			70.	26.		5.
164	SHANNON POND DAM	032417	SL	15.00	16	25.			25.	9.		2.
165	SHANNON POND DAM	072517	SL	15.00	16	12,740.			12,740.	4,671.		849.
166	SHANNON POND DAM	092017	SL	15.00	16	14,094.			14,094.	5,168.		940.
167	SHANNON POND DAM	110917	SL	15.00	16	3,404.			3,404.	1,248.		227.
168	SHANNON POND DAM	113017	SL	15.00	16	4,174.			4,174.	1,530.		278.
169	SHANNON POND DAM	122717	SL	15.00	16	580.			580.	213.		39.
170	PERGOLA RESTORATION REPAIR	041217	SL	15.00	16	47,600.			47,600.	17,453.		3,173.
171	PERGOLA RESTORATION REPAIR	052817	SL	15.00	16	7,418.			7,418.	2,720.		495.
172	PERGOLA ROOF REPAIR	042217	SL	15.00	16	15,500.			15,500.	5,683.		1,033.
173	PERGOLA ROOF REPAIR	052617	SL	15.00	16	9,250.			9,250.	3,392.		617.
174	PERGOLA ROOF REPAIR	071817	SL	155M	16	630.			630.	41.		4.
175	PERGOLA ROOF REPAIR	082317	SL	15.00	16	12,000.			12,000.	4,400.		800.
176	CHIMNEY REPAIR	042017	SL	15.00	16	14,340.			14,340.	5,258.		956.
177	CHIMNEY REPAIR	080317	SL	155M	16	1,925.			1,925.	126.		12.
178	UPPER GATE HOUSE	083117	SL	15.00	16	3,431.			3,431.	1,258.		229.
179	LIBRARY EXTERIOR AEOLIAN ORGAN	113017	SL	15.00	16	12,614.			12,614.	4,625.		841.
180	REHAB/ INSTALL	123117	SL	15.00	16	1,500.			1,500.	550.		100.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
181	CAPITAL IMPROVEMENTS	020218	SL	15.00	16	23,286.			23,286.	7,633.		1,552.
182	CAPITAL IMPROVEMENTS	033118	SL	15.00	16	7,736.			7,736.	2,450.		516.
183	TROLLEY - USED CARPETING - ART	122319	SL	5.00	16	9,500.			9,500.	5,700.		1,900.
184	GALLERY AREA	040118	SL	5.00	16	4,850.			4,850.	4,608.		243.
185	PAVING	060818	SL	15.00	16	148,156.			148,156.	45,270.		9,877.
186	PARKING LOT	071218	SL	15.00	16	1,000.			1,000.	300.		67.
187	SEPTIC CARPETING -	082718	SL	15.00	16	29,402.			29,402.	8,494.		1,960.
188	BEDROOM, HALL	103018	SL	5.00	16	5,800.			5,800.	4,833.		967.
189	2018 FORD F550	120118	SL	10.00	16	67,938.			67,938.	27,741.		6,794.
190	MACHINERY/EQUIPMENT	013118	SL	5.00	16	3,059.			3,059.	3,008.		51.
191	NEW FRYER	120418	SL	5.00	16	799.			799.	653.		146.
192	SUN PARLOR REPAIRS	123118	SL	15.00	16	6,716.			6,716.	1,791.		448.
193	CASTLE INTERIORS	020218	SL	15.00	16	5,800.			5,800.	1,901.		387.
194	CASTLE INTERIORS	033118	SL	15.00	16	7,200.			7,200.	2,280.		480.
195	CASTLE INTERIORS	043018	SL	15.00	16	222.			222.	69.		15.
196	CASTLE INTERIORS	053118	SL	15.00	16	7,671.			7,671.	2,344.		511.
197	CASTLE INTERIORS	083118	SL	15.00	16	360.			360.	104.		24.
198	CASTLE STONE WALLS	022818	SL	15.00	16	16,000.			16,000.	5,156.		1,067.

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199	CASTLE STONE WALLS	043018	SL	15.00	16	11,140.			11,140.	3,466.		743.
200	CASTLE STONE WALLS	053118	SL	15.00	16	41,894.			41,894.	12,801.		2,793.
201	CASTLE STONE WALLS	063018	SL	15.00	16	10,490.			10,490.	3,147.		699.
202	CASTLE STONE WALLS	073118	SL	15.00	16	7,890.			7,890.	2,323.		526.
203	RESTORATION PROJECTS 2014	053118	SL	15.00	16	17,894.			17,894.	5,467.		1,193.
204	RESTORATION PROJECTS 2014	063018	SL	15.00	16	9,565.			9,565.	2,870.		638.
205	RESTORATION PROJECTS 2014	073118	SL	15.00	16	7,267.			7,267.	2,140.		484.
206	RESTORATION PROJECTS 2014	083118	SL	15.00	16	15,085.			15,085.	4,358.		1,006.
207	RESTORATION PROJECTS 2014	093018	SL	15.00	16	13,414.			13,414.	3,801.		894.
208	RESTORATION PROJECTS 2014	103118	SL	15.00	16	9,499.			9,499.	2,639.		633.
209	BASEMENT	033118	SL	15.00	16	14,600.			14,600.	4,623.		973.
210	BASEMENT	073118	SL	15.00	16	680.			680.	200.		45.
211	SHANNON POND DAMN	083118	SL	15.00	16	43,595.			43,595.	12,594.		2,906.
212	SHANNON POND DAM	093018	SL	15.00	16	10,351.			10,351.	2,933.		690.
213	SHANNON POND DAM	103118	SL	15.00	16	128,755.			128,755.	35,765.		8,584.
214	SHANNON POND DAM	113018	SL	15.00	16	31,600.			31,600.	8,602.		2,107.
215	SHANNON POND DAM	123118	SL	15.00	16	5,581.			5,581.	1,488.		372.
216	ROOF REPAIR	053118	SL	15.00	16	6,030.			6,030.	1,843.		402.

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217	ROOF REPAIR	083118	SL	15.00	16	18,217.			18,217.	5,263.		1,214.
218	ROOF REPAIR	113018	SL	15.00	16	9,400.			9,400.	2,559.		627.
219	ROOF REPAIR	123118	SL	15.00	16	5,161.			5,161.	1,376.		344.
220	UPPER GATE HOUSE	013118	SL	15.00	16	5,069.			5,069.	1,662.		338.
221	LIBRARY EXTERIOR	013118	SL	15.00	16	14,053.			14,053.	4,606.		937.
222	LIBRARY EXTERIOR	033118	SL	15.00	16	6,525.			6,525.	2,066.		435.
223	LIBRARY EXTERIOR	043018	SL	15.00	16	1,953.			1,953.	608.		130.
224	LIBRARY EXTERIOR	053118	SL	15.00	16	5,585.			5,585.	1,707.		372.
225	STORAGE BUILDING IMPROVEMENTS	013118	SL	15.00	16	9,360.			9,360.	3,068.		624.
226	STORAGE BUILDING IMPROVEMENTS	022818	SL	15.00	16	3,900.			3,900.	1,257.		260.
227	ENTRY/DRAINAGE REGRADING	053118	SL	15.00	16	6,030.			6,030.	1,843.		402.
228	ENTRY/DRAINAGE REGRADING	083118	SL	15.00	16	18,217.			18,217.	5,263.		1,214.
229	ENTRY/DRAINAGE REGRADING	123118	SL	15.00	16	2,860.			2,860.	763.		191.
230	AEOLIAN ORGAN REHAB/INSTALL	053118	SL	15.00	16	8,309.			8,309.	2,539.		554.
231	COLLECTIONS CONTINGENCY	113018	SL	5.00	16	145.			145.	118.		27.
232	SIGNS	072818	SL	15.00	16	25,233.			25,233.	7,430.		1,682.
233	BUILDINGS	051210	SL	39.00	16	1334756.			1334756.	480,782.		34,225.
234	REPRODUCTION	110119	SL	15.00	16	14,599.			14,599.	3,082.		973.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
235	PROJECT PUNCH ITEMS	103019	SL	15.00	16	30,922.			30,922.	6,528.		2,061.
236	PROJECT PUNCH	113019	SL	15.00	16	10,446.			10,446.	2,147.		696.
237	CASTLE INTERIORS	123119	SL	15.00	16	2,391.			2,391.	478.		159.
238	NEW DOOR	072919	SL	15.00	16	346.			346.	79.		23.
239	SHANNON POND DAM	013019	SL	15.00	16	4,074.			4,074.	1,064.		272.
240	ROOF REPAIR	033119	SL	15.00	16	2,300.			2,300.	575.		153.
241	ROOF REPAIR	082919	SL	15.00	16	1,210.			1,210.	269.		81.
242	ROOF REPAIR	103019	SL	15.00	16	37,827.			37,827.	7,986.		2,522.
243	ROOF REPAIR	113019	SL	15.00	16	55,555.			55,555.	11,420.		3,704.
244	ROOF REPAIR	123119	SL	15.00	16	16,108.			16,108.	3,222.		1,074.
245	UPPER GATE HOUSE	053119	SL	15.00	16	3,200.			3,200.	764.		213.
246	LIBRARY EXTERIOR	033119	SL	15.00	16	13,193.			13,193.	3,298.		880.
247	LIBRARY EXTERIOR	043019	SL	15.00	16	49,081.			49,081.	11,998.		3,272.
248	LIBRARY EXTERIOR	053119	SL	15.00	16	49,118.			49,118.	11,734.		3,275.
249	LIBRARY EXTERIOR	063019	SL	15.00	16	5,163.			5,163.	1,205.		344.
250	AEOLIAN ORGAN REHAB	033119	SL	15.00	16	4,000.			4,000.	1,000.		267.
251	WINDOWS/DOORS/DOMOR COLLECTIONS	082919	SL	15.00	16	8,031.			8,031.	1,785.		535.
252	CONTINGENCY	082919	SL	5.00	16	244.			244.	163.		49.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
253	COLLECTIONS CONTINGENCY	123119	SL	5.00	16	1,325.			1,325.	795.		265.
254	RICHARDS HVAC	011319	SL	10.00	16	2,712.			2,712.	1,085.		271.
255	NEW COOLER FOR KITCHEN	100119	SL	5.00	16	1,648.			1,648.	1,071.		330.
256	SHANNON POND DAM	100919	SL	15.00	16	10,066.			10,066.	2,181.		671.
257	REBUILD EXISTING TROLLEY	100319	SL	10.00	16	46,792.			46,792.	15,207.		4,679.
258	GARAGE DOOR	122220	SL	39.00	16	2,315.			2,315.	119.		59.
259	RICHARDS HVAC	031820	SL	10.00	16	16,000.			16,000.	4,400.		1,600.
260	RICHARDS HVAC	050120	SL	10.00	16	2,778.			2,778.	741.		278.
261	HINDS ELECTRIC	062120	SL	10.00	16	2,915.			2,915.	729.		292.
262	RICHARDS HVAC	072920	SL	10.00	16	6,300.			6,300.	1,523.		630.
263	KITTREDGE EQUIPMENT	082620	SL	5.00	16	2,184.			2,184.	1,019.		437.
264	RICHARDS HVAC	100520	SL	10.00	16	1,350.			1,350.	304.		135.
265	LAPTOPS	042420	SL	5.00	16	13,138.			13,138.	7,007.		2,628.
266	CARRIAGE HOUSE RESTORATION	033120	SL	15.00	16	1,675.			1,675.	307.		112.
267	CARRIAGE HOUSE RESTORATION	053120	SL	15.00	16	5,068.			5,068.	873.		338.
268	CARRIAGE HOUSE RESTORATION	063020	SL	15.00	16	5,131.			5,131.	855.		342.
269	CARRIAGE HOUSE RESTORATION	073020	SL	15.00	16	1,026.			1,026.	165.		68.
270	CARRIAGE HOUSE RESTORATION	093020	SL	15.00	16	904.			904.	136.		60.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
271	LIBRARY INTERIOR RESTORATION	013120	SL	15.00	16	361.			361.	70.		24.
272	LIBRARY INTERIOR RESTORATION	022920	SL	15.00	16	13,886.			13,886.	2,623.		926.
273	LIBRARY INTERIOR RESTORATION	033120	SL	15.00	16	558.			558.	102.		37.
274	LIBRARY INTERIOR RESTORATION	043020	SL	15.00	16	12,680.			12,680.	2,254.		845.
275	LIBRARY INTERIOR RESTORATION	053120	SL	15.00	16	7,386.			7,386.	1,272.		492.
276	LIBRARY INTERIOR RESTORATION	102720	SL	15.00	16	2,307.			2,307.	333.		154.
277	LIBRARY INTERIOR RESTORATION	122320	SL	15.00	16	2,450.			2,450.	327.		163.
278	PROJECT PUNCH	073020	SL	15.00	16	380.			380.	61.		25.
279	PROJECT PUNCH	083120	SL	15.00	16	390.			390.	61.		26.
280	NORTH TOWER EXTERIOR	022920	SL	15.00	16	35,087.			35,087.	6,628.		2,339.
281	NORTH TOWER EXTERIOR	033120	SL	15.00	16	34,160.			34,160.	6,263.		2,277.
282	NORTH TOWER EXTERIOR	043020	SL	15.00	16	2,251.			2,251.	400.		150.
283	NORTH TOWER EXTERIOR	053120	SL	15.00	16	50,252.			50,252.	8,655.		3,350.
284	NORTH TOWER EXTERIOR	063020	SL	15.00	16	11,275.			11,275.	1,879.		752.
285	NORTH TOWER EXTERIOR	073020	SL	15.00	16	12,804.			12,804.	2,063.		854.
286	NORTH TOWER EXTERIOR	083120	SL	15.00	16	1,500.			1,500.	233.		100.
287	NORTH TOWER EXTERIOR	093020	SL	15.00	16	1,136.			1,136.	170.		76.
288	SUN PARLOR REPAIRS	122320	SL	15.00	16	18,106.			18,106.	2,414.		1,207.

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289	LOWER GATE HOUSE	093020	SL	15.00	16	1,136.			1,136.	170.		76.
290	CASTLE INTERIORS	013120	SL	15.00	16	96.			96.	19.		6.
291	CASTLE INTERIORS	022920	SL	15.00	16	3,696.			3,696.	698.		246.
292	CASTLE INTERIORS	033120	SL	15.00	16	900.			900.	165.		60.
293	CASTLE INTERIORS	073020	SL	15.00	16	3,900.			3,900.	628.		260.
294	CASTLE INTERIORS	083120	SL	15.00	16	950.			950.	148.		63.
295	CASTLE INTERIORS	093020	SL	15.00	16	904.			904.	136.		60.
296	CASTLE INTERIORS	113020	SL	15.00	16	2,030.			2,030.	282.		135.
297	CASTLE INTERIORS	122320	SL	15.00	16	805.			805.	107.		54.
298	BASEMENT RESTORATION	033120	SL	15.00	16	2,395.			2,395.	439.		160.
299	BASEMENT RESTORATION	043020	SL	15.00	16	3,031.			3,031.	539.		202.
300	BASEMENT RESTORATION	053120	SL	15.00	16	5,623.			5,623.	968.		375.
301	SHANNON POND DAM	022920	SL	15.00	16	18,737.			18,737.	3,539.		1,249.
302	SHANNON POND DAM	033120	SL	15.00	16	10,085.			10,085.	1,849.		672.
303	SHANNON POND DAM	043020	SL	15.00	16	17,728.			17,728.	3,152.		1,182.
304	SHANNON POND DAM	053120	SL	15.00	16	25,824.			25,824.	4,447.		1,722.
305	SHANNON POND DAM	063020	SL	15.00	16	3,832.			3,832.	639.		255.
306	SHANNON POND DAM	073020	SL	15.00	16	908.			908.	146.		61.

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307	SHANNON POND DAM	083120	SL	15.00	16	5,480.			5,480.	852.		365.
308	SHANNON POND DAM	122320	SL	15.00	16	4,470.			4,470.	596.		298.
309	ROOF REPAIR	013120	SL	15.00	16	25,340.			25,340.	4,927.		1,689.
310	ROOF REPAIR	022920	SL	15.00	16	968.			968.	183.		65.
311	ROOF REPAIR	033120	SL	15.00	16	31,470.			31,470.	5,770.		2,098.
312	ROOF REPAIR	043020	SL	15.00	16	2,870.			2,870.	510.		191.
313	ROOF REPAIR	053120	SL	15.00	16	6,490.			6,490.	1,118.		433.
314	ROOF REPAIR	083120	SL	15.00	16	3,511.			3,511.	546.		234.
315	ROOF REPAIR	122320	SL	15.00	16	3,983.			3,983.	531.		266.
316	UPPER GATE HOUSE	033120	SL	15.00	16	7,600.			7,600.	1,393.		507.
317	LIBRARY EXTERIOR	080120	SL	15.00	16	720.			720.	116.		48.
318	SHANNON POND DAM	110120	SL	15.00	16	1,857.			1,857.	268.		124.
319	HVAC	010120	SL	10.00	16	2,100.			2,100.	630.		210.
320	CASTLE INTERIORS ADDITIONS 2021	070121	SL	15.00	16	4,874.			4,874.	487.		325.
321	SHANNON POND DAM 2021 ADDITIONS	070121	SL	15.00	16	15,528.			15,528.	1,553.		1,035.
322	ROOF REPAIR - PERGOLA 2021 ADDITI	070121	SL	15.00	16	900.			900.	90.		60.
323	ROOF REPAIR - 2021 ADDITIONS	070121	SL	15.00	16	5,314.			5,314.	531.		354.
324	MAPLE LODGE - 2021 ADDITIONS	070121	SL	15.00	16	5,497.			5,497.	550.		366.

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325	AEOLIAN ORGAN REHAB - 2021 ADDITIONS	070121	SL	15.00	16	4,470.			4,470.	447.		298.
326	SUN PARLOR REPAIRS - 2021 ADDITIONS	070121	SL	15.00	16	252,183.			252,183.	25,218.		16,812.
327	NORTH TOWER EXTERIOR - 2021 ADD	070121	SL	15.00	16	9,322.			9,322.	932.		621.
328	LUCKNOW/SPRITE ADDITIONS 2021	070121	SL	15.00	16	1,082.			1,082.	108.		72.
329	LIBRARY INTERIOR RESTORATION - 2021	070121	SL	15.00	16	8,817.			8,817.	882.		588.
330	CARRIAGE HOUSE RESTORATION - 2021	070121	SL	15.00	16	400.			400.	40.		27.
331	SHANNON POND DAM ACCESSIBILITY 2021	070121	SL	15.00	16	73,120.			73,120.	7,312.		4,875.
332	CASTLE GARDENS ADDITIONS 2021	070121	SL	15.00	16	9,185.			9,185.	919.		612.
333	COLLECTIONS CONTINGENCY - 2021	070121	SL	5.00	16	355.			355.	107.		71.
334	MACHINERY / EQUIPMENT ADDITIONS	070121	SL	5.00	16	21,602.			21,602.	6,481.		4,320.
335	THINKBOOK	032922	SL	3.00	16	999.			999.	250.		333.
336	COMPUTER (ROBIN)	042222	SL	3.00	16	880.			880.	196.		293.
337	DISHWASHER MACHINERY /	070122	SL	5.00	16	11,536.			11,536.	1,154.		2,307.
338	EQUIPMENT ADDITIONS	090622	SL	5.00	16	2,170.			2,170.	145.		434.
339	CASTLE INTERIORS ADDITIONS 2022	042922	SL	15.00	16	525.			525.	23.		35.
340	SHANNON POND DAM - 2022 ADDITIONS	122222	SL	15.00	16	26,644.			26,644.			1,776.
341	PERGOLA ADDITIONS 2022	083122	SL	15.00	16	7,608.			7,608.	169.		507.
342	STANCHION REPAIR 2022	053122	SL	15.00	17	14,700.			14,700.	490.		980.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
343	ROOF REPAIR - 2022 ADDITIONS	053122	SL	15.00	16	15,480.			15,480.	602.		1,032.
344	CHIMNEY REPAIR 2022	053122	SL	15.00	17	26,420.			26,420.	881.		1,761.
345	MAPLE LODGE - 2022 ADDITIONS	093022	SL	15.00	16	210,184.			210,184.	3,503.		14,012.
346	AEOLIAN 2022 ADDITIONS	053122	SL	15.00	17	371.			371.	12.		25.
347	NORTH TOWER EXTERIOR - 2022 ADD	103122	SL	15.00	16	19,139.			19,139.	213.		1,276.
348	LUCKNOW/SPRITE ADDITIONS 2022	063022	SL	15.00	16	850.			850.	28.		57.
349	LIBRARY INTERIOR RESTORATION - 2022	113022	SL	15.00	16	16,157.			16,157.	90.		1,077.
350	SHANNON POND DAM ACCESSIBILITY 2022	122222	SL	15.00	16	35,375.			35,375.			2,358.
351	COLLECTIONS CONTINGENCY - 2022	053122	SL	5.00	16	2,028.			2,028.	237.		406.
352	COMPUTER	060923	SL	3.00	16	860.			860.			167.
353	SHANNON POND HANDICAPPING PARKIN	042523	SL	15.00	16	11,460.			11,460.			509.
354	CATERING KITCHEN REMODEL AND MISC PR	123123	SL	39.00	16	14,753.			14,753.			0.
355	SIDE BY SIDE FOR RESTAURANT/CAFE	041023	SL	10.00	16	5,000.			5,000.			375.
356	PUMPHOUSE MANIFOLD REPAIR/REPLACEMENT	020923	SL	5.00	16	11,800.			11,800.			2,163.
357	PATIO FURNITURE	051223	SL	5.00	16	31,389.			31,389.			4,185.
358	MACHINERY/EQUIPMENT ADDITIONS 2023	090123	SL	5.00	16	6,602.			6,602.			440.
359	GREENHOUSE	123123	SL	5.00	16	1,451.			1,451.			0.
360	CASTLE INTERIORS ADDITIONS 2023	053123	SL	15.00	16	2,850.			2,850.			111.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
361	PERGOLA ADDITIONS 2023	073123	SL	15.00	16	10,951.			10,951.			304.
362	STANCHION REPAIR 2023	053123	SL	15.00	19E	4,700.			4,700.			157.
363	ROOF REPAIR - 2023 ADDITIONS	123123	SL	15.00	16	897.			897.			0.
364	MAPLE LODGE - 2023 ADDITIONS	123123	SL	15.00	16	335,602.			335,602.			0.
365	LIBRARY EXTERIOR 2023 ADDITIONS	053123	SL	15.00	16	1,663.			1,663.			65.
366	AEOLIAN 2023 ADDITIONS	013123	SL	15.00	19E	2,705.			2,705.			90.
367	SUN PARLOR REPAIRS - 2023 ADDITIONS	093023	SL	15.00	16	3,517.			3,517.			59.
368	NORTH TOWER EXTERIOR 2023 ADDIT	093023	SL	15.00	16	22,327.			22,327.			372.
369	LIBRARY INTERIOR RESTORATION - 2023	053123	SL	15.00	16	6,551.			6,551.			255.
370	CASTLE GARDENS ADDITIONS 2023	113023	SL	15.00	16	12,746.			12,746.			71.
371	COLLECTIONS CONTINGENCY - 2023	083123	SL	5.00	16	1,880.			1,880.			125.
372	SHANNON POND DAM ACCESSIBILITY 2023	123123	SL	15.00	16	62,739.			62,739.			0.
						8777122.		0.	8777122.	4011461.		448,362.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					8224679.		0.	8224679.	4011461.		
	ACQUISITIONS					552,443.		0.	552,443.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					8777122.		0.	8777122.	4011461.		