## 990

### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047 2008

Open to Public

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service For the 2008 calendar year, or tax year beginning 2008, and ending 2008 C Name of organization Employer identification number Check if applicable Doing Business As 303 9878 Address change lahel or print or Number and street (or P O box if mail is not delivered to street address) Telephone number Room/suite ☐ Name change P.O. BUX 641 357-7536 Initial return City or town, state or country, and ZIP + 4 Termination Instruc-EUSFIS tions. G Gross receipts \$ 115,750 Amended return F Name and address of principal officer Application pending H(a) Is this a group return for affiliates? Yes No Ronald Maefantane 4849 Sable Ridge Ct. Leesburg H(b) Are all affiliates included? Yes No **★** 501(c) (3 ) (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) trout lake nature, org H(c) Group exemption number ▶ Type of organization X Corporation Trust Association Other Year of formation: 1988 M State of legal domicile. Summary Part I Briefly describe the organization's mission or most significant activities: During School year are conducted from elementary schools Activities & Governance open to general public without charge, I'ducational conducted several times a month on site or 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets. 3 12 Number of voting members of the governing body (Part VI, line 1a). 4 Number of independent voting members of the governing body (Part VI, line 1b) 12 5 5 Total number of employees (Part V, line 2a) . . . . 125 6 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a b Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 95.314 92,244 Contributions and grants (Part VIII, line 1h) 18,881 Program service revenue (Part VIII, line 2g) . 11.142 2,837 Z Ø Ô Investment income (Part VIII, column (A), lines 3, 4, and 7d) 549 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 42 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 840 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . Benefits paid to or for members (Part IX, column (A), line 4) . . 808 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines T1a-Hd-H1 25.722 05845 00.530 Total expenses. Add lines 13-17 (must equal Part 1) line Revenue less expenses Subtract line 18 from line 12 .995 220 RS-OS Beginning of Year End of Year MAY 26 2009 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract lin 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 Type or print name and title Check if Date Preparer's identifying number Preparer's self-(see instructions) signature employed ▶ □ Paid Preparer's Firm's name (or yours Use Only if self-employed), address, and ZIP + 4 Phone no ► (

Pai	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission. Preserve and maintain the native flora and fauna within the
	ecosystems at Center. Teach stewardship and promote Conservation of our natural environment.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code: ) (Expenses \$ 53,322 including grants of \$ ) (Revenue \$ 23.391)  Duting 3chool year visitations are conducted from elementary schools private schools and hone-schooled children in lake County On occasion programs are conducted in schools. Approximately 2.700 children participate, Programs meet Florida Sunshine
	3+ate standard 3.
4b	(Code: ) (Expenses \$ 8200 including grants of \$ ) (Revenue \$ 3000)  Center 12 apen to general public without charge  Groups may arrange for visit and educational  Arograms. One or two people are present during  lopen hours to answer questions. Docents will  goide groups of people when requested feople  can visit displays and walk trails to Trout Lake.
~	
4c	(Code: ) (Expenses \$ 20,513 including grants of \$ ) (Revenue \$ 6,000 )  Educational programs are conducted several times a  month on site or with visits to other locations  Depending upon subject attendance can range from  15 to 110 persons
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ \$ (Must equal Part IX, Line 25, column (B).) 8 2, 0 3 5
4e	LOTOL DECORPOR COMMON AVENUAGO DE ME UNIVERSA DE MANDE LOTOL DOM IV. LICOLUMO AND LOTOL DE COMMON AND LOTO

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_	X	×.
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		*
b	business, and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16_		<u> </u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17_		
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 20		<u>×</u>
20 24	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H </i>	21		<del>/</del>
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "res," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		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? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.	24a		×
b		24b		<u>×</u>
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?	24c		×
d		24d		X X
25a		25a		<u>Κ</u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>×</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		*

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			1
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		<u>X</u>
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Ŋ.
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
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>	30	:	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31_		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		×
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form **990** (2008)

Pai	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3	-		ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	V	
,	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a `\	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		/
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	·		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		<b>\</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_	<u> </u>	<u> </u>
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		/
b 、	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	İ		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than		-	,
	\$75?	7a		/
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		<b>✓</b>
	If "Yes," indicate the number of Forms 8282 filed during the year	ł		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7-		
	benefit contract?	7e 7f		Y
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		-
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	.5		
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	†	1
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			<u> </u>
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?.	9b		<b>V</b>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	12a	<u> </u>	<del> </del>
b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	124	<u> </u>	L

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management		_	
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O See instructions.			
1a				
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		*
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4		4		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		V
5	Did the organization become aware during the year of a material diversion of the organization's assets?	<u> </u>	X	
6	Does the organization have members or stockholders?	-		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	70	X	
	of the governing body?	7a 7b	Ż	
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	70	^	<del></del>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		X	
а	The governing body?	_8a_	^_	<b>—</b>
b	Each committee with authority to act on behalf of the governing body?	8b		X
9a	Does the organization have local chapters, branches, or affiliates?	<u>9a</u>		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	٠.		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations		×	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			X
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		_~
Sec	tion B. Policies			
			Yes	No,
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>V</b>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		<del></del> _
13	Does the organization have a written whistleblower policy?	13		<u> </u>
14	Does the organization have a written document retention and destruction policy?	14		4
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.			
а	The organization's CEO, Executive Director, or top management official?	15a		<b>_</b>
b	Other officers or key employees of the organization?	15b		
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		4
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Hone			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☐ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco		f the	
	organization: > Ronald Macfarlane, 4849 Sable Ridge Ct. Leesburg, F	ب		

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

Check this box if the organization did not contain	mpensate	any o	offic	er,	<u>dıre</u>	ctor,	trus	tee, or key em	ployee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (d	checl	c all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Bernie Yokel President	12	/		/				-0-	-0-	-0-
Trina Raether Vice President	12	1		<b>V</b>				-0-	-0-	-0-
Eleanor Fessler Secretary	1	<b>V</b>		<b>V</b>	_			-0-	-0-	-0-
Ronald Macfarlane Treasurer	3	<b>✓</b>		V				-0-	-0-	-0 -
Yvonne Rice Director	1	<b>/</b>						-0-	-0-	-0 -
Mickey Mahonay  Director  Frank Bishop	2	<b>✓</b>						-0-	-0-	-0-
Director Time Hill	3	<b>√</b>						-0-	-0-	-0~
Director	1	✓						-0-	-0 -	-0-
Margie La Roe Director	1	/						-0 -	-0-	-0-
May Onischule Director	ν	/						-0-	_0-	-0 -
Margie Sigmen Director	1	/						-0 -	-0-	-0 -
Horace Thompson Director	2	<b>/</b>						-8 -	~0 -	- 0 -

Part VII	Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees,	, an	d Hig	hest	Compensate	Employees (co	ontinued)	
	(A)	(B)			(6	C)			(D)	(E)	(F)	
	Name and title	Average	Positi	on (	chec	k all	that ap		Reportable	Reportable	Estimate	
		hours per week	익方	ls.	9	6	육,풀	Former	compensation from	compensation from related	amount o	of
		Week	d 1	Institutional	Officer	Key employee	탕	[麗]	the	organizations	compensat	ion
		Ì	cto La	ğ		μÞ	st c	"	organization	(W-2/1099-MISC)	from the	
			ੋ ਵੱ	말		oye	<u>  3</u>		(W-2/1099-MISC)		organization	
			Individual trustee or director	trustee	1	l G	og				organizatio	
			"	8			Highest compensated employee					
				-		-		Н				
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1b Total .					<u> </u>	l	L	$\vdash$				
	umber of individuals (including thos	e in 1a) wh	no rec	· ·	ed r	nore	thar	\$1	00 000 in repo	rtable compen	sation from	the
organiz		o ra,	.0 100		<i>.</i>		J LITE	Ψ.	00,000, 10p0	rabio compon	Janon 11 Juni	
									•		Yes	No
3 Did the	organization list any former office	er. director	or tru	uste	e. k	cev	emple	ove	e, or highest o	ompensated		
	ee on line 1a? If "Yes," complete S								·	<del>-</del>	3	X
4 For any	individual listed on line 1a, is the s	sum of repo	ortabl	ес	omp	ens	ation	and	d other compe	nsation from		
	anization and related organizations	greater tha	ın \$15	50,0	00?	If "	'Yes,"	cor	nplete Schedu	le J for such	4	¥
individu							. ,				4	<u> </u>
5 Did an service	y person listed on line 1a receive s rendered to the organization? If "	or accrue Yes." comp	comp ete :	sen: Sch	satio edu	on i ile J	rom : I for s	any :uch	person	anization for	5	X
	Independent Contractors	<u> </u>										
	ete this table for your five highest co	ompensate	d ind	epe	nde	ent o	contra	ctor	rs that receive	d more than \$1	00,000 of	
compe	nsation from the organization.											
	(A) Name and business add	tress							(B) Description of s	ervices	(C) Compensation	1
	1			-		-						
	None							-				
								<u> </u>				
	umber of independent contractors nsation from the organization ▶		those	ın	1) w	/ho	recen	ved	more than \$10	00,000 in		

Part	VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns	7,650 	92244			
Program Service Revenue	2a b c d	9.5+ Shop	Business Code 6/16 00 900099 900099	53014 9301 4266			
Progr	f g	All other program service revenue  Total. Add lines 2a-2f		18881		-	
	3 4 5	Investment income (including dividends other similar amounts)	▶	3,200			
	b	Gross Rents		<b>32</b> 0.			
		Gross amount from sales of assets other than inventory  Less: cost or other basis and sales expenses . (i) Securities	(ii) Other				
		Gain or (loss)		0			
Other Revenue	8a	Gross income from fundraising events (not including \$					
Othe		Less: direct expenses <b>b</b> Net income or (loss) from fundraising e	vents	0	•		
	9a	Gross income from gaming activities. See Part IV, line 19	0				
		Less: direct expenses b  Net income or (loss) from gaming activ	ties ▶	0			
	ь	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventors	O	0			
		Miscellaneous Revenue	Business Code	0/2			
	11a b	Endopment	900099	950			
	d	All other revenue					
		<b>Total.</b> Add lines 11a–11d	🕨	1,105			
	12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 9c, 10c, and 11e	5, 6d, 7d, 8c,	115.750			

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	umn (A) but are no	t required to comp	olete columns (B), (	C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			<u>.</u> .	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	-			
5	Compensation of current officers, directors, trustees, and key employees	62,362	49,890	6236	6236
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages	-			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3400	2720	340	340
9	Other employee benefits	4276	3422	427	429
10	Payroll taxes	<u> </u>	3816	477	477
11	Fees for services (non-employees):	ł			
а	Management				<del></del>
b	Legal	=			
С	Accounting			-	
d	, ,				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g		2931	2021		<u> </u>
1 <u>2</u> 13	Advertising and promotion	6732	2931 5386	942	404
14	Information technology	-			
15	Royalties	- ,			
16	Occupancy	7425	5940	1040	445
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	175	175	-	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				A min A
23	Insurance	3518	2814	528	176
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Capatel Eguip	3050	3050	_	
b	Capatel Equip Store Supplies	1891	1891		- Andrew
С					
d					
е	,		_		
	All other expenses			- 88	
25	Total functional expenses. Add lines 1 through 24f	100,530	82035	9990	<u>8505</u>
26	Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	irt X	Balance Sneet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	9115	1	8152
	2	Savings and temporary cash investments	192,792	2	225, 217
	3	Pledges and grants receivable, net		3	-
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·	6	
ets	7	Notes and loans receivable, net		8	
Assets	8	Inventories for sale or use		9	
•	9	Prepaid expenses and deferred charges	<u> </u>	9	
	10a	Land, buildings, and equipment: cost basis 10a			
	b	Less: accumulated depreciation Complete Part VI of Schedule D	289,348	10c	289,348
	11	Investments—publicly traded securities	30,956	11	27,193
	12	Investments—other securities. See Part IV, line 11	1 20	12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		15	
	15 16	Other assets. See Part IV, line 11	522,211	16	550,410
_	17	Accounts payable and accrued expenses	200, 011	17	750, 170
	18			18	
	19	Grants payable		19	<del></del>
	20	Tax-exempt bond liabilities	· · · · · · · · · · · · · · · · · · ·	20	
es	21	Escrow account liability. Complete Part IV of Schedule D	-O -	21	-0-
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	·····	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	-0-	26	-0-
seou		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
Balanc	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
힡	29	Permanently restricted net assets		29	
or Fund		Organizations that do not follow SFAS 117, check here ► ⊠ and complete lines 30 through 34.			
Assets	30	Capital stock or trust principal, or current funds		30	
\SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥,	32	Retained earnings, endowment, accumulated income, or other funds	<u> </u>	32	
Net	33 34	Total net assets or fund balances	522, 211	33	550410 550410
Рa	rt XI₌		522,211	34	330 410
		i mandai Statements and Reporting			Yes No
1		ounting method used to prepare the Form 990. 🏿 Cash 🔻 Accrual			
2a		e the organization's financial statements compiled or reviewed by an ind	•	t? .	2a X
		the organization's financial statements audited by an independent acco			2b 🗶
С		es" to lines 2a or 2b, does the organization have a committee that assumes		-	
3-		audit, review, or compilation of its financial statements and selection of an inc result of a federal award, was the organization required to undergo an a			2c
Ja		Single Audit Act and OMB Circular A-133?		. iorin in	3a   <b> </b> ★
b		es," did the organization undergo the required audit or audits?		<u></u> .	3b

#### SCHEDULE A (Form 990 or 990-EZ)

### Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number Nature Center Inc. 59:3039878 rost Reason for Public Charity Status (All organizations must complete this part.) (see instructions) Part I The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II **c** Type III–Functionally integrated d ☐ Type III-Other e  $\square$  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? . . . . . . . 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. h (iii) Type of organization (ii) EIN (iv) is the organization (i) Name of supported (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support col (i) of your above or IRC section governing document? (i) organized in the (see instructions)) US? support? Yes No Yes Nο Yes

Total

th A. Public Support  dar year (or fiscal year beginning in)  fts, grants, contributions, and embership fees received. (Do not clude any "unusual grants.")  ax revenues levied for the organization's enefit and either paid to or expended on behalf  the value of services or facilities ruished by a governmental unit to the ganization without charge  otal. Add lines 1-3	(a) 2004 134,240	(b) 2005 : 80,209	(c) 2006 (b.2,520	(d) 2007 95,314	(e) 2008 92,244	(1) Total
fts, grants, contributions, and embership fees received. (Do not clude any "unusual grants.")  Ex revenues levied for the organization's enefit and either paid to or expended on behalf  The value of services or facilities rnished by a governmental unit to the ganization without charge						
embership fees received. (Do not clude any "unusual grants.")  ex revenues levied for the organization's enefit and either paid to or expended on the behalf  evalue of services or facilities raished by a governmental unit to the ganization without charge	134,240	:80,209	62,520	95,314	92,244	464,527
enefit and either paid to or expended on behalf						
rnished by a governmental unit to the ganization without charge		i i				
~				_		
Mai. Add III 185 1-0	134240	80,209	62,520	95,314	92244	464,527
ne portion of total contributions by each erson total contributions by each erson total than a governmental than or oblicly supported organization) included I line 1 that exceeds 2% of the amount		·	·			28,796
own on line 11, column (f)  iblic support. Subtract line 5 from line 4						435,731
n B. Total Support	<del></del>				1	109)101
dar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
mounts from line 4	134,240	80,209	62,520	95 314	92 244	464,527
ross income from interest, dividends, tyments received on securities loans, ints, royalties and income from similar surces	830	54611	1776	2,837	3,200	14,104
et income from unrelated business trivities, whether or not the business is gularly carried on						
ther income. Do not include gain or ss from the sale of capital assets explain in Part IV)	2926	5202	6645	11,142	18,881	44,796
tal support. Add lines 7 through 10 .						523,427
oss receipts from related activities, etc	c. (see instruction	ns)		l	12 ~=	
ganization, check this box and stop he	ere					
	• •		<del></del> -	1		
		-	, column (f))			3 %
						st %
d stop here. The organization qualifies	s as a publicly su	upported organ	ızatıon			▶ 🗵
ex and <b>stop here.</b> The organization qua		ration did not o	heck a box on li	ne 13 16a or	16b, and line 14	
	acts-and-circum	stances" test, o	check this box a	and stop here.	Explain in Part	
	s from the sale of capital assets splain in Part IV)	s from the sale of capital assets (plain in Part IV)	s from the sale of capital assets (plain in Part IV)	s from the sale of capital assets splain in Part IV)  tal support. Add lines 7 through 10  oss receipts from related activities, etc. (see instructions)  st five years. If the Form 990 is for the organization's first, second, third, fourth, ganization, check this box and stop here  on C. Computation of Public Support Percentage  blic support percentage for 2008 (line 6, column (f) divided by line 11, column (f))  blic support percentage from 2007 Schedule A, Part IV-A, line 26f  she support test—2008. If the organization did not check the box on line 13, and line stop here. The organization qualifies as a publicly supported organization  she support test—2007. If the organization did not check a box on line 13 or 16a, as a and stop here. The organization qualifies as a publicly supported organization.	s from the sale of capital assets splain in Part IV)  tal support. Add lines 7 through 10  oss receipts from related activities, etc. (see instructions)  st five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax yeanization, check this box and stop here  on C. Computation of Public Support Percentage  blic support percentage for 2008 (line 6, column (f) divided by line 11, column (f))  blic support percentage from 2007 Schedule A, Part IV-A, line 26f  she support test—2008. If the organization did not check the box on line 13, and line 14 is 33% of the support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 3 or 3 and stop here. The organization qualifies as a publicly supported organization	s from the sale of capital assets splain in Part IV)  tal support. Add lines 7 through 10  coss receipts from related activities, etc. (see instructions)  st five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section ganization, check this box and stop here  the C. Computation of Public Support Percentage  blic support percentage for 2008 (line 6, column (f) divided by line 11, column (f))  blic support percentage from 2007 Schedule A, Part IV-A, line 26f  sy support test—2008. If the organization did not check the box on line 13, and line 14 is 33½ % or more, check the support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33½ % or more, and stop here. The organization qualifies as a publicly supported organization  sy facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14.

20

Support Schedule for Orga (Complete only if you checked				·/\ <del>~</del> /		
ction A. Public Support	(a) 2004	(h) 2005	(a) 2006	(4) 2007	(-) 0000	/0 T-+-1
Calendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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.						
Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1-5						
Amounts included on lines 1, 2, and 3 received from disqualified persons .						
Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
Add lines 7a and 7b						
Public support (Subtract line 7c from						
line 6)	1	<u> </u>				
alendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2008	(f) Total
Amounts from line 6			, ,		, , ,	
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
Add lines 10a and 10b		:				
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
Total support. (Add lines 9, 10c, 11, and 12.)						
First five years. If the Form 990 is for organization, check this box and stop	here					
ction C. Computation of Public Su	· · · · · · · · · · · · · · · · · · ·		- 10	(0)	145	
Public support percentage for 2008 (lin Public support percentage from 2007 Strips P. Computation of Investment	Schedule A, Pa	art IV-A, line 2			15	
ction D. Computation of Investmen				-1	17	
Investment income percentage for 200			-		17	
Investment income percentage from 20		A, Part IV-A, Iir otscheck the b				

17 is not more than 331/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ightharpoonupb 33½ % support tests – 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½ %, and line 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □ Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

F	ane	4

Th.'9	amount	reflects	payments	made	for
			education		
					····
	• •				
	'		•••••		
				·	
				·	
	••••				

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

vame	rout Lake Nature Center Inc.	59; 3039878
	Organizations Maintaining Donor Advised Funds or Other Similar I the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	-100
5	Did the organization inform all donors and donor advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to the organization's exclusive legal co	ntrol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grused only for charitable purposes and not for the benefit of the donor or donor advis impermissible private benefit?	or or other
Par	Conservation Easements. Complete if the organization answered "Yes"	
1		n of an historically important land area on of certified historic structure
	on the last day of the tax year	
		Held at the End of the Year
а	Total number of conservation easements	2a — Đ —
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a) .	2c
	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or the taxable year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspecenforcement of the conservation easements it holds?	tion, violations, and
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements dur	
	Does each conservation easement reported on line 2(d) above satisfy the requiremen	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its reversal balance sheet, and include, if applicable, the text of the footnote to the organization's the organization's accounting for conservation easements.	
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or reprovide, in Part XIV, the text of the footnote to its financial statements that describes	esearch in furtherance of public service
b	If the organization elected, as permitted under SFAS 116, to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or resprovide the following amounts relating to these items:  (i) Revenues included in Form 990, Part VIII, line 1	search in furtherance of public service
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other simila following amounts required to be reported under SFAS 116 relating to these items:	
	Revenues included in Form 990, Part VIII, line 1	

Par	t III Organizations Maintain	ing Collections	of Art, Histori	cal Treasures,	or Other Similar	Assets (co	<u>entinu</u>	ıed)
3	Using the organization's accession items (check all that apply):	and other records	s, check any of	f the following th	nat are a significant	use of its	colle	ction
а	Y Public exhibition		d 📙	Loan or exchar	nge programs			
b	Scholarly research		е 🗌	Other				
С	Preservation for future genera	tions						
4	Provide a description of the organizer Part XIV.	zation's collections	s and explain h	ow they further	the organization's e	xempt pur	pose	in
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive do	onations of art, lained as part of	historical treasure the organization's	s, or other similar s collection?	. <u> </u>	es 🛛	] No
Par	Trust, Escrow and Cust Part IV, line 9, or reporte				answered "Yes" t	:o Form 99	<del>}</del> 0,	
	Is the organization an agent, truste included on Form 990, Part X?						es 🗀	No
b	If "Yes," explain the arrangement in	n Part XIV and con	nplete the follo	wing table:				
						Amount		
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				<u>1e</u>			
f	Ending balance							<del>1</del>
2a b	Did the organization include an am If "Yes," explain the arrangement in		, Part X, line 2	1?			es L	│ No
Par	t V Endowment Funds. Co	mplete if organi	zation answer	ed "Yes" to Fo				
		(a) Current year	(b) Prior year	(c) Two years b	ack (d) Three years ba	ack (e) Four	years	back
1a	Beginning of year balance	34,496						
b	Contributions	0						
С	Investment earnings or losses .	(7302)						
d	Grants or scholarships	0						
е	Other expenditures for facilities and programs	0						
f	Administrative expenses	٥						]
g	End of year balance	27,194						
2	Provide the estimated percentage of	of the year end ba	lance held as.					
а	Board designated or quasi-endown	nent ▶	%					
b	Permanent endowment ▶	%						
C	Term endowment ▶9	6						
За	Are there endowment funds not in the	ne possession of th	ne organization	that are held and	I administered for th	ie r		
	organization by:						Yes	No <del>✓</del>
	(i) unrelated organizations					. 3a(i)	-	1
	(ii) related organizations If "Yes" to 3a(ii), are the related organizations					. 3a(ii)		<u> </u>
4	Describe in Part XIV the intended u	janizations listed a	as required on a	Schedule H7 .		. 3b		<u> </u>
	t Vi Investments—Land, Bu				rt V. line 10			
rai				l'				
	Description of investment	(a) Cost or ot (investment)		Cost or other pasis (other)	(c) Depreciation	( <b>d</b> ) Bool	k value	· 
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
	Other							
Tota	I. Add lines 1a-1e. (Column (d) should	egual Form 990. Pa	rt X. column (B).	line 10(c).)	<b>▶</b>			

Part VII Investments—Other Securities	s. See Form 990, Part X	, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu. Cost or end-of-year ma	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
			<del>-</del>
			<del></del>
			·
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	-		<del></del>
Part VIII Investments—Program Relate	d See Form 990 Part Y	line 13	· · · · · · · · · · · · · · · · · · ·
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
·			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Pa	rt X, line 15.	•	
	(a) Description		(b) Book value
		<u> </u>	
		•	
<del></del>			
Total. (Column (b) should equal Form 990, Part X, co		<u> </u>	
Part X Other Liabilities. See Form 990,			1.02
(a) Description of liability	(b) Amount	_	
Federal income taxes			
••			
·			•
		1	
		7	
	<del></del>	$\dashv$	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	<del></del>	┥	
<del></del>	organizationia finanzial -4-4	tomonto that reserve the same	stronto lichiliti for
In Part XIV, provide the text of the footnote to the uncertain tax positions under FIN 48.	organization s financial stat	ements that reports the organiza	on s liability for

1 2 3 4 5 6 7 8 9	Total revenue (Form 990, Part VIII, column (A), line 12)  Total expenses (Form 990, Part IX, column (A), line 25)  Excess or (deficit) for the year. Subtract line 2 from line 1  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses	/ 1 2 3 4	15,750 160,530 15,220 (8281)
3 4 5 6 7 8 9	Total expenses (Form 990, Part IX, column (Å), line 25)	3	15,220
4 5 6 7 8 9	Excess or (deficit) for the year. Subtract line 2 from line 1	4	
5 6 7 8 9	Donated services and use of facilities		/c- o-\
6 7 8 9			(078/)
7 8 9 10		5	
8 9 10		6	
9 10	Prior period adjustments	7	
10	Other (Describe in Part XIV)	8	
	Total adjustments (net). Add lines 4–8	9	(.8281)
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	`10	6939
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu		
1	Total revenue, gains, and other support per audited financial statements	1	0
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	-	
b	Donated services and use of facilities	┥	
C	Recoveries of prior year grants	-	
d		120	-
	Add lines 2a through 2d	2e	<del> </del>
3	Subtract line 2e from line 1	3	<del>                                     </del>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	investment expenses not included on Form 550, Fait Viii, line Fb	┪	
b	Other (Describe in Part XIV)	4c	_
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12.)		
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense		er Return
		1 1	
1	Total expenses and losses per audited financial statements	<u> </u>	
a	Donated services and use of facilities		
b	Prior year adjustments	-	
C	Losses reported on Form 990, Part IX, line 25	7	
d	Other (Describe in Part XIV)	ヿ	
_	Add lines 2a through 2d	2e	1
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
-	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Described in Part XIV)	7	
c	Add lines <b>4a</b> and <b>4b</b>	4c	1
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	
	t XIV Supplemental Information		
and and and and and and and and and and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b; Part V, line 4; Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  Le ergenization owns a collection of Mountain for space ash donations have been received for space perinant include animals birds fish fins	+ a es	Part III ? Specimens come cases i specimen
S	for special presentation>	(	

Part XIV	Suppler	nental I	nformat	ion (co	ntinued)							
Part V	<u>-</u>	The	inte	nt	;= +	0 /n	creas	ر د ب	he	>12	- of	the
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# SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Trout Lake Nature Center INC 59:3039878
A copy of the completed Form 990 and relevant
Schedules was not provided to the Board of
Directors prior to filing The Treasurer is
responsible for preparation and filing of 490.
The Board reviews it after the fact. Being a
small organization we cannot afford the high
cost of a formal audit nor the cost for the
new more complex 990 Form and Schedules.
This may have to be changed.
Part VI Section A #10
At this point, the Board has not addressed this
issue. A financial statement and/or copy of
990 Form have been used when seeking grants.
So far no donor has requested these financial
documents, governing documents or conflict of
interest This will be resolved before next
990 Form is prepared
Part VI Section C #19

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
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Schedule O (Form 990) 2008