Return of Organization Exempt From Income Tax

OMB No 1545-0047

Opën to Public

Form 990 (2007)

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 , 20 07 For the 2007 calendar year, or tax year beginning JAN 2007, and ending DEC 31 D Employer identification number Please C Name of organization B Check if applicable 59 3039878 Address change label or Number and street (or PO box if mail is not delivered to street address) Room/suite E Telephone number print or Name change type. 641 (352) 315-0967 Initial return Specific City or town, state or country, and ZIP + 4 Termination Instruc-32727-0641 EL Other (specify) Amended return H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). **H(b)** If "Yes," enter number of affiliates ▶ trout lakenature. org H(c) Are all affiliates included? Yes No J Organization type (check only one) ▶ 🕱 501(c) (3) ◄ (Insert no.) 🗌 4947(a)(1) or 🔲 527 (If "No," attach a list See instructions.) H(d) Is this a separate return filed by an Check here ▶ ☐ If the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses Group Exemption Number ▶ to file a return, be sure to file a complete return. Check ► ☐ If the organization is **not** required Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ to attach Sch B (Form 990, 990-EZ, or 990-PF) Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Part I Contributions, gifts, grants, and similar amounts received: Contributions to donor advised funds 1a 1b Direct public support (not included on line 1a) 1c c Indirect public support (not included on line 1a) . . . 1d **d** Government contributions (grants) (not included on line 1a) e Total (add lines 1a through 1d) (cash \$__ ____ noncash \$ Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 Membership dues and assessments 800 4 Interest on savings and temporary cash investments 5 5 Dividends and interest from securities 6a 6a Gross rents 6b Less: rental expenses . . 6с Net rental income or (loss). Subtract line 6b from line 6a 7 Other investment income (describe (B) Other 8a Gross amount from sales of assets other 8a than inventory 8b **b** Less: cost or other basis and sales expenses. 8c **c** Gain or (loss) (attach schedule) d Net gain or (loss) Combine line 8c, columns (A) and (B) Special events and activities (attach schedule) If any amount is from gaming, check here a Gross revenue (not including \$ contributions reported on line 1b) 9b Less: direct expenses other than fundraising expenses 9с c Net income or (loss) from special events. Subtract line 9b from line 9a | 10a 10a Gross sales of inventory, less returns and allowances . . 10b Less: cost of goods sold 10c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a 11 11 Other revenue (from Part VII, line 103) . . . Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1pc, and 1 (109,840 12 13 28.275 13 Program services (from line 44, column (B)) 14 14 Management and general (from line 44, column (C)) 15 15 Fundraising (from line 44, column (D)) 16 16 Payments to affiliates (attach schedule), 17 Total expenses. Add lines 16 and 44, column (A) 17 18 18 Excess or (deficit) for the year. Subtract line 17 from line 12 Net assets or fund balances at beginning of year (from line 73, column (A)) . 19 19 20 20 Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year. Combine lines 18, 19, and 20 22211

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007) Part II Statement of All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Functional Expenses organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I services and general Mary of Fall States **22a** Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____ Ø If this amount includes foreign grants, check here ightharpoons22a **22b** Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____ O 22b If this amount includes foreign grants, check here ightharpoonsSpecific assistance to individuals (attach 23 0 23 schedule) Benefits paid to or for members (attach 24 0 24 schedule) 25a Compensation of current officers, directors, 0 25a key employees, etc listed in Part V-A **b** Compensation of former officers, directors, 0 25b key employees, etc. listed in Part V-B . c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons 0 25c described in section 4958(c)(3)(B) . . 26 Salaries and wages of employees not included 45,311 5664 5664 56,639 26 on lines 25a, b, and c Pension plan contributions not included on 27 2560 3200 320 320 27 lines 25a, b, and c 28 Employee benefits not included on lines 6732 842 841 28 25a - 27 29 29 Payroll taxes . . . 8000 30 Professional fundraising fees 30 Accounting fees 31 31 32 32 Legal fees . . 33 33 Supplies . . 145 1452 1162 145 34 Telephone 34 512 641 65 64 35 35 Postage and shipping 824 6594 824 36 8242 36 Occupancy 2995 2396 299 300 37 Equipment rental and maintenance . . . 37 1036 1296. 130 130 38 38 Printing and publications , , . . 39 39 Travel . . . 40 Conferences, conventions, and meetings 40 41 41 Interest , , , , , . . . 42 42 Depreciation, depletion, etc (attach schedule) 43 Other expenses not covered above (itemize) 14,965 11.972 1496 1497 43a a 43b b 43c C ______

d		43d				L
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	105, 845	18.275	9784	19786
	t Costs. Check ▶ ☐ if you are following SOP any joint costs from a combined educational campaign		indraising solicitation	n reported in (B) Pro	gram services?	➤ ☐ Yes ☒ No
If "Ye	es," enter (i) the aggregate amount of these joint cost	s \$; (ii) the	amount allocated t	o Program services	s \$,
(iii) tl	ne amount allocated to Management and general \$, and (iv) the	amount allocated	to Fundraising \$	
		- -				Form 990 (2007)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

	_ 		
Wł	natis the organization's primary exempt purpose? > Environmental Education	Program	
ΑII	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	Exper (Required for 5	01(c)(3) and
	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(4) orgs , and trusts, but o	ptional for
JIE		other	'S)
а	During school year visitations are conducted from		
	elementary schools in Lake County, On occasion		
	programs are conducted in schools, Approximately	· 	
	500 children participate. Programs meet FL		
	Sunshine State corriculum,	 	
	(Grants and allocations \$ /─) If this amount includes foreign grants, check here ▶ □	50	819
			071
D	grand for their and educations	ı	/
	Arears & Do as two so sole are sent during	1	
	Center is open to general public without charge. Groups may arrange for visit and educational programs. One or two people are present during open hours to answer questions. People can visit		
	aisplays and wark frails to Trust Lake	ı	
	000 1000	<u>ــ</u>	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	7	8-2.7
С	Educational programs are conducted several times		
_	a month on gite or with visits to other locations.	l	•
	Depending on subject attendance can range from		
	15 to 110 persons		
		19	569
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □		
d			
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □		
е	Other program services (attach schedule)		
	(Grants and allocations \$		
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	78:	275
_			90 (2007)

P	art IV	Balance Sheets (See the instructions.)			
ı	Note:	Where required, attached schedules and amounts column should be for end-of-year amounts only	within the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing		4076	45	9115
	46	Savings and temporary cash investments .		191.361	46	192792
				,		-
	47a	Accounts receivable	47a			
	b	Less. allowance for doubtful accounts .	47b		47c	
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts .	48b		48c	
	49	Grants receivable			49	
	50a	Receivables from current and former officers				
		key employees (attach schedule)		·	50a	
	b	Receivables from other disqualified persons (a			501	
		4958(f)(1)) and persons described in section 4958	B(c)(3)(B) (attach schedule)		50b	
G	51a	Other notes and loans receivable (attach	510		œ.	٧,
Assets		schedule)	51a 51b		51c	
As		Less: allowance for doubtful accounts .	3101		52	
_		Inventories for sale or use			53	
		Prepaid expenses and deferred charges .	. ▶ ☐ Cost ☒ FMV	36,854	54a	30,956
	l	investments—publicly-traded securities Investments—other securities (attach schedu		50,00.7	54b	<u> </u>
			ie) 🕨 🗆 Cost 🗀 Fiviv [1000	
	558	Investments—land, buildings, and equipment basis	55a			
	h	Less accumulated depreciation (attach				
		schedule)	55b		55c	
		Investments—other (attach schedule)		1834	56	
		Land, buildings, and equipment: basis .	57a		·	
•		Less accumulated depreciation (attach				
		schedule)	57b	289,348	57c	289,348
	58	Other assets, including program-related investigation	stments			
		(describe ►)	(1122	58	
				523, 473		522,211
		Total assets (must equal line 74). Add lines	<u> </u>	=	59	
	60	Total assets (must equal line 74). Add lines 4 Accounts payable and accrued expenses .	<u> </u>		60	
	60 61	Total assets (must equal line 74). Add lines 4 Accounts payable and accrued expenses . Grants payable	<u> </u>		60 61	
s	60 61 62	Total assets (must equal line 74). Add lines 4 Accounts payable and accrued expenses . Grants payable Deferred revenue		\$ - J _H V · Z	60 61 62	
ities	60 61 62 63	Total assets (must equal line 74). Add lines 4 Accounts payable and accrued expenses. Grants payable Deferred revenue Loans from officers, directors, trustees, and	key employees (attach	\$ - V _H V + X	60 61 62	
pilities	60 61 62 63	Total assets (must equal line 74). Add lines 4 Accounts payable and accrued expenses. Grants payable Deferred revenue Loans from officers, directors, trustees, and schedule)	key employees (attach	\$ - V _H V + X	60 61 62 63	
Liabilities	60 61 62 63	Total assets (must equal line 74). Add lines 4 Accounts payable and accrued expenses. Grants payable Deferred revenue Loans from officers, directors, trustees, and schedule) Tax-exempt bond liabilities (attach schedule)	key employees (attach	\$ - V _H V + X	60 61 62 63 64a	
Liabilities	60 61 62 63 64a b	Total assets (must equal line 74). Add lines 4 Accounts payable and accrued expenses. Grants payable Deferred revenue Loans from officers, directors, trustees, and schedule) Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach s	key employees (attach	\$ - V _H V + X	60 61 62 63	
Liabilities	60 61 62 63 64a b	Total assets (must equal line 74). Add lines 4 Accounts payable and accrued expenses. Grants payable Deferred revenue Loans from officers, directors, trustees, and schedule) Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach s	key employees (attach		60 61 62 63 64a 64b	
Liabilities	60 61 62 63 64a b	Total assets (must equal line 74). Add lines 4 Accounts payable and accrued expenses. Grants payable Deferred revenue Loans from officers, directors, trustees, and schedule) Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach s	key employees (attach	- O	60 61 62 63 64a 64b	-0-
Liabilities	60 61 62 63 64a b 65	Total assets (must equal line 74). Add lines 4 Accounts payable and accrued expenses. Grants payable Deferred revenue Loans from officers, directors, trustees, and schedule) Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach s Other liabilities (describe ► Total liabilities. Add lines 60 through 65.	key employees (attach		60 61 62 63 64a 64b 65	
	60 61 62 63 64a b 65 66	Total assets (must equal line 74). Add lines 4 Accounts payable and accrued expenses. Grants payable Deferred revenue Loans from officers, directors, trustees, and schedule) Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach s Other liabilities (describe ▶	key employees (attach		60 61 62 63 64a 64b 65	
	60 61 62 63 64a b 65 66	Total assets (must equal line 74). Add lines 4 Accounts payable and accrued expenses. Grants payable Deferred revenue Loans from officers, directors, trustees, and schedule) Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach s Other liabilities (describe ► Total liabilities. Add lines 60 through 65 nizations that follow SFAS 117, check here ►	key employees (attach		60 61 62 63 64a 64b 65 66	
	60 61 62 63 64a b 65 66 Organ	Total assets (must equal line 74). Add lines 4 Accounts payable and accrued expenses. Grants payable Deferred revenue Loans from officers, directors, trustees, and schedule) Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach s Other liabilities (describe ► Total liabilities. Add lines 60 through 65 nizations that follow SFAS 117, check here ► 67 through 69 and lines 73 and 74. Unrestricted.	key employees (attach		60 61 62 63 64a 64b 65 66	
	60 61 62 63 64a b 65 66 Organ	Total assets (must equal line 74). Add lines 4 Accounts payable and accrued expenses. Grants payable Deferred revenue Loans from officers, directors, trustees, and schedule) Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach s Other liabilities (describe ► Total liabilities. Add lines 60 through 65 nizations that follow SFAS 117, check here ► 67 through 69 and lines 73 and 74. Unrestricted Temporarily restricted	key employees (attach chedule) and complete lines		60 61 62 63 64a 64b 65 66 67 68 69	
	60 61 62 63 64a b 65 66 Orgal 67 68 69 Orgal	Total assets (must equal line 74). Add lines 4 Accounts payable and accrued expenses. Grants payable Deferred revenue Loans from officers, directors, trustees, and schedule) Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach s Other liabilities (describe ► Total liabilities. Add lines 60 through 65. nizations that follow SFAS 117, check here ► 67 through 69 and lines 73 and 74. Unrestricted Temporarily restricted Permanently restricted nizations that do not follow SFAS 117, check	key employees (attach chedule) and complete lines		60 61 62 63 64a 64b 65 66 67 68 69	
	60 61 62 63 64a b 65 66 Organ	Total assets (must equal line 74). Add lines 4 Accounts payable and accrued expenses. Grants payable Deferred revenue Loans from officers, directors, trustees, and schedule) Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach some officers) Other liabilities. Add lines 60 through 65. Total liabilities. Add lines 73 and 74. Unrestricted Temporarily restricted Permanently restricted Permanently restricted nizations that do not follow SFAS 117, check complete lines 70 through 74.	key employees (attach chedule) and complete lines here \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		60 61 62 63 64a 64b 65 66 67 68 69	
	60 61 62 63 64a b 65 66 Organ 67 68 69 Organ	Total assets (must equal line 74). Add lines 4 Accounts payable and accrued expenses. Grants payable Deferred revenue Loans from officers, directors, trustees, and schedule) Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach s Other liabilities (describe ► Total liabilities. Add lines 60 through 65. nizations that follow SFAS 117, check here ► 67 through 69 and lines 73 and 74. Unrestricted Temporarily restricted Permanently restricted Permanently restricted nizations that do not follow SFAS 117, check complete lines 70 through 74. Capital stock, trust principal, or current funds	key employees (attach chedule) and complete lines here and		60 61 62 63 64a 64b 65 66 67 68 69	
	60 61 62 63 64a b 65 66 Organ 70 71	Total assets (must equal line 74). Add lines 4 Accounts payable and accrued expenses. Grants payable Deferred revenue Loans from officers, directors, trustees, and schedule) Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach s Other liabilities (describe ▶ Total liabilities. Add lines 60 through 65 nizations that follow SFAS 117, check here ▶ 67 through 69 and lines 73 and 74. Unrestricted Temporarily restricted Permanently restricted Permanently restricted nizations that do not follow SFAS 117, check complete lines 70 through 74. Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and	key employees (attach chedule) and complete lines here and		60 61 62 63 64a 64b 65 66 67 68 69 70	
	60 61 62 63 64a b 65 66 Organ 70 70 71 72	Total assets (must equal line 74). Add lines 4 Accounts payable and accrued expenses. Grants payable Deferred revenue Loans from officers, directors, trustees, and schedule) Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach s Other liabilities (describe ▶ Total liabilities. Add lines 60 through 65 nizations that follow SFAS 117, check here ▶ 67 through 69 and lines 73 and 74. Unrestricted Temporarily restricted Permanently restricted Permanently restricted nizations that do not follow SFAS 117, check complete lines 70 through 74. Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, an Retained earnings, endowment, accumulated	key employees (attach chedule) and complete lines and complete lines and equipment fund income, or other funds		60 61 62 63 64a 64b 65 66 67 68 69	
	60 61 62 63 64a b 65 66 Organ 70 70 71 72 73	Total assets (must equal line 74). Add lines and accounts payable and accrued expenses. Grants payable Deferred revenue Loans from officers, directors, trustees, and schedule) Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach souther liabilities (describe ► Total liabilities. Add lines 60 through 65 nizations that follow SFAS 117, check here ► 67 through 69 and lines 73 and 74. Unrestricted Temporarily restricted Permanently restricted Permanently restricted nizations that do not follow SFAS 117, check complete lines 70 through 74. Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, an Retained earnings, endowment, accumulated Total net assets or fund balances. Add lines	key employees (attach chedule) and complete lines here ▶ □ and income, or other funds s 67 through 69 or lines		60 61 62 63 64a 64b 65 66 67 68 69 70	
Net Assets or Fund Balances Liabilities	60 61 62 63 64a b 65 66 Organ 70 70 71 72 73	Total assets (must equal line 74). Add lines 4 Accounts payable and accrued expenses. Grants payable Deferred revenue Loans from officers, directors, trustees, and schedule) Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach s Other liabilities (describe ▶ Total liabilities. Add lines 60 through 65 nizations that follow SFAS 117, check here ▶ 67 through 69 and lines 73 and 74. Unrestricted Temporarily restricted Permanently restricted Permanently restricted nizations that do not follow SFAS 117, check complete lines 70 through 74. Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, an Retained earnings, endowment, accumulated	key employees (attach chedule) and complete lines here ▶ □ and nd equipment fund income, or other funds 67 through 69 or lines 9 and column (B) must		60 61 62 63 64a 64b 65 66 67 68 69 70	

	instructions.)			<u> </u>		'
а	Total revenue, gains, and other support per audit	ed financial statements			a	
b	Amounts included on line a but not on Part I, line	e 12:			63	
1	Net unrealized gains on investments		b1		3 3	
2	Donated services and use of facilities		b2		4	
3	Recoveries of prior year grants		b3		14.74	
4	Other (specify):					
			b4		3	
	Add lines b1 through b4 , , ,				b	
С					С	
d	Amounts included on Part I, line 12, but not on III	ne a:]]	
1	Investment expenses not included on Part I, line		d1		**	
2	Other (specify):					
			d2			
	Add lines d1 and d2				d	
e	Total revenue (Part I, line 12). Add lines c and d	<u> </u>	<u> </u>		e	
Pai	TIV-B Reconciliation of Expenses per Au	dited Financial Stater	ments With Ex	penses	per Retur	<u>n</u>
а	Total expenses and losses per audited financial s	tatements . ,			а	
b	Amounts included on line a but not on Part I, line				775	
1	Donated services and use of facilities		b1			
2	Prior year adjustments reported on Part I, line 20		b2		家 4	
3	Losses reported on Part I, line 20		b3			
4	Other (specify):					
	(,),		b4		أعسفا	
	Add lines b1 through b4				b	
С					С	
d	Amounts included on Part I, line 17, but not on lin				 ••	
1	Investment expenses not included on Part I, line		d1		À. ∴	
2	Other (specify)				**	
			d2		, i	
	Add lines d1 and d2				d	
e_	Total expenses (Part I, line 17). Add lines c and	<u>d</u>	<u> </u>	▶	e	
Par	t V-A Current Officers, Directors, Trustees					, director, trustee,
	or key employee at any time during the year	ar even if they were not				
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	benefit pla	ions to employee ins & deferred sation plans	(E) Expense account and other allowances
βį	rnie Yokel 313 Pond Road	President				
m	+ Dora FL 32757	16	-07	Ĺ		
Tr	ina Raether 12533 Blues	Vice President		Ì		
He	on Way Leesburg FL 3+788	12	-0-			
Ro	rold Macfortane 4849 Soble	Treasurer	-0-			
	age Ct Leesburg Fi 34748	. 7				
	rgic Large 3000 Orange	Director				
Ĕ.	775 Eustis FL 32726	1	-0-			<u> </u>
M	arg.e Sigman 2035 Sizennes	Director		}		
T	1. M+ Dore FL 32757	1	-0-			
E	eanor Feygler 172 Parkiand	Secretary	-0-			ļ
\mathcal{P}	r. Eustin FL 32726	2				
F	Tank Bishop 126 Shedow	Director				
We	ods Rd Eustis Fu 32726	4	101			
H	race Thompson 4320 Brit	Director				
R	d M+ Dora FL 32757	3	-0-			
ゴ	d Mt Dora FL 32757 oe H.11 P.O Box 491356	Director]
Le	25burg FL 34749	i	-0-		_	
N	lay Onighok 36650 Doral Dr	Director	_ ^ _			
	Grand Island FL 32735	3	1			

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the

⊮Paı	t V-A Current Officers, Directors, Trustees	s, and Key Employe	es (continued)			Yes No
75a	Enter the total number of officers, directors, and tr meetings	ustees permitted to vo	ote on organizatio	n business at board	李慈愛	
b	Are any officers, directors, trustees, or key employ	yees listed in Form 99	0, Part V-A, or hi	ghest compensated	CORCO MAN	
	employees listed in Schedule A, Part I, or hig				2 %	
	contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that ide				75b	x`
			•		2 a	*400
¢	Do any officers, directors, trustees, or key				200	
	compensated employees listed in Schedule A, independent contractors listed in Schedule A,				7	
	organizations, whether tax exempt or taxable, that				-4	11/2
	the definition of "related organization"			•	75c	X-
	If "Yes," attach a statement that includes the info					2 3
	Does the organization have a written conflict of in			· · · · · ·	75d	
I ai	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee re					
	person below and enter the amount of comp					
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expense ant and other lowances
				-	<u> </u>	
·	NONE					
					 	
_						
		 				
••••						
					<u> </u>	
· -					Ì	
Par	t VI Other Information (See the instruction	<u> </u>			ι	Yes No
				2 If "Voo." -#*	, 	77
76	Did the organization make a change in its activitied detailed statement of each change.	es or methods of cond 	-		76	×
77	Were any changes made in the organizing or government				77	×
-	If "Yes," attach a conformed copy of the changes	•			4,	Ala Para Ca
78a	Did the organization have unrelated business gro	ss income of \$1,000	or more during th	ne year covered by	l	
	this return?				78a	X
b	If "Yes," has it filed a tax return on Form 990-T for	or this year? .			78b	X
79	Was there a liquidation, dissolution, termination, of		ion during the ye	ar? If "Yes," attach	70	
	a statement				79	# # W
80a	Is the organization related (other than by association association and the state of					13.4
	common membership, governing bodies, truste organization?				80a	
	If "Yes," enter the name of the organization ►					ा र्ं रंग
~						4 64
31a	Enter direct and indirect political expenditures. (Se	ee line 81 instructions	81a		2,500	
b	Did the organization file Form 1120-POL for this	year [?]	<u> </u>	<u> </u>	81b	X
					Form	990 (2007)

	t VI Other Information (continued)		Yes	No
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			· /
82a	or at substantially less than fair rental value?	82a		X
h	If "Yes," you may indicate the value of these items here. Do not include this	ļ		í
	amount as revenue in Part I or as an expense in Part II	 		
	See instructions in Part III.)	920		K
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a 83b		K
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	84a		X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	Ova		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	84b		
	gifts were not tax deductible?	85a		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85b		_
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
	received a waiver for proxy tax owed for the prior year.			
_	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			١.
u e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	ļ		1
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) [85f]		<u> </u>	
g	D. the appropriate place to pay the control 6033(a) tay on the amount on line 85f?	85g	ļ	
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
•	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	85h		v'
	following tax year?	6311	 	
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12	†		1 1
b	Gross receipts, included on line 12, for public use of club facilities	1		
87	501(c)(12) orgs. Enter. a Gross income from members of shareholders	1		
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	•	ļ' ·	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	-	×
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		K
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4915 ▶; section 4955 ▶			
h	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	Ì		
L	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	89b	-	K-
	a statement explaining each transaction	030	+	+
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			ł
_	Enter. Amount of tax on line 89c, above, reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	ļ		
•	transaction?	036	_	×
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	 	K
	a For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
,	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings	899		+
	at any time during the year?			ــــــــــــــــــــــــــــــــــــــ
90a	List the states with which a copy of this return is filed			
ı	Number of employees employed in the pay period that includes March 12, 2007 (See	2		
	instructions.) The books are in care of Ronald Macfarlane Telephone no. > (352) Located at > 4849 Sable Ridge Ct. Leephong FL ZIP + 4 > 34748		- 09	67
ı	a. At any time during the calendar year, did the organization have an interest in or a signature or other authority		Ye	s No
•	over a financial account in a foreign country (such as a bank account, securities account, or other financial	91k		K
	account)?	1911	+	+
	If "Yes," enter the name of the foreign country		1	1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			1

F	age	e 8

	At any time during the calendar year, did the of "Yes," enter the name of the foreign country	>					_
92	Section 4947(a)(1) nonexempt charitable trusts and enter the amount of tax-exempt interest re	filing Form 990) in lieu of Form	1041— Check	there	. , .	. ▶[
	VII Analysis of Income-Producing Acti				92		,
	Enter gross amounts unless otherwise		ousiness income		tion 512, 513, or 514	(E)	
dicat	•	(A)	(B)	(C)	(D)	Related	d or
93	Program service revenue:	Business code		Exclusion code	Amount	exempt fu	
a							
b			<u></u>	<u></u>			
C		<u> </u>			<u> </u>	<u> </u>	
d				ļ		 	
е			 	 		 	
f	Medicare/Medicaid payments		 			 	
g	Fees and contracts from government agencies			+		 	
4 =	Membership dues and assessments Interest on savings and temporary cash investments	—		 		 	
5 6	Dividends and interest from securities		+	+		 	
7	Net rental income or (loss) from real estate:						
а	debt-financed property						
b	not debt-financed property						
8	Net rental income or (loss) from personal property		<u> </u>	<u> </u>		<u> </u>	
9	Other investment income					<u> </u>	
0	Gain or (loss) from sales of assets other than inventory	<u> </u>	 	 			
)1	Net income or (loss) from special events .		+	+		 	
)2)3	Gross profit or (loss) from sales of inventory		 	 			
ა b	Other revenue: a	<u> </u>		1		 	
C							
d							
e		_					
4	Subtotal (add columns (B), (D), and (E)) .					<u> </u>	
5	Total (add line 104, columns (B), (D), and (E)) .						
	Line 105 plus line 1e, Part I, should equal the a VIII Relationship of Activities to the Acc			(Cap th	a instructions l		
ine l. ▼	_ • •				mportantly to the	accomplis	ınmei
							
art			isregarded Enti	ties (See the I	instructions.)	(F)	
	Name, address, and EIN of corporation,	(B) ercentage of	(C) Nature of a	ctivities	(D) Total income	(E) End-of-	year
	partnership, or disregarded entity own	nership interest		Cirvines	Total Income	asset	<u>ts</u>
		<u>%</u>					
		%					
		% %			-	 	
	X Information Regarding Transfers Assoc		sonal Benefit Co	ntracts (See ti	he instructions)		
art	illorillation negarding transfers Associ	idiod With I Cr		THE GOLD LOCK IN	io monachona.i		

I

Part [*]	Information Regarding is a controlling organization	tion as defined in section	512(b)(13).	s. Complete	e only if the or	ganiz	ation
106	Did the reporting organization not the Code? If "Yes," complete the			d in section	512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description o transfer	of	(D) Amount of		fer
а							
b							
C							
	Totals					T.,	
107	Did the reporting organization re 512(b)(13) of the Code? If "Yes,				etion	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description o transfer	of	(D) Amount of		fer
а							
ь							
c							
	Totals					Yes	No
108	Did the organization have a bind rents, royalties, and annuities de	escribed in question 107 abo	ove?				
Pleas Sign Here	Konadel Me	at I have examined this return, including plete. Declaration of preparer (other the same of the same o	ng accompanying schedules than officer) is based on all i	nformation of w	s, and to the best of a which preparer has a $4-23-68$	ny knov	vledge vledge
Paid Prepare	Preparer's signature		Date Check self- emplo	yed ▶ □	eparer's SSN or PTIN (\$	See Gen	Inst X)
Use On	1 Firm's name (or yours L			Phone no	• ()		(2007)

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization **Employer Identification number** Lake Trout Nature 59 3039878 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation employee benefit plans & account and other per week devoted to position than \$50,000 deferred compensation allowances Total number of other employees paid over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation

Total number of other contractors receiving over

\$50,000 for other services

Par	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities * (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	,	X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
а	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
С	Furnishing of goods, services, or facilities?		X
	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2d		X
			X
е	Transfer of any part of its income or assets?		
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete		X
b	lines 4f and 4g		,.
С	Did the organization make a distribution to a donor, donor advisor, or related person?		
d	Enter the total number of donor advised funds owned at the end of the tax year		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year •		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	10 n	e
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	~ 0 -	~

	rt (\						tions.)
_	tify :	that the organization is not a priva				plicable box)	
5	П	A church, convention of churches	s, or association (of churches. Section 170	J(D)(1)(A)(I).		
6	. 🗆	A school. Section 170(b)(1)(A)(ii). (Also complete Pa	art V)			
7		A hospital or a cooperative hospi	tal service organi	zation. Section 170(b)(1)	(A)(in).		
8		A federal, state, or local governm	ent or governmer	ntal unit. Section 170(b)(1)(A)(v).		
9		A medical research organization of and state ▶					
0		An organization operated for the be (Also complete the Support Scheo		or university owned or op	perated by a go	overnmental un	nt. Section 170(b)(1)(A)(ıv
1a	Ø	. An organization that normally rece 170(b)(1)(A)(vi). (Also complete the	ives a substantial Support Sched	part of its support from a ule in Part IV-A.)	a governmenta	I unit or from th	e general public. Section
1b		A community trust Section 170(b)(1)(A)(vi) (Also co	omplete the Support Sc	hedule in Part	t IV-A.)	
12		An organization that normally receifrom activities related to its charitation gross investment income are organization after June 30, 1975.	able, etc , function ad unrelated busi	ns—subject to certain ex ness taxable income (le	ceptions, and ss section 511	(2) no more the tax) from bus	nan 331/3% of its suppor sinesses acquired by the
3		An organization that is not control requirements of section 509(a)(3). Type I Type II	Check the box ti	ualified persons (other that describes the type of type of the type of	f supporting o	on managers) a organization:]Type III-Othe	
		Provide the following info					
Na	me((a) (s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the si organizati the sup organiz	d) upported on listed in opporting zation's documents?	(e) Amount of support
					Yes	No	
ota	١.				• • • •	▶	
4		An organization organized and op	erated to test for	public safety. Section 5	09(a)(4) (See	page 8 of the i	nstructions.)

-uic	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions, received (Do					(0) 1000
	not include unusual grants. See line 28).	56,750	74,804	129,559	19,785	280,898
16	Membership fees received	5,772	5,405	4.681	4.320	20,178
17	Gross receipts from admissions, merchandise	-	•			
	sold or services performed, or furnishing of facilities in any activity that is related to the	1,000				19971
	organization's charitable, etc., purpose.	6,645	5202	2/926	2,998	17,771
18	Gross income from interest, dividends,					
	amounts received from payments on securities loans (section 512(a)(5)), rents, royalties,					1
	income from similar sources, and unrelated			/		51.65
	business taxable income (less, section 511 taxes) from businesses acquired by the		_ /	ĺ		8150
	organization after June 30, 1975	V,776	5461/	830	830	7,403
19	Net income from unrelated business					
	activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on					
	its behalf	\ \				
21	The value of services or facilities furnished to					
	the organization by a governmental unit without charge. Do not include the value of	l \			30,834	27,835
	services or facilities generally furnished to the		X		30 i	2"
	public without charge	1A			2900/	
22	Other income Attach a schedule Do not	1.450	1309	2,900	5148	18569
23	Include gain or (loss) from sale of capital assets Total of lines 15 through 22	7239/3	92 181	140,896	20,165)	336 303
<u>23</u> 24	Line 23 minus line 17	65748	86,979	137,970	15,212	305,909
<u></u> 25	Enter 1% of line 23	123	921	1408	308 201	70,
<u></u>	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum		▶ 26a	
b	Prepare a list for your records to show the nar	/	\		er than a	
	governmental unit or publicly supported organization	zat / on) whose tota	al gifts for 2003 th	rough 2006 exce	eded the	
	amount shown in line 26a. Do not file this list w	1		I these excess am		
C	Total support for section 509(a)(1) test: Enter ly				▶ <u>26c</u>	
ď	Add Amounts from column (e) for lines: 18/		19 26b	- \	▶ 26d	
e	Public support (line 26c minus line 26d total)		200		26e	
f_	Public support percentage (line 26e (numera	tor) divided by I	ine 26c (denomi	nator)) \	▶ 26f	%
27	Organizations described on line 127 a Fo	or amounts includ	led in lines 15, 1	6, and 17 that w	vere received fro	m a "disqualified
	person," prepare a list for your records to show Do not file this list with your return. Enter the	the name of, and	total amounts rec	ceived in each vea	ir from, each "dis	qualified person "
	• /		·	\		
	(2006) (2005)			\ \		
b	For any amount included in line 1/that was received show the name of, and amount peceived for each	vear, that was mor	e than the larger	of (1) the amount (Ine 25 for the	ear or (2) \$5.000.
	(Include in the list organizations described in lines the difference between the amount received and	5 through 11b, as v	vell as individuals.	Do not file this lis	st with your retur	n. After computing
	amounts) for each year	the larger amount	described in (1)	or (2), enter the St	or these differ	ences (the excess
	(2006) (2005)		. (2004)		. (5p03)	
	,				(
С	Add Amounts from column (e) for lines. 15		16		. 070	
	17 20					
d e	Add: Line 27a total Public support (line 27c total minus line 27d to	and line 27b tota				
f	Total support for section 509(a)(2) test. Enter a					
g	Public support percentage (line 27e (numera	ntor) divided by l	ine 27f (denomiı	nator))		%
h	Investment income percentage (line 18, colu	ımn (e) (numerat	or) divided by li	ne 27f (denomin	ator)). ▶ 27h	%
<u>_h</u>						

	e: You may use the worksheet in the instructions endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 200		(e) Total
15	Gifts, grants, and contributions received. (Do	(a) 2000	(6) 2000	(0) 2004	(4) 200	-	(0) 10(2)
	not include unusual grants. See line 28.).	56,750	74,804	129,559	19,7	85	280,898
16	Membership fees received	5,772	5,405	4681	43	20	20,178
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.	6,645	5,202	2,926	2, 99	8	17, 77/
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,776	5,461	830	8,3	0	8897
19	Net income from unrelated business activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					-	•
22	Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets	1,450	1,309	2,900	2,90	0	8559
23	Total of lines 15 through 22	72 393	92,181	140 896	30.8		336,303
24	Line 23 minus line 17	65.748	86,979	137,970	27,83		318,532
25	Enter 1% of line 23	723	921	1,408	30		*
26	Organizations described on lines 10 or 11:		amount in colum	n (e), line 24	•	26a	6.370
b	Prepare a list for your records to show the nar governmental unit or publicly supported organizamount shown in line 26a Do not file this list w Total support for section 509(a)(1) test: Enter li	me of and amount zation) whose tota ith your return. Ei	t contributed by only gifts for 2003 the only of the total of all	each person (other	eded the	26b 26c	97,000
d	Add Amounts from column (e) for lines 18	8559 8559	19 ————————————————————————————————————			26d	114456
e f	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera					26e 26f	204,076
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	the name of, and	total amounts rec	eived in each vea	ere receive r from, each	d fror disc	m a "disqualified qualified person."
	(2006) (2005)		. (2004)		(2003)		
b	For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines of the difference between the amount received and amounts) for each year:	ved from each persyear, that was more through 11b, as we the larger amount	son (other than "d re than the larger ovell as individuals.) described in (1) o	isqualified persons of (1) the amount of Do not file this lis or (2), enter the su	s"), prepare on line 25 for the street with your of these	a list for the y return differe	or your records to ear or (2) \$5,000 n. After computing ences (the excess
	(2006) (2005)	• • • • • • • • • • • • • • • • • • • •			(2003)		
С	Add Amounts from column (e) for lines: 15		16 21			27c	
c	Add Amounts from column (e) for lines: 15		21	 · · · · ·		27d	
	Add Amounts from column (e) for lines: 15 17 20 Add: Line 27a total Public support (line 27c total minus line 27d to	and line 27b total	21		▶		
d	Add Amounts from column (e) for lines: 15 17 20 Add: Line 27a total Public support (line 27c total minus line 27d total support for section 509(a)(2) test: Enter all	and line 27b total tal) mount from line 2	21 		>	27d 27e	
d e f g	Add Amounts from column (e) for lines: 15 17 20 Add: Line 27a total Public support (line 27c total minus line 27d total support for section 509(a)(2) test: Enter at Public support percentage (line 27e (numera	and line 27b total tal) mount from line 2	21		•	27d 27e	%
d e f	Add Amounts from column (e) for lines: 15 17 20 Add: Line 27a total Public support (line 27c total minus line 27d total support for section 509(a)(2) test: Enter all	and line 27b total tal) mount from line 2 itor) divided by li mn (e) (numerate	21 23, column (e) . ine 27f (denomin or) divided by lir		> >	27d 27e 27g 27h	% %

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	$\overline{}$	Yes	No
	other governing instrument, or in a resolution of its governing body?	29	_	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,	30		اــــا
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
00	Does the assessment on project on the following			
32 a	Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
h	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)			
	If you answered the to any of the above, please explain. (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
		33a		<u> </u>
а	Students' rights or privileges?	338		
b	Admissions policies?	33b		
_				
С	Employment of faculty or administrative staff?	33c	-	
		33d	1	
d	Scholarships or other financial assistance?	334		
e	Educational policies?	33e		
_				
f	Use of facilities?	33f		
		220		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
••				
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
				1
				1
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b	<u> </u>	-
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			<u>L. </u>
	of Rev Proc. 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

	(To be completed ONLY by an ck ▶ a ☐ if the organization belongs to an affili	ated group Che	eck ▶ b 🗍 if	you checked		nd "limited control"	provisions apply
	Limits on Lobbyi (The term "expenditures" mea	ng Expenditur	'es	you discoved	u ai	(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public				36		<u> </u>
37	Total lobbying expenditures to influence a legi-				37	· · · · · · · · · · · · · · · · · · ·	
38	Total lobbying expenditures (add lines 36 and			• • •	38		
39	Other exempt purpose expenditures				39		-
40	Total exempt purpose expenditures (add lines				40		
41	Lobbying nontaxable amount Enter the amount						
	If the amount on line 40 is The I	obbying nontaxa	ble amount is-	-			
		of the amount on	line 40				
		000 plus 15% of t					
	Over \$1,000,000 but not over \$1,500,000 . \$175,				41		
	Over \$1,500,000 but not over \$17,000,000 . \$225,						
42		0,000			42		
43	Grassroots nontaxable amount (enter 25% of I Subtract line 42 from line 36 Enter -0- if line 4				43		
44	Subtract line 42 from line 38 Enter -0- if line 4				44		
• •	Capital inc 41 horn line of Enter 6- if line 4	r is more than in	ie 30	• •			
	Caution: If there is an amount on either line 43	3 or line 44, you r	must file Form 47	'20			
	4-Year Av	eraging Perio	d Under Secti	on 501(h)			
	(Some organizations that made a section	n 501(h) election	do not have to	complete all	of the	five columns be	elow
	See the instructions f	or lines 45 throug	gh 50 on page 13	3 of the instr	uction	ns.)	
		Lob	bying Expenditu	ıres During	4-Ye	ar Averaging Pe	riod
	Calendar year (or	(a)	(b)	(c)	I	(d)	(e)
	fiscal year beginning in) ▶	2007	2006	2005		2004	Total
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures						
48	Grassroots nontaxable amount			ļ			
	Grassioots nontaxable amount						
49	Grassroots ceiling amount (150% of line 48(e))						
	Grassroots ceiling amount (150% of line 48(e))						
50	Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures	ting Public C	narities				
50	Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures			Part VI-A) (See	page 14 of the	e instructions
50 Pa	Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures rt VI-B Lobbying Activity by Noneled (For reporting only by organiza	tions that did i	not complete I				
50 Pa	Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures rt VI-B Lobbying Activity by Nonelec (For reporting only by organizating the year, did the organization attempt to influ	tions that did i	not complete fate or local legisl	ation, includ			instructions.
50 Pa	Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures It VI-B Lobbying Activity by Noneled (For reporting only by organizating the year, did the organization attempt to influence public opinion on a legislative material organization.	tions that did i	not complete fate or local legisl	ation, includ			
50 Pa	Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures	ence national, standard or referended	not complete in ate or local legislation, through the	ation, includuse of	ing ar	Yes No	
50 Pa	Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Tt VI-B Lobbying Activity by Noneled (For reporting only by organizating the year, did the organization attempt to influent to influence public opinion on a legislative model of the volunteers	ence national, stater or referended in the control of the control	not complete in ate or local legislation, through the	ation, includuse of	ing ar	Yes No	
50 Pa Duri atter	Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures	ence national, stater or referended in the control of the control	not complete I ate or local legisl um, through the eported on lines of	ation, includuse of	ing ar	Yes No	
50 Pa Duri attei a b c	Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures It VI-B Lobbying Activity by Noneled (For reporting only by organizating the year, did the organization attempt to influent to influence public opinion on a legislative modulater of Volunteers	ence national, stater or referenders. on in expenses reference.	not complete fate or local legislum, through the	ation, includuse of	ing ar	Yes No	
Duri attei a b c d	Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Tt VI-B Lobbying Activity by Nonelec (For reporting only by organizating the year, did the organization attempt to influent to influence public opinion on a legislative modulater service	ence national, stater or referended in the control of the control	not complete fate or local legislam, through the	lation, includ use of c through h.)	ing ar	Yes No	
Duri attei a b c d	Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures It VI-B Lobbying Activity by Noneled (For reporting only by organizating the year, did the organization attempt to influent to influence public opinion on a legislative modulate of volunteers	ence national, stater or referended in the control of the control	not complete I ate or local legisl um, through the eported on lines of the complete in	lation, includuse of	ing ar	Yes No	
Duri attei a b c d e f	Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures TVI-B Lobbying Activity by Nonelect (For reporting only by organization attempt to influence public opinion on a legislative modulate or which is a comparable of the staff or management (Include compensation attempt to influence public opinion on a legislative modulate or management (Include compensation advertisements	ence national, stater or referended in the control of the control	not complete I ate or local legisl um, through the eported on lines of or a legislative b res, or any other	lation, includuse of	ing ar	Yes No	

Sched	dule A	(Form 990 or 990-EZ)	2007				F	Page 7
Par	t VI			ransfers To and Trans e page 14 of the instruction	actions and Relationships Wit ons.)	h Non	chari	table
51					e following with any other organization tion 527, relating to political organizatio		ed in s	ection
_		• • • • • • • • • • • • • • • • • • • •			- · · · · ·	,,,,,	Yes	No
а		•	• •	to a noncharitable exempt org	-	51a(i)	+	111
						a(ii)	†	
_							 	
D		er transactions:	oc of accord with a	noncharitable exempt organiz	ation	b(i)		
		-		noncharitable exempt organiz		b(ii)		
	٠			ner assets		b(iii)	 	<u> </u>
	-					b(iv)		
						b(v)	1	
						b(vi)	 	
_				· ·		C	 	
d	If th	e answer to any of ds, other assets, o	the above is "Yes," or services given by	the reporting organization. If	loyees le. Column (b) should always show the fathe organization received less than fairods, other assets, or services received.	ır market	value value	of the
(a Line		(b) Amount involved	Name of none	(c) charitable exempt organization	(d) Description of transfers, transactions, and	sharing ar	rangem	ents
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			-					
		-	<u></u>					
52a				affiliated with, or related to, of other than section 501(c)(3)) or	one or more tax-exempt organizations	☐ Ye	 s Г	
b		es," complete the	following schedule). 				
		(a) Name of organi	zation	(b) Type of organization	(c) Description of relations	hip		
								_
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					-			

TROUT LAKE NATURE CENTER, INC. (593039878)

990 Return for 2007

Line 43 Other Expenses

Environmental Education	\$2202				
Library	\$ 32				
Museum	\$2420				
Capital Expenses	\$2049				
Volunteer Luncheon	\$ 270				
Miscellaneous	\$7992				

Line 46

Temporary Cash Investments \$192,792

Line 54

Vanguard Total Stock Market	\$18,752
Vanguard Inter-Term Bond Index	\$12,204

Line 20

Other changes in net assets – Trout Lake is in the midst of a fund raising effort for the construction of a new building. In 2007 we received \$8,100 in donations and we expended \$13,357 for a difference of \$5,257.

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