## 990-EZ

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

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

OMB No. 1545-1150 2009

Open to Public Inspection

JUL 2 1 2010

Department of the Treasury

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. nternal Revenue Service A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20 December 31 09 January 1 C Name of organization D Employer identification number B Check if applicable: use IRS Address change 59-3039878 Trout Lake Nature Center, Inc. abel or Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite print or E Telephone number Initial return type. 352-357-7536 Terminated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return nstruc Eustis, FL 32727-0641 Application pending Number ▶ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ▶ ☐ if the organization is not ! Website: ▶ troutlakenature.org required to attach Schedule B (Form 990. J Tax-exempt status (check only one) — ☐ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF). if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ 118,521 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received . . . . 19,927 2 Program service revenue including government fees and contracts 2 84,771 3 5,576 3 4 1,600 4 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses . . . . . . . . . b 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . C -0-5c Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ □ 6 Gross revenue (not including \$ \_\_ 19,927 of contributions -0-6a Less: direct expenses other than fundraising expenses -0b 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . -0-7a Gross sales of inventory, less returns and allowances . . . . . 7a 2.130 Less: cost of goods sold 7b 2,017 . . . . . . . . . . . . . . . C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 113 Я Other revenue (describe Workman's Comp refund, rent 2,208 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . . 9 116,403 10 Grants and similar amounts paid (attach schedule) . . . . . 10 -0-11 Benefits paid to or for members . . . . . . . . 11 -0-12 Salaries, other compensation, and employee benefits . . . 79,999 12 13 Professional fees and other payments to independent contractors 13 495 Occupancy, rent, utilities, and maintenance . . . . . 14 14 13,038 15 15 2,440 16 Other expenses (describe 
Capital outlays, environmental education, volunteer luncheon 16 16,909 17 Total expenses. Add lines 10 through 16 . . . . . 17 112,881 Excess or (deficit) for the year (Subtract line 17 from line 9) . 18 3,522 18 Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 550,410 Net. 20 Other changes in net assets or fund balances (attach explanation). 20 (8,810)Net assets or fund balances at end of year. Combine lines 18 through 20 21 21 545, 122 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year 22 Cash, savings, and investments 233,869 22 224,430 23 289,348 23 289,348 24 Other assets (describe ► Long term investments 27,193 24 31,344 25 550,410 25 545,122 Total liabilities (describe ▶ 26 -0-26 -0-Net assets or fund balances (line 27 of column (B) must agree with line 21) 550,410, 27 545,122 990-EZ (2009) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

	, - ,						
Par		Expenses					
	t is the organization's primary exempt purpose?	Promote conservation of the				nired for section	
	cribe what was achieved in carrying out the org					)(3) and 501(c)(4) izations and section	
	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for		a)(1) trusts; optional	
each	program title.	<u> </u>			for ot	hers.)	
28	During the school year visitations are conducted fro			***********			
	in Lake County. Programs meet the Florida Sunshir	e State standards. Approxim	nately 3,300 childre	n 			
	visited site in 2009.						
		includes foreign grants, ch			28a	57,000	
29	Center is open to general public without charge. Gr			15.			
	Thirty-five groups visited the site in 2009 representing	ng approximately 800 people.					
	X-500.000.000.000.000.000.000.000.000.000						
		includes foreign grants, ch			29a	22,000	
30	Educational programs are conducted several times			S			
	as part of studies regarding the environment and bir	ds and animals native to Flor	rida				
					37	1995	
		includes foreign grants, che	eck here	. ▶ ⊔	30a	17,000	
31	Other program services (attach schedule)						
		includes foreign grants, che		. ▶ ⊔	31a		
	Total program service expenses (add lines 28a			>	32	96,000	
Par	t IV List of Officers, Directors, Trustees, and Key						
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributi employee benef	it plans &	(e) Expense account and	
		devoted to position	`enter -0)	deferred comp	ensation	other allowances	
Hugi	Kent 19714 CR 44a Eustis FL 32736	President - 5 hours					
			-0-		-0-	-0-	
*****	Raether 12533 Blue Heron Way, Leesburg FL	Vice President - 12 hours					
3478			-0-		-0-	-0-	
Joan	Bryant 707 Poinsettia Drive Eustis FL 32726	Secretary 2 hours					
		Cooletary 2 Hours	-0-		-0-	-0-	
Rona	ald Macfarlane 4849 Sable Ridge Court Leesburg	Treasurer - 4 hours					
FL 34	4748	Treasurer - 4 Hours	-0-		-0-	-0-	
Bern	ie Yokel 313 Pond Road Mt. Dora FL 32757	Director - 6 hours					
		Director - 6 hours	-0-		-0-	-0-	
Fran	k Bishop 126 Shadow Woods Road Eusts FL 32726	Director - 5 hours					
		Director - 5 flours	-0-		-0-	-0-	
Joe I	Hill P.O. Box 491356 Leesburg FL 34749	Director - 2 hours					
		Director - 2 hours	-0-		-0-	-0-	
Marg	ie LaRoe 43 Forest Lane Eustis FL 32726	Director - 2 hours					
0005100	32 (n) 93 (1 3) 2 (4) 3 (4) (1 4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4	Director - 2 nours	-0-		-0-	-0-	
Morri	is Pelham 2440 Bar Harbor Bay Mt. Dora FL 32757	Director Chaus					
		Director - 6 hours	-0-		-0-	-0-	
Hora	ce Thompson 4370 Britt Road Mt. Dora FL 32757	Discotor Observe					
		Director - 2 hours	-0-		-0-	-0-	
Lavo	n Silvernell 23547 Robbins Road Astatula	Naturalist - 40 hours					
FL 34	1705	Naturalist - 40 nours	49,179		3,500	-0-	
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ingware.							

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶ None			
42a	The organization's books are in care of ▶ Ronald Macfarlane Telephone no. ▶	352-70	2-161	3
	Located at ► 4849 Sable Ridge Court Leesburg FL ZIP + 4 ►	34	748	
b	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	,	Yes	No
	account)?	42b		_
	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.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		<b>/</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		(4)	<b>-</b> 🗆
44	Did the second of the second o		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ			2
AE.		44		<b>/</b>
45 	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	45		1
		00/	\ E7	

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	<b>section 4947(a)(1) non</b> 47(a)(1) nonexempt cha nd 51.	<b>exempt charitab</b> ritable trusts mus	<b>le trusts only.</b> A t answer questio	ll sec ns 46	tion 3-491	о О
46	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete				46		1
47	Did the organization engage in lobbying activities				47		1
48	Is the organization a school as described in secti		•		48		1
	Did the organization make any transfers to an e	•	_		49a		V
	If "Yes," was the related organization a section Complete this table for the organization's five hemployees) who each received more than \$100	ighest compensated empl		officers, directors, t			
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) acc	Expension allows	nse and
NONE							
		•					
453996399		-					
		•					
		-					
	Complete this table for the organization's five \$100,000 of compensation from the organization.  (a) Name and address of each independent contractor.	on. If there is none, enter "	None."		(c) Cor		
NONE							
d	Total number of other independent contractors	each receiving over \$100,	000 ▶				_ 
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ned this return, including accompa n of preparer (other than officer) is	anying schedules and sta	tements, and to the bes	t of my	knowl	edge e.
Sign Here	Signature of officer  Ronald Macfarlane Treasurer	lasland		4-10 Date	1	20	(D
	Type or print name and title	· · · · · · · · · · · · · · · · · · ·		la		-	
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying num	nber (See	instruc	tions)
Use Onl	y yours if self-employed),		Eir	ı <b>&gt;</b>			
	address, and ZIP + 4	1 0 0		one no. >		_	
iviay the	IRS discuss this return with the preparer show	n above? See instructions	* * * * * *	* * * * <b>&gt;</b> L	Yes	1	40

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

### **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 59 3039878

TRO	OUT LAKE NAT	URE CENTER IN	NC.					59		3039878			
Pa	rt I Reasor	n for Public C	harity Status (All or	rganizati	ons mus	t compl	ete this	part.) Se	e instru	ctions.			
The	organization is r	not a private fou	ndation because it is:	(For line:	s 1 throug	gh 11, ch	eck only	one box	.)				
1	☐ A church, c	onvention of chi	urches, or association	of churc	hes desc	ribed in	section 1	70(b)(1)(	A)(i).				
2	☐ A school de	escribed in <b>secti</b>	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)								
3	☐ A hospital of	or a cooperative	hospital service organ	nization o	lescribed	in <b>sectio</b>	on 170(b)	(1)(A)(iii).					
4	☐ A medical r		ation operated in con	junction	with a ho	spital de	scribed i	n <b>sectior</b>	170(b)(1				
5													
6	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	An organiza	tion that normall	ly receives a substanti I <b>(1)(A)(vi).</b> (Complete I	al part of						the general public			
8			d in section 170(b)(1)		Complete	Part II.)							
9	An organiza receipts from support from	tion that normall m activities relat m gross investm	y receives: (1) more the ed to its exempt func- nent income and unre n after June 30, 1975.	ıan 33⅓ % tions—sı elated bu	6 of its su ubject to siness ta	pport fro certain e xable ind	xceptions come (les	s, and (2) ss section	no more	than 33% % of its			
10	☐ An organiza	tion organized a	and operated exclusive	ely to tes	t for publ	lic safety	. See sec	tion 509	(a)(4).				
11	☐ An organiza	tion organized	and operated exclusive	vely for t	he benefi	it of, to	perform t	he functi	ons of, o	r to carry out the			
			iblicly supported orga										
	<b>509(a)(3).</b> C		at describes the type					-	es 11e thi	rough 11h.			
	_ a   Type				e III-Fun					Type III-Other			
е			tify that the organiza										
			on managers and othe	r than on	e or more	publicly	supporte	ed organiz	zations de	escribed in section			
	509(a)(1) or	section 509(a)(2)	).										
f	If the organ	ization received	a written determinat	ion from	the IRS	that it is	a Type	I, Type II	, or Type	III supporting			
	•	, check this box											
g	Since Augus following pe		the organization acce	epted any	gift or c	ontribution	on from a	any of the	•				
			r indirectly controls,				th persor	ns descrit	oed in (ii)				
			ming body of the sup		ganizatio	n? .				11g(i)			
			erson described in (i)							11g(ii)			
h			of a person described							11g(iii)			
	Name of supported		ation about the support										
(1)	organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) li	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the ion in col. zed in the S.?	(vii) Amount of support			
			(out mod decents)	Yes	No	Yes	No	Yes	No No				
				1.00	110	100	110	100	110	-			
										A			
Total													

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 80,209 62,520 95,314 92,244 104,698 434,985 include any "unusual grants.") 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 80,209 62,620 95,314 92,244 104,698 434,985 Total. Add lines 1 through 3 . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 15,522 shown on line 11, column (f) 419,463 Public support. Subtract line 5 from line 4. Section B. Total Support (d) 2008 (b) 2006 (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 (e) 2009 (f) Total 80,209 95,314 92,244 62,620 104,698 434,985 Amounts from line 4 . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 5.461 1,776 2,837 3.200 1.600 14,874 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets 5,202 6,645 11,142 18,881 19,770 61,640 (Explain in Part IV.) . . . . . . 511,499 11 Total support. Add lines 7 through 10 . -0-Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 82 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 83 Public support percentage from 2008 Schedule A, Part II, line 14 15 % . . . . . . . . . . . 16a 331/4 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/4 % or more, check this box 33% % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sor	ction A. Public Support	a the box of	1 1110 3 01 1 6	a c tij				
	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include	(a) 2000	(=) 2000	(3) 2001	(5) 2000	(0)		W. Count
2	any "unusual grants.")							
2	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							
Sec	tion B. Total Support			oi.		Y/		
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for to organization, check this box and stop has been stop to the stop in the	nere .		nd, third, fourt				
Sec	tion C. Computation of Public Sup							
15	Public support percentage for 2009 (line					15		%_
16	Public support percentage from 2008 S				A M M M	16		%
	tion D. Computation of Investmen							291
17	Investment income percentage for 2009					17		<u>%</u>
18 100	Investment income percentage from 200					18	0011	<u>%</u>
19a	33\% % support tests 2009. If the orga 17 is not more than 33\% %, check this bo							
b	331/3 % support tests—2008. If the organi line 18 is not more than 331/3 %, check this	zation did not	check a box on	line 14 or line	19a, and line 1	6 is m	ore than	331/3 %, and
20	Private foundation. If the organization of							

	orm 990 or 990-E	Z) 2009																	Page
Part IV	Supplement Part II, line	ital Ir 17a d	nform or 17b	ation. ; and	Con Part	nplete III, line	this	part Prov	to pr ide a	ovide iny ot	the her	expl addit	anati ional	ons r infor	equire matior	d b	y Pa ee in	rt II, li struct	ine 10; tions.
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