# Form **990**

## **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)

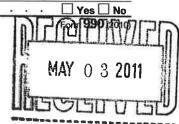
OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For the	2010 cale	ndar year, or tax year beginning January 1 , 2010, and endin	g Decem	ber 31	, 20 11	
В	Check if	applicable:	C Name of organization Trout Lake Nature Center, Inc.	1	D Employ	yer identification n	umber
	Address	change	Doing Business As			59-3039878	
	Name ch	nange	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	te	E Telepho	one number	
$\Box$	Initial ret	- 1	P.O. Box 641	1		352-357-7536	
$\overline{\Box}$	Terminat		City or town, state or country, and ZIP + 4				
$\Box$	Amende		Eustis, FL 32727-0641		G Gross r	receipts \$	115.955
Ħ		ion pending	F Name and address of principal officer: Joan Bryant 707 Poinsettia Drive			for affiliates? Ves	
щ	пррпоц	ion penang	Eustis, FL 32726			ncluded?	
-	Tay avoi	mpt status:	☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527			list. (see instruction	
J			itlakenature.org	_		n number	,
_	14					of legal domicile:	FL
	art I	Summ	The state of the s	tion: 1991	IM State	or legar domicile.	T'L
	1		SAN # 1	uo and maint	nin the n	ative flore and fo	ouno.
			escribe the organization's mission or most significant activities: Preser ecosystems. Instill knowledge and understanding of the interrelationship				auria
8				***********			
Activities & Governance		emphasis	s on water, wetlands and wildlife. Teach stewardship and promote conserv	ation of our n	aturar en	wirorimerit.	
len.		Ob a all th					
õ	2		is box Diff the organization discontinued its operations or disposed of more than 25%				
∞ರ	3				3		11
ies	4		of independent voting members of the governing body (Part VI, line 1b)		4		11
Ξ	5				5		3
Acı	6		nber of volunteers (estimate if necessary)		6		125
			elated business revenue from Part VIII, column (C), line 12		7a		-0-
	b	Net unrel	ated business taxable income from Form 990-T, line 34	% % % %	7b		-0-
				Prior Yea	ar	Current Ye	ar
e	8		ions and grants (Part VIII, line 1h)		84,771		92,682
Revenue	9		service revenue (Part VIII, line 2g)		19,927		21,029
lev	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		1,600		3,647
-			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,105		2,244
	12	Total reve	nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		116,403		119,602
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)		-0-		-0-
			paid to or for members (Part IX, column (A), line 4)		-0-		-0-
s)	15	Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5–10)		79,999		85,956
Expenses			nal fundraising fees (Part IX, column (A), line 11e)		495		-0-
be			draising expenses (Part IX, column (D), line 25) ▶ -0-				
<u> </u>			penses (Part IX, column (A), lines 11a-11d, 11f-24f)		32,387		27,038
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		112,881		112,994
			less expenses. Subtract line 18 from line 12		3,522		6,608
۶ %				Reginning of Cur		End of Yea	
ssets or Jalances	20	Total asse	ets (Part X, line 16)		545,122		555,859
<b>%</b>			lities (Part X, line 26)		-0-		1320
Net As Fund B			s or fund balances. Subtract line 21 from line 20		545,122		554,539
_	rt II		ure Block				001/000
		ties of periur	y, I declare that I have examined this return, including accompanying schedules and stater	nents and to the	e hest of n	my knowledge and	haliaf it ie
true	correct,	, and comple	ete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowle	dge.	ny momoaga ana	DOILDI, IL IQ
		N.	Rosel Markanta		4-7	5-11	
Sig	n	Signa	ture of officer	L Date		- '-	
Her	e	<b>k</b>	Renald Marforane Treas	مسسن درسن د			
		Туре	or print name and title				
20'		-	e preparer's name Preparer's signature Da	te		PTIN	
Pai					Check self-emp		
Teparer							
JS	e Only				s EIN ▶		
Aav	the IR	Firm's ad	this return with the preparer shown above? (see instructions)	Phon		Π	
····		- dio0u33	and return with the preparer shown above? (see instructions)	* * * *	8 8 8	· · L Yes	s   No



Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	The mission emphasizes environmental education for children and adults. The children's education, largely for elementary schools,
	is designed in conjunction with Florida state standards and administered by volunteers and staff members. The programs for adults
	involves staff members and non-staff experts conducting activities on site and including visits to other locations, often in conjunction with other organizations.
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	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the 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.
4a	(Code:) (Expenses \$ 57,313 including grants of \$
	During the school year, visitations are conducted from elementary schools, plus charter and private schools and home-schooled,
	children in Lake County. Programs meet Florida Sunshine State standards and are taught by staff and docents. To a lesser extent
	there are groups of children visiting during the summer. For the entire year, approximately 3,900 students participated in student
	educational programs, which was the largest number to visit Nature Center in one year. Students are exposed to academic
	concepts like adaptation, habitat, food webs, photosynthesis and many more. This past year a Lake County Water Authority Mini
	Grant enabled the Center to create two entirely new water-related curriculums. For many children this is their first experience in a
	natural outdoor classroom.
4b	(Code: ) (Expenses \$ 14,900 including grants of \$ -0- ) (Revenue \$ 6,800 )
	The Center is open to the general public without charge. Groups can arrange visits that involve staff and/or docentsPeople
	can walk the trails leading to a boardwalk that ends at a dock on Trout Lake. The Education and Museum Buildings that contain
	a large collection of mounted specimens, native to Florida, ranging from various birds, snakes, and fish to a black bear and Florida
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Part	V 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	√ /	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	•	1
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	1
b 	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	14b		1
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, Parts II and IV	15		1
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, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a		20a	_	1
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		/
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<b>✓</b>
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		1
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		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		1
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
		_	000	•

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Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V		Yes	No
	$\ddot{a} = \dot{a}$		res	NO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	0	165	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	30 19	5 18	700
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	10.55		DO H
	reportable gaming (gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	III SH		- 62-7
		CORN.		100
	oration of the desired year of the second of	Oh	-	2000
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	3,177		12-15
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		1
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>L</b>	If "Yes," enter the name of the foreign country: ▶		OL N	Wallet I
þ	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	2311		20.50
		PHILIP	OCT MASS	-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_		6b		
_	gifts were not tax deductible?	00		10000
7	Organizations that may receive deductible contributions under section 170(c).	1000	1	THE P
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1970	150
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
<b>a</b> l	If "Yes," indicate the number of Forms 8282 filed during the year	THE REAL PROPERTY.	och i	No.
d		70	-	1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	_	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	_	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	MICH		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1110	1/50
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.	due	000	200
	Did the organization make any taxable distributions under section 4966?	9a		1
a		-		1
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	1000	V
10	Section 501(c)(7) organizations. Enter:	1837	700	1000
а	Initiation fees and capital contributions included on Part VIII, line 12	1500	3/3	USS:
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	2 1 3 Bo	119X	311
11	Section 501(c)(12) organizations. Enter:	150	801	1000
а	Gross income from members or shareholders	SUES	₹88	378
b	Gross income from other sources (Do not net amounts due or paid to other sources	11 70	128	
	against amounts due or received from them.)	15/2	118	130
10-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
12a		120	IUI III	NUMBER OF STREET
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	PETE.	10	1975
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			(4000
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	13	1910	1
b	Enter the amount of reserves the organization is required to maintain by the states in which	18 9	THE II	1000
-	the organization is licensed to issue qualified health plans	1000		100
С	Enter the amount of reserves on hand	Solf	15571	200
		140	- 15	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	-
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		_

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	elow,	and	for a
	O. See instructions.  Check if Schedule O contains a response to any question in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11	5	No.	Tall
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 11		198	300
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		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5 Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		1
6	Does the organization have members or stockholders?	6	✓	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	1	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		E Si	
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	- do 1	<b>✓</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," does the organization have written policies and procedures governing the activities of such			Ť
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		filez	100
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>/</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		
13	Does the organization have a written whistleblower policy?	13		1
14	Does the organization have a written document retention and destruction policy?	14	100	V
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		1
b	Other officers or key employees of the organization	15b	133	No.
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	just	1
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	IVa	199	
-	organization's exempt status with respect to such arrangements?	16b		CORD
	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.	)s onl	y) ava	ailable
19	Own website Another's website  Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	of inte	rest p	oolicy
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Trina Raether 12533 Blue Heron Way, Leesburg, FL 34788 (352) 357-5837	of the	e 	

# 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. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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 neither the organization no	any relate	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director,	or trustee.
(A)	(B)			(C	<b>&gt;</b> )			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	io Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Joan Bryant Secretary	3	1		1				-0-	-0-	-0-
(2) Hugh Kent President	5	1		1				-0-	-0-	-0-
(3) Trina Raether Vice President	6	/		1				-0-	-0-	-0-
(4) Ronald Macfarlane	5 1/2	1		1				-0-	-0-	-0-
(5) Bernie Yokel Director	3	1						-0-	-0-	-0-
(6) Frank Bishop Director	3	1						-0-	-0-	-0-
(7) Joe Hill Director	1	1						-0-	-0-	-0-
(8) Margie LaRoe Director	1	1						-0-	-0-	-0-
(9) Morris Pelham Director	8	1						-0-	-0-	-0-
(10) Horace Thompson Director	2	1						-0-	-0-	-0-
(11) Sharon Hillebrandt Director	2	1						-0-	-0-	-0-
(12) Lavon Silvernell Naturalist	40				1			49,179	-0-	-0-
(13)										
(14)										
(15)				П						
(16)				T			İ			

Part	VII Section A. Officers, Directors, Trus	stees, Key	Emplo	уес	s, a	nd	Highe	st	Compensated	Employees (co	ntinued)		
	(A)	(B)	983 1000 page 1									(F) Estimate	d
	Name and title	Average hours per	_		_		_	_	- annunceation componentia		tion from amount of		
		week (describe	Individual trustee or director	Institutional trustee	Officer	Key employee	lighe	Former	from the	related organizations	C	other ompensa	tion
		hours for related	dual	tion	14	mplc	st co	暭	organization (W-2/1099-MISC)	(W-2/1099-MISC		from the	
		organizations	trust	al tru		уее	тре		(W-2/1099-WIGC)			and relat	ed
		in Schedule O)	ee	stee			Highest compensated employee				°	rganizati	ons
(17)							<u>a</u>						
(18)											-		
_										1			
(19)													
(20)													
(21)													
(22)													
(23)										0			
(24)													
(25)											1		
(26)													
(27)													
(28)													
35.51		1											
1b		 VIII Contin		84	(a )	. 0	954				-		
d	Total from continuation sheets to Part Total (add lines 1b and 1c)			8			204				+-		
2	Total number of individuals (including bu	t not limited	d to th				abov	e) w	/ho received m	ore than \$100,	000 in		
	reportable compensation from the organ	ization -	0-	_	_			_				Ve	s No
3	Did the organization list any former o							emp	oloyee, or high	nest compens			o joyan
4	employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the							on a	nd other com	ensation from		3	1
•	organization and related organizations	greater th	an \$	150,	,000	? /	f "Ye	s,"	complete Sci	nedule J for s	such		
5	individual	 or accrue c	 ompe	nsa	tion	fro	 m an	y ur		 zation or indivi	dual	4	1
	for services rendered to the organization	? If "Yes," o	comp	lete	Scl	hed	ule J	for .	such person	<u></u>		5	1
	on B. Independent Contractors  Complete this table for your five highest	composas	od in	den	and	ont	conti	'a ct	ore that receiv	ed more than	100 00	0 of	
1	compensation from the organization.	compensa	lea in	ueb	ena	eni	COIIL	au	Ors that receiv	ed more man	,100,00	0 01	
	(A) Name and business add	dress							(B) Description of	services	Com	(C) pensatio	n
NONE								I					
					_			-					
-													
2	Total number of independent contractor received more than \$100,000 in compensations.							o tl	nose listed ab	ove) who			

Part VIII		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
ts	1a	Federated campaigns 1a	-0-			Esta Para	
ırarı	b	Membership dues 1b	6,380	15 ST. 11 ST. 15		E-12 (1997)	
s, g	С	Fundraising events 1c	5,575				
gift:	d	Related organizations 1d	-0-				
ıs,	е	Government grants (contributions) 1e	73,379				
tior r s	f	All other contributions, gifts, grants,					
ibu		and similar amounts not included above 1f	7,348				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f: \$	-0-				
	h	Total. Add lines 1a-1f	, ▶	92,682		A STATE OF THE STA	
Program Service Revenue		Busines	s Code		Market Street	THE RESERVE	THE LIBERT STREET
evel	2a						
e D	b						
Zi	C						
Se 1	d	***************************************					
ran	e	All about 1	20				
rog	f	All other program service revenue . 21,		21,029	- A Section	Marie San S	THE RESERVE OF THE PARTY OF THE
	3 3	<b>Total.</b> Add lines 2a–2f		21,023		THE PARTY OF THE P	
		and other similar amounts)		3,647			
	4	Income from investment of tax-exempt bond proce	-	-0-			
	5	Royalties	-	-0-			
		(i) Real (ii) Per		PENID SELVI	0 0	time (Street, Street,	A CONTRACTOR OF THE PARTY OF TH
	6a	Gross Rents 1,095					CONTEXT
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	7, ▶	1,095			
	7a	Gross amount from sales of (i) Securities (ii) C	ther	Can Day and A			THE STATE OF THE S
		assets other than inventory -O-	-0-				
	b	Less: cost or other basis	l				
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	· •	-0-	240 0 THE R. P.	HANNEL STATE	
<u>o</u>	0	Gross income from fundraising					
vепие	8a		i				
a)		events (not including \$ 5,575 of contributions reported on line 1c).	I				
Other R		See Part IV, line 18 a	-0-				
the	ь	Less: direct expenses b	-0-				
0		Net income or (loss) from fundraising events	- ▶	-0-			
		Gross income from gaming activities.				AND HOUSE AND ADDRESS OF	
		See Part IV, line 19 a	-0-				
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities	. ▶	-0-			
	10a	Gross sales of inventory, less		C. Namber			
		returns and allowances a	2,333				
	b	Less: cost of goods sold b	1,184	Astronomy (	Aven all	What was the	
	С	Net income or (loss) from sales of inventory		1,149			
	4.1	Miscellaneous Revenue Busine	ss Code		THE SHALL SHALL		6 75 ST 2 X 1 86 2 7
	11a	:					
	b	***************************************					
	C d	All other revenue					
	e	Total. Add lines 11a-11d	. •	-0-	H. H. 180 10 72		
	12	Total revenue. See instructions.		119,602			
		20 20 Et 20 Et 20					

#### Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete 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	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	-0-		The little of the	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,	-0-		Sidom in this solution	
3	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	-0-			
4	Benefits paid to or for members	-0-		Banky Tribleton	
5	Compensation of current officers, directors, trustees, and key employees	49,179			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	-0- 24,707			
8	Pension plan contributions (include section 401(k)	24,707			
	and section 403(b) employer contributions)	3,500			
9	Other employee benefits	569			
10	Payroll taxes	8,001			
11	Fees for services (non-employees):				
a	Management	-0-			
b	Legal	-0-			
C	Accounting	700			
d e	Lobbying	-0-		CONTRACTOR DESIGNATION	
e f	Investment management fees	-0-			
g	Other	-0-			
12	Advertising and promotion	-0-			
13	Office expenses	7,488			
14	Information technology	-0-			
15	Royalties	-0-			
16	Occupancy	12,200			
17	Travel	-0-			
18	Payments of travel or entertainment expenses				
46	for any federal, state, or local public officials	-0-			
19	Conferences, conventions, and meetings .	-0-			
20 21	Interest	-0-			
22	Payments to affiliates	-0-			
23	Insurance	3,632			
24	Other expenses. Itemize expenses not covered	STATE STATES OF THE			A SOUTH AND WAS IN
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)	Control of the Contro			
а	Environmental supplies	2,339			
b	Volunteer Luncheon	590			+
C	CRANGE TO A CONTRACT TO A CONT				<b>L</b>
d	***************************************				
e	All other expenses	89			
f 25	Total functional expenses. Add lines 1 through 24f	112,994			
26	Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column	112,994			
	(B) joint costs from a combined educational campaign and fundraising solicitation	-0-			

P	art X	Balance Sheet			'.'
			(A) Beginning of year		<b>(B)</b> End of year
_	1	Cash-non-interest-bearing	14,753	1	7,389
	2	Savings and temporary cash investments	212,789	2	227,421
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of		COURS S	
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section		1988	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		NAME OF TAXABLE PARTY.	
		employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	A III JEAN AND FRANCE	2000	
ets	_			7	
Assets	7	Notes and loans receivable, net		8	
•	8	Inventories for sale or use		9	
	9 10a	Prepaid expenses and deferred charges		-	
	IVa	other basis. Complete Part VI of Schedule D 10a 289,348			
	ь	Less: accumulated depreciation 10b 2809		10c	
	11	Investments—publicly traded securities	289,348		286,539
	12	Investments—other securities. See Part IV, line 11	28,232	12	31,701
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	545,122		553,056
	17	Accounts payable and accrued expenses		17	1,320
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	as managed a series	21	
Ħ	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.		Sept 1	
iat		Complete Part II of Schedule L	ALM STATE OF THE	22	PATRICIA NO POLICE
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	1,320
_		Organizations that follow SFAS 117, check here ▶ ☐ and complete		SHYN)	
Ses		lines 27 through 29, and lines 33 and 34.		388	
au	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
ts (	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	545,122	_	551,730
_	34	Total liabilities and net assets/fund balances	545,122	34	551,730

Page	12
rage	14

			_		_
Part					
	Check if Schedule O contains a response to any question in this Part XI		•		Ш
	1.3	Ē			
1	Total revenue (must equal Part VIII, column (A), line 12)				,602
2	Total expenses (must equal Part IX, column (A), line 25)				2,994
3	Revenue less expenses. Subtract line 2 from line 1				5,608
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			545	5,122
5	Other changes in net assets or fund balances (explain in Schedule O)				-0-
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))			551	1,730
Part	XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	20 20 1	n 20	20 10	
	Officer if octication of contains a response to any question in the factorial for th			Yes	No
1	Accounting method used to prepare the Form 990:	in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. [	2a		✓
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign	Jht			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year we issued on a separate basis, consolidated basis, or both:	ere			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	10	185		35
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in			
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	:he			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2010)

#### **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 201**0** Open to Public

59-3039878

Department of the Treasury Internal Revenue Service Name of the organization

Trout Lake Nature Center, Inc.

Inspection **Employer identification number** 

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ 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 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.) ☐ An organization that normally receives: (1) more than 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. c Type III-Functionally integrated a Type I **b** Type II e 🗌 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 I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? . . . . . . . . . . . . 11g(i) 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 supported organization(s). (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (ii) EIN the organization in organization in col. (described on lines 1-9 in col. (i) listed in your support organization governing document? col. (i) of your (i) organized in the U.S.? above or IRC section support? (see instructions)) No Yes No Yes Yes (A) (B) (C) (D) (E)

**Total** 

Page 2 Schedule A (Form 990 or 990-EZ) 2010 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 104,698 92,682 membership fees received. (Do not 62,520 95,314 92,244 447,458 include any "unusual grants.") . . . revenues levied for the organization's benefit and either paid to or expended on its behalf . . . 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 62,520 95,314 93,244 104,698 92,682 447,458 The portion of total contributions by (other each person governmental publicly unit or -0supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 447,458 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 S 7 

7	Amounts from line 4	62,520	95,314	92,244	104,698	92,682	447,458	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1776	2837	3200	1600	3647	13,060	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,645	11,142	18,881	19,770	23,273	79,711	
11	Total support. Add lines 7 through 10				Carle such	13.00 J. MILLIAN	540,229	
12	Gross receipts from related activities, etc.					12	-0-	
13	First five years. If the Form 990 is for the	-						
	organization, check this box and stop he			<u></u>	<u> </u>		🕨 🗸	
	ection C. Computation of Public Support Percentage							
14	Public support percentage for 2010 (line					14	82 %	
15	Public support percentage from 2009 Schedule A, Part II, line 14							
16a								
b	331/3% support test—2009. If the organ check this box and stop here. The organ						or more, ► □	
17a	10%-facts-and-circumstances test—2010. 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	b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18	<b>Private foundation.</b> If the organization d instructions			s, 16a, 16b, 17a	a, or 17b, chec	k this box and	see ▶ □	
					Sc	hedule A (Form 99	90 or 990-EZ) 2010	

## 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	ander the te	Sto liotod Bolt	ow, picaco oc	ompioto i di t	,	
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees			,			
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
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					1	
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	The state of the state of					
8	Public support (Subtract line 7c from						1
Casti	on B. Total Support		Property Well				
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Galen 9	Amounts from line 6	(4) 2000	(2) 2001	(0, 2000	(4)		
10a	Gross income from interest, dividends,						
104	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether			İ			
	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	Total support. (Add lines 9, 10c, 11,						
	and 12.)		l. final and	and Abrieved Annuary	h au fifth tou s	loca co consti	on FO1/o)/2\
14	First five years. If the Form 990 is for the organization, check this box and stop her						
Cooti	on C. Computation of Public Suppor			<u> </u>	<u> </u>	<u> </u>	
15	Public support percentage for 2010 (line 8			13 column (fl)	80 80 80 80	. 15	%
16	Public support percentage from 2009 Sch	1.23					%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2010 (			oy line 13, colu	ımn (f))	. 17	%
18	Investment income percentage from 2009	Schedule A,	Part III, line 17	'		. 18	%
19a	331/3% support tests-2010. If the organi	ization did no	t check the bo	ox on line 14, a	and line 15 is r	more than 331/3	%, and line
	17 is not more than 331/3%, check this box	and <mark>stop here</mark>	. The organizat	tion qualifies as	a publicly supp	oorted organiza	tion . 🕨 🗀
b	331/3% support tests-2009. If the organiz	ation did not	check a box or	line 14 or line	19a, and line 1	6 is more than	33 <sup>1</sup> /3%, and
	line 18 is not more than 331/3%, check this t						
20	Drivete foundation If the organization di	d not check a	hov on line 14	1 10a or 10h	check this how	cand see instri	uctions 🕨 🗔

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Part II Line	e 10 - There were no sales of capital assets in 2010.
Part II Line	e 17a or b - The box on 16a was checked.
Part III Lin	e 12 - No capital assets were sold in 2010.
-sustanuorseser	
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#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number Name of the organization 59-3039878 Trout Lake Nature Center, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year . . . . . 1 2 Aggregate contributions to (during year) ... 3 Aggregate grants from (during year) . . . Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	III Organizations Maintaining	Collections of A	Art, Historical T	reasures, or Ot	her Similar Ass	ets (conti	nued)_
3	Using the organization's acquisition, a	accession, and oth	ner records, check	k any of the follow	ving that are a sig	nificant us	e of its
	collection items (check all that apply):						
а	☐ Public exhibition		d 🗌 Loa	n or exchange pro	grams		
b	☐ Scholarly research		e 🗌 Oth	er	*************************		
C	☐ Preservation for future generation	ns					
4	Provide a description of the organizat	ion's collections a	nd explain how th	ney further the org	ganization's exemp	ot purpose	in Part
	XIV.						
5	During the year, did the organization	solicit or receive	donations of art, I	historical treasure	s, or other similar		1
	assets to be sold to raise funds rather	than to be maintai	ined as part of the	organization's co	ollection?	Yes	
Part		ngements. Cor	nplete if the org	anization answe	red "Yes" to For	m 990, Pa	art IV,
	line 9, or reported an amoun						
1 <b>a</b>	Is the organization an agent, trustee,					_	
	included on Form 990, Part X?				8 8 8 8 8	∐ Yes	□ NO
b	If "Yes," explain the arrangement in Pa	art XIV and comple	ete the following to	able:	Δm	nount	
				4.		Ourit	
C	Beginning balance						
d	Additions during the year						
e	Distributions during the year						
f o-	Ending balance			41 40 40 10		Yes	□ No
2a	Did the organization include an amour		urt X, line Z I ?	* 35 85 85 85 85		□ 163	
b Par	If "Yes," explain the arrangement in Pa Endowment Funds. Complete	art XIV.	ation answered	"Ves" to Form 9	90 Part IV line	10	
Par	Endowment Funds. Comple	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	ars back
10	Beginning of year balance	31,317	27,194	34,496		815)=19-5	1000
1a b	Contributions	-0-	-0-	-0-	Company of the Compan		
C	Net investment earnings, gains, and	-0-				1 00 323	5.53(1)
·	losses	3722	875	979			
d	Grants or scholarships	-0-	-0-	-0-		15 AS AS	F
e	Other expenditures for facilities and				RITER AND SERVICE	A COLUMN	70.338
·	programs	-0-	-0-	-0-		73/3/5/5/5	P. T. C. L.
f	Administrative expenses	-0-	-0-	-0-		10,12	u Auge
g g	End of year balance	35.099	31,317	27,194		1518 D. T.	Swalls
2	Provide the estimated percentage of t						
a	Board designated or quasi-endowmer		0 %				
b	Permanent endowment ▶		17				
c	Term endowment ▶ %						
3a	Are there endowment funds not in the	e possession of th	e organization tha	at are held and ad	dministered for the	,	
	organization by:	•					es No
	(i) unrelated organizations					3a(i)	<b>/</b>
						3a(ii)	1
b	If "Yes" to 3a(ii), are the related organi	zations listed as re	equired on Sched	ule R?		3b	
4	Describe in Part XIV the intended uses						
Part	VI Land, Buildings, and Equip			e 10.			
	Description of investment	(a) Cost or ot (Investme			Accumulated depreciation	(d) Book va	alue
1a	Land		70,000	清洁			70,000
b	Buildings		213,187				213,187
C	Leasehold improvements	ñ	5027				5027
d	Equipment	re .	1134				1134
e	Other	•					
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, columi	n (B), line 10(c).)			289,348

Schedule D (Form 990) 2010				Page 3
Part VII Investmen	ts-Other Securities, S			
(a) Description of se (including nam		(b) Book value	(c) Method of va Cost or end-of-year	
(1) Financial derivatives		NONE		
(2) Closely-held equity inte	erests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
(1)				
Total. (Column (b) must equal Form	990, Part X, col. (B) line 12.) ▶		granis 65 m. ser al pri wanta	with the same of
	ts-Program Related.	See Form 990, Part X.	line 13.	
(a) Description of		(b) Book value	(c) Method of v Cost or end-of-year	
(1)		NONE		
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
(10)	000 0 17 1 (017 40)			
Total. (Column (b) must equal Form		V line 15	READMED SECTION BIXTESON	
Part IX Other Ass	ets. See Form 990, Part	Description		(b) Book value
(1) NONE	(6)	резоприон		(-)
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	qual Form 990, Part X, col.			
	ilities. See Form 990, P			
	ion of liability	(b) Amount		
(1) Federal income taxes				
(2) NONE (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

(10) (11)

Schedu	e D (Form 990) 2010			Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Au	udited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	* * * * * * * *	1	n/a
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments	-	4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine		10	
Part		ents With Revenue per		urn
1	Total revenue, gains, and other support per audited financial statements		1	n/a
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			il and the second
а	Net unrealized gains on investments	2a	Sal.	
b	Donated services and use of facilities	2b		9
c	Recoveries of prior year grants	2c	1 de	
ď		2d	100	
e	Add lines 2a through 2d		2e	
_	Subtract line 2e from line 1		3	
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1000	
4		4a	Page 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		- 100	
b	Other (Describe in Part XIV.)		40	
c	Add lines <b>4a</b> and <b>4b</b>		5	
5				
Part			er n	
1	Total expenses and losses per audited financial statements		100	n/a
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	FEE	
а	Donated services and use of facilities	2a	13.0	
b	Prior year adjustments	2b	101	
C	Other losses	2c	-	
d	Other (Describe in Part XIV.)	2d	1 912	80
е	Add lines 2a through 2d	* * * * * * * * *	2€	
3	Subtract line 2e from line 1	p. 20, p. 10. 20. 20. 20. 20. 20.	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		7.930	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	650	
b	Other (Describe in Part XIV.)	4b	303	
С	Add lines <b>4a</b> and <b>4b</b>	\$60 (\$40 (\$40 (\$40 (\$40 (\$40 (\$40 (\$40 (\$4	40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5	
Part				
	lete this part to provide the descriptions required for Part II, lines 3, 5, and	9: Part III, lines 1a and 4:	Part I	IV, lines 1b and 2b;
Part V	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,	lines 2d and 4b. Also cor	mplete	e this part to provide
	Iditional information.			
-	We have no art or historical treasures. However, as part of our environmenta	l education program, we ha	ave en	umerable mounted
			17/200	
enaci	nens of birds, animals,fish and mammals. While these creatures are irreplace	able in many cases, the cos	st of re	eplacing them is only
	The state of the s			.J
rolovs	nt to having a taxidermist prepare the new specimen for mounting. The speci	mens themselves have bee	n don	ated once the creature
CICVE	in to having a taxtocimist prepare the new specimentor mounting.			
has d	od.			
nas u	eu.			
Dort 1	- It is intended that a certain percentage of the assets be used to aid with ope	rating costs of the Nature C	`enter	However the Board
raft V	- it is intenueu that a certain percentage of the assets be used to aid with ope	anny costs of the Hattile C	CINCI	, Homorol, all Dodla
	da			
decid	ed to cease that practice until the Fund grows to a more meaningful level.			
Part X	- Not applicable			

Part XIV	Supplemental Information (continued)
audited fina	ncial statements is not justified in this case. We have taken one step which is to engage the services, on a voluntary basis, of
a person em	ployed by an accounting firm to prepare our financial reports in conjunction with our Treasurer.
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#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

59-3039878

Department of the Treasury Internal Revenue Service Name of the organization

Trout Lake Nature Center, Inc.

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Schedule B - There was no need for this schedule, since no individual made a contribution of \$5,000 or more in 2010 Part III 4d - There were no other program services expenses or revenues. Other expenses included maintenance expenses for buildings, roads, boardwalk, etc. Part VI 11 - Once the form was completed by the Treasurer, it was presented at the next Board meeting for review by all of the members present at the meeting. Discussion leading to corrections will be made before submitting to IRS. Part VI 19 - An appropriate message is placed on our website to indicate that a copy of the 990 tax return is available by calling the phone number indicated. At the time of contact, other documents will be made available if the calling person requests them. Part VI 6 - The organization has members. Part VI 7 - The Board of Directors and Officers are elected by the membership at the annual meeting scheduled for each January. Part VI 8 - Any meeting of the membership has minutes prepared by the Secretary which are approved at the next meeting. Minutes of each Board meeting are recorded by Secretary for approval by the Board at its next meeting. No minutes are usually kept of any meeting of a committee.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization	Employer identification number
	***************************************
	*************************************
	***************************************
	***************************************