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)

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning January 1, 2011, and ending December 31, 20 11

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Trout Lake Nature Center, Inc.

Doing Business As:

Number and street (or P.O. box if mail is not delivered to street address): P.O. Box 641

Room/suite:

City or town, state or country, and ZIP + 4: Eustis, FL 32727-0641

D Employer identification number: 59-3039878

E Telephone number: 352-357-7536

G Gross receipts $: 124,318

F Name and address of principal officer:

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1991

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: **Preserve and maintain the native flora and fauna within the ecosystems. Install knowledge and understanding of the interrelationships in the natural world with particular emphasis on water, wetlands and wildlife. Teach stewardship and promote conservation of our natural environment.**

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	4
6	Total number of volunteers (estimate if necessary)	6	125
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-0-
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-0-

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	92,682	115,985
9	Program service revenue (Part VIII, line 2g)	21,029	5,234
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,647	2,477
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,244	1,421
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	119,602	126,194

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	-0-	-0-
14	Benefits paid to or for members (Part IX, column (A), line 4)	-0-	-0-
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	85,956	81,486
16a	Professional fundraising fees (Part IX, column (A), line 11e)	-0-	-0-
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ -0-		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	27,038	33,786
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	112,994	115,272
19	Revenue less expenses. Subtract line 18 from line 12	3,522	10,922

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	555,859	567,159
21	Total liabilities (Part X, line 26)	1320	1,085
22	Net assets or fund balances. Subtract line 21 from line 20	554,539	566,074

Part II Signature Block

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

Sign Here

Signature of officer: Ronald Macfarlane — Date: 4-24-12

Type or print name and title: Ronald Macfarlane Treasurer

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No