SCANNED JUN 2 6 2013

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2012

Department of the Treasury Internal Revenue Service benefit trust or private foundation)

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

Open to Public Inspection

Ā	For the	012 calendar year,	, or tax year beginning	January 1	2012, and e	nding	Decem	ber31	, 2 0 12			
В	Check if a	of applicable C Name of organization Trout Lake Nature Center, Inc. D Employer identification number										
$\bar{\Box}$	Address o		siness As	•					59-3039878			
$\overline{\sqcap}$	Name cha	N		all is not delivered to street addres	s) Roo	m/suite		Telepho	ne number			
Ħ	Initial retu		641				- I		352-357-7536			
H	Terminate	·	n or post office, state, and	ZIP code					002-007-7000			
Ħ	Amended	•	L 32727-0641				l a	Gross re	eceints \$	120,432		
ద			d address of principal offic	er. Joan Bryant								
ш	Application	• •		•				a group return for affiliates? Yes V No				
_	_		settia Drive, Eustis FL		(4) D ==		4 ' '		i list (see instructio			
÷	Tax-exem Website:			() ◀ (insert no) ☐ 4947(a)	(1) or 52	27	1		•	,,,,,		
<u>-</u>		www.troutlake		ation	L Year of fo	rmation	H(c) Group e	· · · · · · · · · · · · · · · · · · ·	of legal domicile			
	art I		IION ITUST ASSOCIA	ation Other >	L Tear Oil	ormanon	1991	IN State	or legal dornicile	FL		
F		Summary										
	1	-		sion or most significant acti						una		
æ	1 -			nd understanding of the inte								
au	9	mphasis on water,	wetlands and wildlife	. Teach stewardship and pro	omote cons	ervatio	on of our na	tural en	vironment.			
Activities & Governance	-											
Š			•	discontinued its operations	•	ed of I	more than 2	25¦% of	its net assets.			
9	3	lumber of voting i	members of the gove	erning body (Part VI, line 1a)			3		11		
Se	4 1	lumber of indepe	ndent voting membe	rs of the governing body (P	art VI, line	1b) .		4		11		
ŧ	5	otal number of in	dıvıduals employed ı	n calendar year 2012 (Part	V, line 2a)			5		3		
₹	6	otal number of vo	olunteers (estimate if	necessary)				6		125		
⋖	7a -	otal unrelated but	siness revenue from	Part VIII, column (C), line 13	2			7a		-0-		
				from Form 990-T, line 34				7b		-0-		
_			Prior Yea	r	Current Ye							
_	8	Contributions and	grants (Part VIII, line	1h)		. —	•	115,985		115,562		
Revenue			evenue (Part VIII, line			` 		5,234		1,811		
	1	•	e (Part VIII, column (A	2,477								
æ			rt VIII, column (A), lin		1		 · ·	1,969				
			d lines 8 through 11 (;				1,090				
_	+			126,194			120,432					
				IX, column (A), lines 1–3) .		·		-0-		<u>-0-</u>		
	م سما			X, column (A), line 4)		: ├─		-0-		-0-		
Expenses	15 3	alaries, other com	pensation, employee	benefts Fah / X-column (A),	lines 5–10)	'		81,486		<u>75,882</u>		
Ě	16a I		aising fees (Part IX,-c			• 📙	·····	-0-		-0-		
X	b		xpenses (Part IX, col									
ш	'' '			nes/Na-0 10, 30124e)				33,786		26,339		
					ine 25)	·	•	115,272		102,221		
		levenue less expe	enses. Subtract line		<u> </u>			10,922		18,211		
Assets or Balances				JUDEN, UI		Beg	inning of Curr	ent Year	End of Yea	ar 		
alar	20 7	otal assets (Part)				· L		567,159		588,125		
Net As Fund B	21	otal liabilities (Pai	rt X, line 26)					1,085		870		
ᆂ급	22		balances. Subtract I	line 21 from line 20				566,074		587,255		
Pa	art II	Signature Bloo	ck									
				retum, including accompanying sc					ny knowledge and	belief, it is		
tru	e, correct,	and complete. Declera	tion of preparer other than	n officer) is based on all information	of which pre	parer ha	as any knowled	dge				
	1	Ton		ul								
Sig	gn	Signature of office	^ W/A A				Date		- 0 "			
He	re	Konald	2 Mactar	lane /re	agor			5-	28-13			
		Type or print name	ne and title									
Pa	id	Print/Type preparer	s name	Preparer's signature		Date		Check	T If PTIN			
_								self-emp				
	eparer	Firm's name	*****				Firm's	EIN ►	<u> </u>			
US	e Only	Firm's address ▶					Phone					
Ма	y the IRS	., 	rn with the preparer	shown above? (see instruct	tions)		1 F HORE	<u> </u>	Yes	□No		
				2			· · · ·		· · 🗀 •es	<u></u>		

Approximately 2,800 adults/families participated in these various programs this past year. Some of the programs included logging and land management, Florida turtles, Greenscaping for Wildlife, Innovative Waste Management, geo caching and many others.

d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

Total program service expenses > 78,880

Part	Checklist of Required Schedules		-	-
	I the constitution described in section 501/5/0) or 4047/5/(1) (other than a project foundation)? If "Voo."	r	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	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2_		✓
4	candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3_		✓
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
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 for which 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		✓_
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, for escrow or custodial account liability; 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 temporarily restricted endowments, permanent endowments, 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			
а	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
С	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
d	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
	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 and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14 a		14a	ļ	✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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		√
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	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
		For	n 990	(2012)

Part	V Checklist of Required Schedules (continued)		'	aye -
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		\
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		√
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		1
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		√
	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		√
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		<u>√</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u></u>
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):		,	٠ ٠
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Schedule L, Part IV	28a 28b		√
c	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		<u> </u>
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	29		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
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		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
	If "Yes" to line 35a, 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	35b	_	✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		✓

Part				
	Check if Schedule O contains a response to any question in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		1
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	-,-	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	<u> </u>	-
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		/
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	ļ	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	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
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 as charitable contributions?	6a		/
b	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	0.5		Ť
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	,	1
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		√
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		V
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	~~	
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	
ь	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	. QQ ∩	(2012)
		COLL	. 33U	(2012)

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Part	• • • • • • • • • • • • • • • • • • • •							
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ions.				
04	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	• •	<u>. Ц</u>				
Secti	on A. Governing Body and Management		Г .,	1 55				
10	Enter the number of voting members of the governing body at the and of the toy year.		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 11 If there are material differences in voting rights among members of the governing body at	1						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.			[
b	Enter the mumber of votes many hour melvided in the decision who are independent.	1		ļ				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1						
	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			l ·				
	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?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1				
6								
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint							
	one or more members of the governing body?							
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l	1					
	stockholders, or persons other than the governing body?	7b		<u> </u>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-						
_	The governing body?	0-	,					
a	Each committee with authority to act on behalf of the governing body?	8a	✓	1				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b		-				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.))				
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		1				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	<u> </u>				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			_				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		V				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		-				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	40-						
13	Did the organization have a written whistleblower policy?	12c						
14	Did the organization have a written document retention and destruction policy?	14		1				
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?			1				
а	The organization's CEO, Executive Director, or top management official	15a		1				
b	Other officers or key employees of the organization	15b		1				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
_	with a taxable entity during the year?	16a		-				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h		1				
Secti	on C. Disclosure	16b	t	L				
17	List the states with which a copy of this Form 990 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 5010	c)(3)s	only)				
	available for public inspection. Indicate how you made these available. Check all that apply.			• •				
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	finte	rest p	olicy,				
	and financial statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	;					
	organization: ► Trina Raether 12533 Blue Heron Way, Leesburg, FL 34788 (352) 357-5837							

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Part VII	Compensation of Officers, Directors	s, 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	r any relate	d org	anız	atıo	n c	ompe	nsa	ted any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per	box,	unles	Pos neck ss pe	more rson	than on the thick the thic	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Joan Bryant President	8	1		✓				-0-	-0-	-0-
(2) Ronald Macfarlane Treasurer	7	1		1				-0-	-0-	-0-
(3) Trina Raether Secretary	3	1		✓				-0-	-0-	-0-
(4) Donna Kelley Vice President	4	1		1				-0-	-0-	-0-
(5) Bernie Yokel Director	2	1						-0-	-0-	-0-
(6) Joe Hill Director	3	1						-0-	-0-	-0-
(7) Margie LaRoe Director	3	1						-0-	-0-	-0-
(8) Morris Pelham Director	6	1						-0-	-0-	-0-
(9) Horace Thompson Director	4	1						-0-	-0-	-0-
(10) Sharon Hillebrandt Director	3	1						-0-	-0-	-0-
(11) JoAnn Ryan Director	6	1						-0-	-0-	-0-
(12) Lavon Silvernell Naturalist	42					1		\$49,179		
(13)										
(14)										

	Section A. Officers, Directors, Trus	ices, ney E	יטוקווי	, .		C)	ngne:	ot U	ompensated E	impioyees (contil	iuea)		
	(A)	(10)			•	ation			(5)			-	
	Name and title	(B) Average			neck	more	than o		(D)	(E)	_	(F)	
	Marie and title	hours per					ıs both or/trust		Reportable compensation	Reportable compensation from		stimate nount d	
		week (list any				_		, '	from	related	"	other	•
		hours for	Individual trustee or director	St	Officer	Key employee	평화	Former	the	organizations		pensat	
		related organizations	8 5	<u>\$</u>	ğ	§	loy is	₫	organization (W-2/1099-MISC)	(W-2/1099-MISC)		om the	
		below dotted	of E	22		흥	88		(W-2/1099-MISC)			janizati d relate	
		line)	S.	5		ě	#	ļ			Į.	anızatıc	
			6	Institutional trustee			Highest compensated employee	[_		
	-			•			夏	1					
(15)													
·		† -	1]					1				
(16)		<u> </u>			_			\vdash					
		†	ł										
(17)			-	├─	-	┝		-					
		ļ											
	· · · · · · · · · · · · · · · · · · ·	ļ	ļ		_			L.					
18)	***************************************	1	Ì										
				L									
(19)	***************************************	1											
		T											
(20)													
		†	1										
(21)	· · · · · · · · · · · · · · · · · · ·	 			-	 		\vdash	 		_		
<u> </u>		 							·				
(00)				<u> </u>	_								
(22)	·												
			ļ			<u> </u>							
(23)		<u> </u>											
(24)													
		†											
(25)		†			_	\vdash		-					
Y		 											
1b	Sub-total	1	L			<u>. </u>		_	 				
				-	•		•						
C	Total from continuation sheets to Part	•		-	•		•						
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>			L		
2	Total number of individuals (including but	t not limited	I to th	ose	list	ed a	above	e) w	ho received mo	ore than \$100,00	0 of		
	reportable compensation from the organi	ızatıon ▶						•					
										· · · · · · · · · · · · · · · · · · ·		Yes	No.
3	Did the organization list any former of	ficer, direc	tor. o	r tr	uste	ee.	kev e	mp	lovee, or high	est compensate	ed [+:-	1.00
_	employee on line 1a? If "Yes," complete	Schedule J	for si	ıch	indi	vidi	ıal		, co, cg	oot oomponoute	~ ₃	ŀ	1/
								• •				+	√
4	For any individual listed on line 1a, is the	sum of rep	oortai	ole (com	per	isatio	n a	nd other comp	ensation from the	ne		1
	organization and related organizations	greater tha	an \$1	50,	UUU	ez n	Ye.	s, "	complete Sch	edule J for suc	n		1
	individual			•	•		•				4		_ ✓
5	Did any person listed on line 1a receive of									atıon or indıvidu	al	į	
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	iedu	ile J f	or s	uch person		5		✓
Section	on B. Independent Contractors												
1	Complete this table for your five highest	compensate	ed inc	lepe	ende	ent	contr	acto	ors that receive	d more than \$10	00.000	of .	
	compensation from the organization. Rep												tax
	year.	•						•	ŭ		Ū		
	(A)							_	(B)		(C	•	
	Name and business add	ress							Description of se	ervices	Compe		
		····						-					
		-						<u> </u>					
								<u> </u>					
								L					
										1			
2	Total number of independent contractor	rs (includir	ig bu	t ne	ot I	ımit	ed to	th	ose listed abo	ove) who			
	received more than \$100,000 of compens									.			
										L		00	0 (2012
											F0	いい フジ	U (201

	NATION.	Check if Schedule O	contains a	resno	nse to any quest	ion in this Part VI	H		
		Officer in defication of	CONTAINS A	respo	no to any quos	(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 ts	1a	Federated campaigns	3	1a	-0-				
ra L	b	Membership dues .		1b	8800	1		}	
e F	С	Fundraising events		1c	2900			ŀ	
ar fr	d	Related organizations	3	1d	-0-	ļ		1	
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (cor	ntributions)	1e	87,804			}	
ion r Si	f	All other contributions, g							
the the		and similar amounts not in	cluded above	1f	16,058				
d d	g	Noncash contributions inclu	ded in lines 1a	-1f: \$					
a Co	h	Total. Add lines 1a-1	f		▶	115,562			<u> </u>
re					Business Code				
Program Service Revenue	2a			[
Re	b								
vice	С								
Ser	d								
Ē	e								
ogr	f	All other program ser	vice revenu	ie.	90009	1811			<u> </u>
ے	g	Total. Add lines 2a-2				1811			
	3	Investment income							
		and other similar amo			1	1969			
	4	Income from investmen		•	•				
	5	Royalties			▶				
	_		(i) Real	_	(II) Personal				
	6a	Gross rents		1441					
	b	Less: rental expenses							
	C	Rental income or (loss)							
	d	Net rental income or Gross amount from sales of	(i) Securit		>	1441			
	7a	assets other than inventory	(i) Securit		(11) (11)				
	ь	Less cost or other basis							
		and sales expenses				į			1
	С	Gain or (loss)				1			
	d	Net gain or (loss) .			▶				
		rect gam or (1035)		٠ . ١	• • • •				
Revenue	8a	Gross income from fuevents (not including \$	undraising						
		of contributions reported See Part IV, line 18 .	ed on line 1	c). · a					
Other	b	Less: direct expenses							
		Net income or (loss) f			events . >				
	9a	Gross income from ga See Part IV, line 19 .							
	ь	Less: direct expenses		- 1					
		Net income or (loss) f			vities ▶			1	1
	10a	Gross sales of in	ventory,	ess					
		returns and allowance	es	. a	426				
	b	Less: cost of goods s	old	. ь	777]	
		Net income or (loss) f				(351)			1
		Miscellaneous F			Business Code	,===,			
	11a								
	b								
	С								
	d	All other revenue .		. [
	e	Total. Add lines 11a-				-0-			
	12	Total revenue. See II	nstructions.		▶ [120 432			1

Part IX Statement of Functional Expenses

Sectio.	Check if Schedule O contains a respon				mn (A).
Do no	Check if Schedule O contains a response tinclude amounts reported on lines 6b, 7b,		n this Part IX (B)	(C)	· · · · · <u> </u>
8b, 9b	, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in	-0-			
۷	the United States. See Part IV, line 22	-0-			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	United States. See Part IV, lines 15 and 16	-0-			···
4	Benefits paid to or for members	-0-			
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified	49,179	34,425	12,295	2,459
O	persons (as defined under section 4958(f)(1)) and	Ì			
	persons described in section 4958(c)(3)(B)	- 0-			
7	Other salaries and wages	17,093	15,384	855	854
8	Pension plan accruals and contributions (include	17,035	10,304		
	section 401(k) and 403(b) employer contributions)	3500	2450	875	175
9	Other employee benefits	912	820	46	46
10	Payroll taxes	5198	4678	260	260
11	Fees for services (non-employees):				-
а	Management	-0-			
b	Legal				
C	Accounting				
d	Lobbying				
e f	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	1084	542	-0-	542
13	Office expenses	6509	5207	651	651
14	Information technology	-0-			
15	Royalties	-0-			
16	Occupancy	9858	7086	886	886
17	Travel	-0-			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			į	
40			· · ·		
19 20	Conferences, conventions, and meetings . Interest				
20 21	Payments to affiliates		···-		
22	Depreciation, depletion, and amortization .				
23	Insurance	3845	2691	1154	-0-
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	1			
_	, , , , , , , , , , , , , , , , , , , ,				· · ·
a b	Environmental education Volunteer luncheon	2168	2168		
C	Program Expense	127 281	127 281		·
ď	Workman's Comp	446	201	446	
e	All other expenses	3021	3021	- 1,0	
25	Total functional expenses. Add lines 1 through 24e	102,221	78,880	17,468	5,873
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 🔲 if				
	following SOP 98-2 (ASC 958-720)	<u> </u>			Form 990 (2012)

Р	art X				
		Check if Schedule O contains a response to any question in this Part		<u> </u>	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	6416	1	3745
	2	Savings and temporary cash investments	230,894	2	247,612
	3	Pledges and grants receivable, net	-0-	3	-0-
	4	Accounts receivable, net	-0-	4	-0-
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	296,686	10c	300,134
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	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)		16	
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities	_	trustees, key employees, highest compensated employees, and			
<u>5</u>		disqualified persons. Complete Part II of Schedule L		22	
2	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 (including federal income tax, payables to related third			
	_~	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1085	25	870
	26	Total liabilities. Add lines 17 through 25	1085		870
es	-	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets		27	
ala	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			1
S	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
<u>e</u>	33	Total net assets or fund balances	566,074	33	588,124
~	34	Total liabilities and net assets/fund balances	566,074		587,254
			, 000,014	-:.1	Form 990 (2012)

					•
orm 99	90 (2012)			Pa	age 12
Part	XI Reconciliation of Net Assets			•	-
	Check if Schedule O contains a response to any question in this Part XI				. \square
1	Total revenue (must equal Part VIII, column (A), line 12)	1	-		20,432
2	Total expenses (must equal Part IX, column (A), line 25)	2		-	02,221
3	Revenue less expenses. Subtract line 2 from line 1	3			18,211
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4			6,074
5	Net unrealized gains (losses) on investments	5			30,074
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		58	34.285
Part	XII Financial Statements and Reporting	1			J-1, E-00
	Check if Schedule O contains a response to any question in this Part XII				
-				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			<u> </u>	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or			
	reviewed on a separate basis, consolidated basis, or both:				ļ
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b			2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			-
	separate basis, consolidated basis, or both:				ĺ
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight		- '	1
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex-	nlain ın			i -

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a

Form **990** (2012)

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No 1545-0047

Name of the organization		ttach to Form 990 of Fo	JIIII 550-L	2 000	3cparate		Employer i	dentificatio		her	HOII
-	CENTED INC					}	anipioyer ii		03987		
Part I Reason f		rity Status (All orga	nization	s must c	complete	this pa	rt.) See i			<u> </u>	
The organization is not											
•	•	hes, or association of						i).			
		spital service organiza		•	section '	170(b)(1)	(A)(iii).				
	And the state of t										
hospital's nam	ne, city, and state	e:									
	on operated for to (1)(1)(A)(iv). (Com	the benefit of a colle- plete Part II.)	ge or un	iversity o	wned or	operated	by a go	vernmen	tal ur	nit des	scribed in
6 🔲 A federal, stat	e, or local govern	nment or government	al unit de	scribed ii	n sectior	170(b)(1)(A)(v).				
	-	receives a substantia (A)(vi). (Complete Par	•	its suppo	ort from a	a governi	nental ur	nit or fron	n the	gene	ral public
8 A community	trust described in	n section 170(b)(1)(A)(vi). (Co	mplete Pa	art II.)						
9	on that normally	receives: (1) more that	an 331/39	6 of its si	upport fro	om contr	ibutions,	members	ship f	ees, a	and gross
		d to its exempt funct									
		ent income and unre						n 511 ta	ax) fro	om bi	usinesses
· •	_	ifter June 30, 1975. Se			,		•				
	_	l operated exclusively									
0	•	nd operated exclusive	-							•	•
		olicly supported organ describes the type of									e section
									-		aratad
a ☐ Type i	b Type	II c Type II that the organization		-	_			Non-funct		•	-
		ers and other than one									
or section 509	_	as and other than one	c or more	c publicly	Support	ca organ	24(10)13	203011000	<i>1</i> 111 30	SCHOIL	003(a)(1
		a written determination	on from	the IRS	that it is	a Type	I. Type	li. or Tvr	oe III	supp	ortina
	check this box										¯
g Since August	17, 2006, has the	he organization accep	pted any	gift or co	ontributio	n from a	ny of the	e			
following pers	ons?									_	
		ndırectly controls, eitl							nd _		Yes No
(ıiı) below,	the governing bo	ody of the supported	organızat	tion?					_1	11g(i)	
(ii) A famıly m	ember of a perso	on described in (i) abo	ove?						1	1g(ii)	
		a person described in							1	1g(iii)	
h Provide the fo	llowing informati	ion about the support	ed organ	ızatıon(s).							
(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		ou notify		Is the tion in col	(vii) A	mount o	of monetary
organization	!	above or IRC section		document?	col (i)	of your	(i) organi	ized in the		supt	ЮI
		(see instructions))	Yes	No.		port?		S?	4		
			res	No	Yes	NO	Yes	No	 		
(A)	1							<u> </u>			
(B)											
(C)											
(D)											
(E)											
	<u> </u>		†	1	 		 	†	 		

Total

Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(vi)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	alify under
0	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	ease comple	te Part III.)	
	on A. Public Support	(1) 0000	#1.0000	1 1 2 2 2 2	1.7.7.1		
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
'	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	02.244	404.000	00.000	445.005		
2	Tax revenues levied for the	92,244	104,698	92,682	115,985	115,562	521,171
_	organization's benefit and either paid					1	
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	92,244	104,698	92,682	2	115,562	521,171
5	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						
	shown on line 11, column (f)						•
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support					'	021,171
Caler	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	92,244	104,698	92,682	115,985	115,562	521,171
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
9	Net income from unrelated business	3200	1600	3647	2477	3410	14,334
9	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					ļ	
	(Explain in Part IV.)	18,881	19,770	23,273	7731	2901	72,556
11	Total support. Add lines 7 through 10						608,061
12	Gross receipts from related activities, etc.					12	-0-
13	First five years. If the Form 990 is for the						
Soct	organization, check this box and stop he on C. Computation of Public Suppor		<u> </u>		· · · · ·		· · • U
14	Public support percentage for 2012 (line 6			1 column (f)		144	
15	Public support percentage from 2011 Sch		-	1, COlumn (1))		15	86 % 84 %
16a	331/3% support test—2012. If the organiz				line 14 is 331		
	box and stop here. The organization qua						
b	331/3% support test-2011. If the organ	nization did no	t check a box	on line 13 or	16a, and line	15 is 331/3%	
	check this box and stop here. The organi	zation qualifies	s as a publicly	supported org	anızation .		. ▶ 🗆
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization me						
	Part IV how the organization meets the "forganization".	acts-and-circu	mstances" tes	ii. The organiza	ation qualifies	as a publicly su	• • —
L	•					- 405 - 45	. • [
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization m						
	supported organization						
1Ω	Private foundation If the organization du	d not chook a	hay an line 12	160 16h 170	or 17h obse	k this boy and	

Part III	Supp	ort S	chedule 1	for O	rgan	ization	s Descr	ibe	d in	Sect	ion 50)9(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.)

	if the organization rans to quality	under the te	313 113104 501	ow, ploade et	ompioto i dit	···,	
	on A. Public Support					+	r
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 7a	Total. Add lines 1 through 5 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						
8 8	Add lines 7a and 7b						-0-
Secti	on B. Total Support				<u> </u>	<u> </u>	<u> </u>
	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
С	Add lines 10a and 10b		1				
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	Total support. (Add lines 9, 10c, 11, and 12.)	· ·					
14	First five years. If the Form 990 is for the organization, check this box and stop he	-	n's first, secon		•		n 501(c)(3) . ▶ □
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2012 (line 8					15	%
16	Public support percentage from 2011 Sch			<u> </u>		16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2012 (•	mn (f))	17	%
18	Investment income percentage from 2011					18	%
19a	331/3% support tests—2012. If the organi						
	17 is not more than 331/3%, check this box		-			_	
b	331/3% support tests—2011. If the organiz						
	line 18 is not more than 331/a%, check this t					_	
20	Private foundation. If the organization di-	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🔲

Schedule A (F	Form 990 or 990-EZ) 2012	Page 4
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 LIN	NE 10 THERE WERE NOSALES OF CAPITAL ASSETS IN 2012.	
PART II LIN	NE 17a or b THE BOX ON 16a WAS CHECKED.	
PART III LII	NE 12 NOT APPLICABLE	
	······································	
*		
	······································	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990. ➤ See separate instructions.

	or the organization .	
TROU	TLAKE NATURE CENTER, INC.	59-309878
Par	Organizations Maintaining Donor Advised Funds or	
	organization answered "Yes" to Form 990, Part IV, line	6.
	(a) Donor advis	ed funds (b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year) .	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing	ng that the assets held in donor advised
5	funds are the organization's property, subject to the organization's	
_	· · · · · · · · · · · · · · · · · · ·	
6	Did the organization inform all grantees, donors, and donor advisor	s in writing that grant runus can be used
	only for charitable purposes and not for the benefit of the donor of	
		Yes No
Par		
1	Purpose(s) of conservation easements held by the organization (che	
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically important land area
	☐ Protection of natural habitat	Preservation of a certified historic structure
	☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified cor	servation contribution in the form of a conservation
	easement on the last day of the tax year.	
		Held at the End of the Tax Yea
а	Total number of conservation easements	2a
b		2b
c	Number of conservation easements on a certified historic structure i	
d	Number of conservation easements included in (c) acquired afte	
_		· · · · · · · · · · 2d
3	Number of conservation easements modified, transferred, released,	
·	tax year ►	coming and the second and the configuration are magnification.
4	Number of states where property subject to conservation easement	is located >
4 5	Does the organization have a written policy regarding the period	
3	violations, and enforcement of the conservation easements it holds?	
	Staff and volunteer hours devoted to monitoring, inspecting, and en	
6	Stan and volunteer nours devoted to monitoring, inspecting, and en	forcing conservation easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	ig conservation easements during the year
•	►\$	futhe requirements of section 170/b)/4)/D)
8	Does each conservation easement reported on line 2(d) above satisf	· · · · · · · · · · · · · · · · · · ·
	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation ease	
	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.	
Par	Organizations Maintaining Collections of Art, Histor	
	Complete if the organization answered "Yes" to Form 9	<u> </u>
1a	If the organization elected, as permitted under SFAS 116 (ASC 958	••
	works of art, historical treasures, or other similar assets held for	
	public service, provide, in Part XIII, the text of the footnote to its fina	ncial statements that describes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 9	
	works of art, historical treasures, or other similar assets held for	•
	public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasu	res, or other similar assets for financial gain, provide th
	following amounts required to be reported under SFAS 116 (ASC 95	
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	• •

Part	III Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):								
а	☐ Public exhibition		d□	Loan	or exchange p	rogr	ams		
b	☐ Scholarly research								
С	☐ Preservation for future generations								
4	Provide a description of the organizat	tion's collections a	and explair	n how th	ney further the	org	anızatıon's exem	ot purpose in	Part
5	XIII	coloit or receive	danations	_6	 				
3	During the year, did the organization assets to be sold to raise funds rather	than to be mainta	uurialiuris ined as na	or art, i	riistoricai trea: a organization'	sure:	s, or other similar Nection?		NI.
Part								☐ Yes ☐	
. GI	line 9, or reported an amoun				amzation ans	MACI	ed res toro	111 990, Fait	ıv,
1a	Is the organization an agent, trustee,				or contribution	s or	other assets not		
	included on Form 990, Part X?							☐ Yes ☐	No
b	If "Yes," explain the arrangement in Pa								
		•		J			Am	ount	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amoun							☐ Yes ☐	No
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the exp	lanation	has been pro	vide	d in Part XIII	<u> </u>	
Par	V Endowment Funds. Comple	(a) Current year	(b) Prior		(c) Two years ba		(d) Three years back	(e) Four years b	
1a	Beginning of year balance					\rightarrow	<u> </u>		
b	Contributions	36,879		35,099	31,	377	27,197	34	,496
c	Net investment earnings, gains, and								
_	losses	2319		2478	2	722	875		979
d	Grants or scholarships	2313				***	073		373
e	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance	40,751		36,879		099	31,317	27	7,197
2	Provide the estimated percentage of t		d balance	(line 1g	, column (a)) h	eld a	ıs:		
а	Board designated or quasi-endowmer	nt ▶10	<u>o</u> %						
b	Permanent endowment	%							
С	Temporarily restricted endowment ►								
3a	The percentages in lines 2a, 2b, and 2 Are there endowment funds not in the			tion the	t are held one		nunistared for the		
Ja	organization by:	e possession or th	ie organiza	uon uia	it are rielu and	aur	ministered for the	Yes	No
	(i) unrelated organizations							3a(i)	√
	400							3a(ii)	
b	If "Yes" to 3a(II), are the related organi	zations listed as re	equired on	Schedu	ıle R?			3b	<u> </u>
4	Describe in Part XIII the intended uses	of the organization	n's endow	ment fu	ınds.				
Part	VI Land, Buildings, and Equip	ment. See Form	1990, Par	t X, line	e 10.				
	Description of property	(a) Cost or ot			r other basis ther)		accumulated preciation	(d) Book value	
1a	Land		70,000					70	0,000
b	Buildings		215,621						,621
C	Leasehold improvements		7868						<u> 7868</u>
d	Equipment	·	5373						<u>5373</u>
e Total	Other	.	1271		(D) (m = 40()	,			1271
ı otal.	Add lines 1a through 1e. (Column (d) n	iust equal Form 99	9υ, <i>Paπ X</i> ,	coiumn	(B), IINE 1U(C).	<i>.</i>	🟲	588	<u>3,124</u>

Page	3

Part VII Investments - Other Securitie	s. See Form 990, Part X,	ine 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<u> </u>	<u></u>
Part VIII Investments—Program Relate	e d. See Form 990, Part X,	line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)	<u> </u>	
(8)	- 	
(9)		
(10) Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, F		
Cities Assets. Occ 7 Offit 500, 1	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X,		<u> ▶ </u>
Part X Other Liabilities. See Form 990		
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	870	
(2)		
(3)		
(5)		
(6)	-	
(7)		
(8)	<u> </u>	
(9)		
(10)	 	
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	•	
		anization's financial statements that reports the organization's
liability for uncertain tax positions under FIN 48 (ASC	740). Check here if the text of	the footnote has been provided in Part XIII

Part	XI Reconciliation of Revenue per Audited Financial Statement	ents With Revenue per	Return
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	1
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	1 !
d	Other (Describe in Part XIII.)	2d	1 1
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b]
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a]
b	Prior year adjustments	2b	<u> </u>
C	Other losses	2c]
d	Other (Describe in Part XIII.)	2d	
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
_	Investment expenses not included on Form 990, Part VIII, line 7b	4a]
b	Other (Describe in Part XIII.)	4b	
_			4c
5 Dowl	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5
	Supplemental Information ete this part to provide the descriptions required for Part II, lines 3, 5, and	0.0-11111-1111	
Part V inform	line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b ation.	o. Also complete this part to	provide any additional
PART	Il - We have no art or historical treasures. However, as part of our environmen	ntal education program, we h	ave enumerable mounted
specin	ens of birds, animals, fish and mammals. While these creatures are irreplace	able in most cases, the cost o	of replacing them is only
releva	nt to having a taxidermist prepare the new specimen for mounting. The specimen	nens themselves have been d	donated once the creature
died.			
PART	/ - It is intended that certain percentage of the assets be used to aid with oper	ating costs of the Nature Cen	nter. However, the Board
decide	d to cease that practice until the Fund grows to a more meaningful level.		
PART	(- Not applicable		

PARTS XL, XII AND XIII. - As a relatively small organization with limited financial resources, the Board feels that an expenditure for

Schedule D (Form 990) 2012

Schedule D (For	m 990) 2012 Pa	age S
Part XIII	Supplemental Information (continued)	
udited financ	cial statements is not justified in this case. We have taken one step which is to engage the services, on a volunteer basis, of	f
person emp	loyed by an accounting firm to prepare our financial reports in conjunction with our Treasurer.	
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
	······································	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

TROUT LAKE NATURE CENTER, INC.	59-3039878
SCHEDULE B - There was no need for this schedule, since no individual made a contribution of \$5,000	or more in 2012.
PART III 4d - There were no other program services expenses or revenues. Other expenses included	
roads, boardwalks, etc.	
PART VI 11 - Once the form was completed by the Treasurer, it was presented at the next Board meeting	ng 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 re	turn 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 paid 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 approve	ed at the next meeting. Minutes of
each Board meeting are recorded b the Secretary for approval by the Board at its next meeting. No mi	nutes are usually kept of any meeting
of a committee.	
<u> </u>	
	······

Scriedule O (Form 990 or 990-E2) (2012)	Page ∠
	Employer identification number
	
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Schedule O (Form 990 or 990-EZ) (2012)

