Form 8879-TF

IRS E-file Signature Authorization

	101 a 1 a x	Exempt Littly	
calendar year 2023	or fiscal year beginning	2023 and ending	

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. 2023

OMB No. 1545-0047

Name of filer EIN or SSN TROUT LAKE NATURE CENTER INC 59-3039878 Name and title of officer or person subject to tax CATHIE CATASUS PRESIDENT Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here 2a Form 990-EZ check here... 3a Form 1120-POL check here 4a Form 990-PF check here... 5a Form 8868 check here.... 6a Form 990-T check here . . . 7a Form 4720 check here.... b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here.... 9a Form 5330 check here.... 10a Form 8038-CP check here. b Amount of credit payment requested (Form 8038-CP, Part III, line 22)..... 10b Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _______, (EIN) ______, (EIN) ______, and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only |X | authorize | GREENLEE KURRAS RICE & BROWN PA as my signature to enter my PIN **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 59115532757 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature JOHN S RICE, CPA **ERO** Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For th	e 2023 calen	dar year, or tax y	ear beginn	ning		, 2023	3, and endi	ng		, 2	20	
		applicable:	С					er ve jun		D Employ	er identifi	cation number	
	Add	dress change	TROUT LAKE	NATURE	CENTER	INC				59-3	30398	78	
	Nar	me change	520 E COUN	TY ROAL) 44					E Telepho	ne numbe	r	
	-	ial return	EUSTIS, FL	32736-	-2518					(35)	2) 35	7-7536	
	\vdash	I return/terminated								()			
	\vdash	ended return								G Gross re	eceipts \$	398.	283.
	\vdash	olication pending	F Name and addre	ss of principal	officer: Cam	IITE CA	TA CIIC		H(a) Is this	a group retur			X No
	L , , , , ,	onoution ponding	SAME AS C	ABOVE	CAL	HIE CA	1A5U5		H(b) Are al	l subordinates " attach a list	included?	H	No
ī	Tax-e	xempt status:	X 501(c)(3)	501(c) () (in	sert no.)	4947(a)(1)	or 527	If "No,	" attach a list	. See instr	uctions.	
J			OUTLAKENAT			001110.7	1017(4)(1)	, J 021	H(c) Group	exemption nu	ımher		
K		of organization:	X Corporation	Trust	Association	Other	1	Year of forma				gal domicile: FL	
	ırt I	Summar		Trust	Association	Other		- rear or lorina	1011. 100	1 11110	rtate or reg	gar dominence. I II	
1 6			y be the organizat	ion's mission	on or most s	ignificant	activities: DE	יחדר א יידר	TO CO	MCERVI	NC AN	D PROTECT	TTNG
			RAL ENVIRO									D I ROILE	
nce			1111 1111110		III III			10_1100	= ====				
rna													
Activities & Governance		Check this bo					rations or dis				net ass	ets.	
Ğ			oting members o								3		9
S			dependent voting								4		9
iţie			of individuals e								5		4
ξį	7a	Total numbei Total uprolati	r of volunteers (e ed business reve	sumate ii i	necessary)	ump (C)	lino 12			1	6 7a		107
A			d business taxab								7b		0.
		Tion difficiation	a basiness taxab	ic income i	101111111111111111111111111111111111111	30 1,1 411	1, 1110			Prior Year	,,,,	Current Ye	
	8	Contributions	and grants (Par	t VIII, line	1h)					302,2	239.		314.
Revenue	F		vice revenue (Pa										242.
Ver		-	ncome (Part VIII,							18,0	93.		355.
æ	11	Other revenu	e (Part VIII, colu	ımn (A), lin	es 5, 6d, 8c	, 9c, 10c,	and 11e)			53,4			.227.
	12	Total revenue	e – add lines 8 t	hrough 11	(must equal	Part VIII,	column (A),	line 12)		373,8			138.
	13	Grants and s	imilar amounts p	aid (Part I)	X, column (A	A), lines 1	-3)						
	14	Benefits paid	I to or for member	ers (Part IX	l, column (A), line 4).							
'n	15	Salaries, oth	er compensation	, employee	benefits (P	art IX, col	umn (A), line	es 5-10)		98,9	97.	130,	744.
)Se	16a	Professional	fundraising fees	(Part IX, c	olumn (A), I	ine 11e)							
Expenses	b	Total fundrai	sing expenses (F	Part IX, colu	umn (D), lin	e 25)		20,229.			人特別		
Щ	17		ses (Part IX, colu			_			_	80,8	169	84	,660.
	1		es. Add lines 13							179,8			,404.
			s expenses. Sub							193,9			,734.
- S		71010100	э схрензез. Сав		3 110111 11110 1					ing of Currer		End of Ye	
ets c	20	Total assets	(Part X, line 16)							2,003,4		2,078	
Ass	21		es (Part X, line 2							12,2			,156.
Net Assets of	22	Net assets o	r fund balances.	Subtract lin	ne 21 from I	ine 20				1,991,2		2,069	
	art II	Signatu								1, 331,2	. 10.	2,000	, , 10.
201000000000000000000000000000000000000				mined this retu	rn including acc	romnanying s	chedules and sta	atements and t	o the hest of	my knowledge	and helie	of it is true correct	t and
com	plete. De	claration of prepare	eclare that I have examerer (other than officer) is based on a	all information of	f which prepa	irer has any knov	vledge.	0 1110 0001 01	my knomouge	o and bone	, , , , , , , , , , , , , , , , , , ,	t, and
			1777							F 4/4			
Sig	an	Signature of	officer						Date				
He	re	CATHI	E CATASUS						PRESID	ENT			
		Type or prin	t name and title		\sim								
		Print/Type	oreparer's name		Preparer's sig	nature	120	Date /1	1/24	Check	if P	PTIN	
Pa	id	JOHN :	S RICE, CPA	Α	JOHN 8	BACE	CPA_V/	6/6	0/24	self-employ	ed F	01335321	
	epare			EE KURF	AS RICE	& BRO	WN PA		/		1-		
	e On			DONNELI						Firm's EIN			
		2:30			L 32757		***************************************			Phone no.	352-	383-6300	
Ма	v the II	RS discuss th	nis return with the		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	e? See in	structions				- 	X Yes	No

-	1 990 (2023) TROUT LAKE NATURE CENTER INC	59-3039878	8 Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	* * * * * * * * * * * * * * * * * * * *	
	SEE SCHEDIILE O		
2	Did the organization undertake any significant program services during the year which were not listed on the price		
	Form 990 or 990-EZ?		Yes X No
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 set	mulaasa	Vaa V Na
3	If "Yes," describe these changes on Schedule O.	vices?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program service	ices, as measure	d by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	s to others, the to	otal expenses,
4a	(Code:) (Expenses \$ 164,607. including grants of \$) (R	tevenue \$)
	THE CENTER'S MISSION IS TO CONSERVE AND PROTECT THE NATURAL ENVIR	RONMENT AND	EDUCATION
	ABOUT ITS IMPORTANCE. PROGRAMMING IS PROVIDED FOR STUDENTS, HOME		
	ORGANIZATIONS. SCHOOL PROGRAMS INCLUDE FIELD TRIPS WITH ACTIVIT		
	CORRELATED TO FLORIDA'S SCIENCE EDUCATION STANDARDS AND VARY BY CIN-SCHOOL PRESENTATIONS ARE PROVIDED PER GRADE LEVEL ON A CLASS H		
	CONCEPTS SUCH AS FOOD WEBS, ADAPTATIONS, WATER QUALITY, VERTEBRAS		212.
	INVERTEBRATES, CLASSIFICATION OF SPECIES, WEATHER, BIODIVERSITY A		E TAUGHT
	THROUGH INTERACTIVE LESSONS. IN ADDITION TO TEACHING SCIENCE CON		
	YOUTH MAKE VALUABLE CONNECTIONS TO NATURE AND OUR NATURAL RESOURCE		
	(Code: \(\sigma\) (Funerces & 0.217 including greatest & \(\sigma\)		
40	(Code:) (Expenses \$ 8,317. including grants of \$) (FI THE CENTER PROVIDES REGULAR PROGRAMS THROUGHOUT THE YEAR FOR FAM.	Revenue \$	DDEN AND
	ADULTS. SOME EXAMPLES ARE SUNDAY FUNDAYS ON TURTLES, REPTILES, V		
	NIGHT_HIKES, FRIDAY NIGHT NATURALIST SERIES, MONTHLY PACK WALKS,		
	NATURALIST PROGRAM ALONG WITH WATER COLOR PAINTING CLASSES AND O'		
	NATURE PROGRAMMING. OTHER CONSERVATION ORGANIZATIONS ALSO PROVIDE		
	PUBLIC. IN ADDITION, THE CENTER PROVIDES TWICE A WEEK YOGA SESS		
	NATURE SPROUTS PROGRAMS FOR 2 TO 5 YEAR OLDS. PARTICIPATION RANGE THE EVENTS.	JES FROM 15	10 100 A1
40		Revenue \$)
	THE CENTER'S PROPERTY AND FACILITIES (NATURAL HISTORY MUSEUM, SCI	REENED IN P	ICNIC
	SHELTER, EDUCATION BUILDING, EDUCATION DOCK, BOARDWALK, FOOT BRID	JGES AND TR	ATT2) VKF -
	THE EDUCATION BUILDING AND NATURAL HISTORY MUSEUM CONTAIN MOUNTED		
	WILDLIFE NATIVE TO THE AREA. THE CENTER ALSO CURATES A 1,200-SPI	ECIMEN BUTT	ERFLY AND
	INSECT COLLECTION. CHILDREN, FAMILIES, ADULTS AND DOG WALKERS TI	RAVEL OUR T	RAILS, USE
	OUR PICNIC AREAS AND ENJOY NATURE AND THE OUTDOORS. A VARIETY OF	PROGRAMS .	ARE
	PROVIDED USING OUTDOOR TEACHING AREAS.		
40	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
46	Total program service expenses 173, 623.		

Part IV 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Χ
	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? <i>If "Yes," complete Schedule C, Part II</i>	4		X
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V.	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	X	
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		X
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		X
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		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	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	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
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 and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
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	Х	
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		Х
2 0 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	0.7		Х
BAA		21 Form	990	(2023)

Form 990 (2023) TROUT LAKE NATURE CENTER INC

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
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? <i>If "Yes," complete Schedule J.</i>	23		Х
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 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
	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		X
	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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
-	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		,03	1.0
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-0.5		
	1 10 10 10 10 10 10 10 10 10 10 10 10 10	1.75		Jan 1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		(2023)
DAA	TEE $\Delta 0.10\Delta 1 = 0.8723723$	HOrr	a wull	レンロンマト

Form 990 (2023) TROUT LAKE NATURE CENTER INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			#5 5 Fully					
h	ments, filed for the calendar year ending with or within the year covered by this return 2a 4 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		Λ	X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule Q	3a 3b							
		30		-					
44	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		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		1.7						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с							
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		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	Ťį.							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		1 1	X					
h	services provided to the payor?	7a 7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	76		-					
	Form 8282?	7с		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	1,4		X					
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring									
9	organization have excess business holdings at any time during the year?	8							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
	Section 501(c)(7) organizations. Enter:		a.h.						
	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								
	Section 501(c)(12) organizations. Enter:		14						
	Gross income from members or shareholders	and.							
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a							
а	Note: See the instructions for additional information the organization must report on Schedule O.	13a	6. 6						
b	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	1.56	4 1						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b							
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х					
If "Yes," see the instructions and file Form 4720, Schedule N.									
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?									
17	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17							
	If "Yes," complete Form 6069.								
		· construction of the control of	and the same of th	_					

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... X Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year.....
If there are material differences in voting rights among members 1a 9 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 9 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee?..... Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X 3 of officers, directors, trustees, or key employees to a management company or other person?..... Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . X 5 X 6 Did the organization have members or stockholders?.... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body?..... 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members. X stockholders, or persons other than the governing body?..... 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X a The governing body?..... X **b** Each committee with authority to act on behalf of the governing body?..... 8b 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 on Schedule O..... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a **10a** Did the organization have local chapters, branches, or affiliates?..... b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b 11a Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?............ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X to conflicts? ... 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done...SEE. SCHEDULE. O. X 12c Χ 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 14 Did the organization have a written document retention and destruction policy?..... 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? X 15a a The organization's CEO, Executive Director, or top management official..... X 15b **b** Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 162 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?... 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain on Schedule O) Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records.

TROUT LAKE NATURE CENTER INC 520 E COUNTY ROAD 44 EUSTIS FL 32736 (352)

Form 990 ((2023)	TROUT	LAKE	NATURE	CEMPED	TM
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Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title		box,	unles er and	s per	ition more rson irecto	e than one is both an or/trustee)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) STANLEY NAPIER	7									
VICE PRESIDENT	0	X		Χ				0.	0.	0.
(2) GREGG COLLIER	11									
DIRECTOR	0	X						0.	0.	0.
(3) WALT LEESCH	5									
DIRECTOR	0	X						0.	0.	0.
(4) JOANNE HART-RITTENHOUSE	4									
SECRETARY	0	X		X				0.	0.	0.
(5) DEE BENDER	4	1								
TREASURER	0	X		X				0.	0.	0.
(6) CHRISTINE HIGGINS	2]								
DIRECTOR	0	X						0.	0.	0.
(7) CATHIE CATASUS	2]								
PRESIDENT	0	X		X				0.	0.	0.
(8) BOB WEXLER	10									
DIRECTOR	0	X						0.	0.	0.
(9) WILLIE HAWKINS	11							×		
DIRECTOR	0	X						0.	0.	0.
(10)										
(11)										
(12)										
(13)		-								
(14)										

Part VII Section A. Officers, Directors, Tru	ustees,	Key	En	plo	oye	es, a	and	d Highest Com	pensated Emp	loyees (continued)
				(C)					
(A) Name and title	(B) Average hours	box, offic	unles er an	ss pe	more rson	than o is both or/truste	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
,	dotted line)	Istee	trustee		ě	pensated				
(15)										
(16)										
(17)										
(18)										
(19)									1	
(20)										
(21)										
(22)										
(23)										
(24)										
(25)			22.00							
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c).									0.	0.
Total number of individuals (including but not limited from the organization										
3 Did the organization list any former officer, direct on line 1a? If "Yes,"complete Schedule J for suc										Yes No
4 For any individual listed on line 1a, is the sum o the organization and related organizations great such individual	er than \$1	150,0	00'?	lf "	Yes	," cor	nple	ete Schedule J foi	from	4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Ye	ie comper s," compl	nsatio	on fr Sche	om dule	any e <i>J t</i>	unre or su	late	ed organization or person	individual	5 X
1 Complete this table for your five highest comper compensation from the organization. Report compensation from the organization.	nsated ind	eper	iden	it co	ntra	ctors	tha	at received more t	han \$100,000 of	,
(A) Name and business add		trie c	alei	luar	yea	enai	ng v	Description)	(C) Compensation
2. Total number of independent of the Control of th	h.ut1 1	الجان	-الا م		liel ·	اء ام		ulho vossivad	than	of the second
2 Total number of independent contractors (including \$100,000 of compensation from the organization		iitea t				u abo	ve)	who received more	u i al l	Form 990 (2023)

		Check if Schedule O contains a res	ponse or note to any	y line in this Part V	M		
	7 8500			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
N N	1a	Federated campaigns 1a			56565 cs.		MARKET BUT BUT BUT
ar E	b	Membership dues	7,620.	######################################	12321121		
Ģ E	c	Fundraising events	1,020.	65445555	## B# 5 6 6 6		THE STANSFER
r A	Ч	Related organizations 1d					
Contributions, Gifts, Grants, and Other Similar Amounts	е	Government grants (contributions) 1e	119,750.				
bution ther 5	t	All other contributions, gifts, grants, and similar amounts not included above 1f	129,944.				
<u>a</u> 6	g	Noncash contributions included in lines 1a-1f		发展的分类数据	155.535		
a Co	h	Total. Add lines 1a-1f		257,314.			CHEST STATE
			Business Code	231,314.	TENENT	14 1 5 5 5 5 5 5	14.78.78
Program Service Revenue	2a	ENTRY FEES		12,310.	12,310.		BELLEVIN PRINCIPLE OF THE CONTRACT OF THE CONT
3e√		ENVIRONMENTAL EDUCATION		11,165.	11,165.		
e e		PROGRAM REVENUE		7,920.	7,920.		
Ž		CTEM CUOD		2,847.	2,847.		
တ္တ		GIFT SHOP		2,041.	2,041.		
ra	f	All other program service revenue			- MANAGEMENT - COLOR -		
<u>S</u>		Total. Add lines 2a-2f		24 242			
			TO ALL OF THE REAL PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPE	34,242.			
	3	Investment income (including dividends, other similar amounts)	interest, and	63,805.			63,805.
	4 Income from investment of tax-exempt bond proceeds		63,805.			63,603.	
	3	Royalties	(ii) Personal				
	60			11 43 22 2	APRICATE LEAD		
		Gross rents	3.	罗斯·斯马斯拉斯	(基金金金金金金金金金金金金金金金金金金金金金金金金金金金金金金金金金金金金		
			_	53.66.5365	(主管有数系统)		
				4 040	3063636		1 012
	a	Net rental income or (loss)		1,013.			1,013.
	7a	sales of assets other than inventory 7a 1,550.		医多数多数 医多数	4444		
	b	Less: cost or other basis			建设在信息 5	8 8 5 7 7 5 3 4 1	
		and sales expenses 7b			国际工作科学科	建装得额往往转	计算机基金系统
	ı	Gain or (loss)	1,550.				TTILL & Response
	d	Net gain or (loss)		1,550.	1,550.		
o	8a	Gross income from fundraising events		111444455		人名贝尔斯斯 斯斯	
ĭ		(not including \$		1946 45 5			
eVe		of contributions reported on line 1c).		\$4496455E			
ď		See Part IV, line 18	8a 40,359.		1. 1. 1. 1. 1. 1. 1. 1.	14 1 1 1 5 5 5 1	10 宝夏香港设计
Other Revenu			3b 15,145.		3 4 5 5 5 6 8		11. 11. 10. 10. 10. 10. 10. 10. 10. 10.
ರ	С	Net income or (loss) from fundraising	events	25,214.			25,214.
	9a	Gross income from gaming activities.		13.1411117			
		See Part IV, line 19	9a		3315316		
			9b		5 5 5 M. 15 M		
	C	Net income or (loss) from gaming act	ivities				
	1 0 a	Gross sales of inventory, less				7 2 35 2 45	
	١.	The state of the s	0a	25111111	1841 BU 184		1. 184 12 12 12 12 12 12 12 12 12 12 12 12 12
		The second secon	0b			7 7 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
	С	Net income or (loss) from sales of inv					
SE	11		Business Code				
8 로	ı ıa						
Miscellaneous Revenue	11a b c d						
ह ह	С						
<u> </u>		All other revenue					
Σ	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		383,138.	35,792.	0.	90,032.

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) Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines Total expenses Fundraising rogram service Management and 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members..... Compensation of current officers, directors, trustees, and key employees..... 0 0 0. 0 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. Other salaries and wages..... 121,519 97,215 12,152. 12,152. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... Other employee benefits..... Payroll taxes..... 9,225 923 7,380 922. Fees for services (nonemployees): a Management..... **b** Legal....... c Accounting...... 5,315 4,252 532 531. **d** Lobbying..... e Professional fundraising services. See Part IV, line 17. . . f Investment management fees..... g Other. (If line 11g amount exceeds 10% of line 25, column 77 76. 766 613 (A), amount, list line 11g expenses on Schedule O.) 12 137 13. 110. 14. Office expenses..... 2,111 1,689 211 211. Information technology..... 15 16 Occupancy..... 5,833 4,666 584. 583. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 20 Interest..... 78. 62. 8. 8. Payments to affiliates..... 21 Depreciation, depletion, and amortization . . . 35,802 28,642 3,580 3,580. 23 Insurance..... 6,317 790 789. 7,896 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . a PROGRAM EXPENSES 9,015. 9,015 b REPAIRS <u>AND MAINTENANCE</u> 8,472. 6,778 847 847. 1,258 157. TELEPHONE_ 1,572 157 d PRINTING AND PUBLICATIONS 1,396 1,117 140 139. 1,537. e All other expenses..... 6,267. 4,509. 221. 21,552. 20,229. 215,404. 173,623. 25 Total functional expenses. Add lines 1 through 24e . . . 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).....

		Check if Schedule O contains a response or note to	any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			67,018.	1	41,978.
	2	Savings and temporary cash investments			1,366,446.	2	1,374,597.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	er officer I contribut rsons	, director, tor, or 35%		5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section			6		
	7	Notes and loans receivable, net	4-34-	7			
S	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges			124.	9	615.
As	1 0 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	880,586.	124.		013.
	b	Less: accumulated depreciation		218,874.	569,895.	10c	661,712.
	11	Investments – publicly traded securities			303,033.	11	001,712.
	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		2,003,483.	16	2,078,902.	
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		L		20	
S	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribution controlled entity or family member of any of these pe	ficer, dire	ctor, trustee,		22	
	23	Secured mortgages and notes payable to unrelated the		L-		23	
	24	Unsecured notes and loans payable to unrelated third		<u>L</u>	The second secon	24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com		F	12,237.	25	9,156.
	26	Total liabilities. Add lines 17 through 25			12,237.	26	9,156.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.				#1 (2 6 (2) 10 (8)	3,130.
a	27					27	
Ba	28	Net assets with donor restrictions				28	
Þ		Organizations that do not follow FASB ASC 958, che		X			
Net Assets or Fund Balance		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds		L		29	
Set	30	Paid-in or capital surplus, or land, building, or equipn		L	1 001 015	30	0 000 7.5
AS	31	Retained earnings, endowment, accumulated income		F	1,991,246.	31	2,069,746.
et	32	Total liabilities and rate assets (final halosses			1,991,246.	32	2,069,746.
	33	Total liabilities and net assets/fund balances	TEEA0111L		2,003,483.	33	2,078,902.
BA	A		IEEAUIIIL	U0/23/23			Form 990 (2023)

Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	383	,138.
2	Total expenses (must equal Part IX, column (A), line 25).	2	215	,404.
3	Revenue less expenses. Subtract line 2 from line 1	3	167	,734.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,991	,246.
5	Net unrealized gains (losses) on investments.	5		
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 on Schedule O)	9	-89	,234.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).	10	2,069	,746.
Par	t XII Financial Statements and Reporting	*** **** **** **** **** **** **** **** ****		
	Check if Schedule O contains a response or note to any line in this Part XII			
			Ye	s No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	ed on a		
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both. Separate basis Both consolidated and separate basis	ate		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 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 on Schedule O.			185
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
BAA	TEEA0112L 08/23/23		Form 99	0 (2023)

SCHEDULE A (Form 990)

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.

Department of the Treasury Internal Revenue Service Go

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

ľRO	UT	LAKE NATURE CENTER	INC				59-3039878	3	
	art I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
he c	rgai	nization is not a private found	ation because it is: (F	or lines 1 through 12, or	check or	ily one b	oox.)		
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section	170(b)(1)(A)(ii). (Atta	ach Schedule E (Form 9	990).)				
3	П	A hospital or a cooperative ho	ospital service organiz	zation described in sec t	tion 1 70	(b)(1)(A))(iii).		
4	П	A medical research organizat	ion operated in conju	nction with a hospital d	escribed	in sect	tion 170(b)(1)(A)(iii). Er	nter the hospital's	
		name, city, and state:							
5		An organization operated for section 170(b)(1)(A)(iv). (Cor	the benefit of a college					scribed in	
6		A federal, state, or local gove		ntal unit described in se	ection 1	70(b)(1)	(A)(v).		
7	X	An organization that normally re in section 170(b)(1)(A)(vi).	eceives a substantial pa Complete Part II.)	art of its support from a g	jovernme	ntal unit	or from the general pub	lic described	
8		A community trust described	in section 170(b)(1)(A	A)(vi). (Complete Part II	.)				
9		An agricultural research organiz	zation described in sect	tion 170(b)(1)(A)(ix) opera	ated in co	njunctio	n with a land-grant colleg	ge	
	ш	or university or a non-land-gran	nt college of agriculture	(see instructions). Enter	the name	e, city, a	and state of the college o	r	
		university:							
10		An organization that normally from activities related to its e investment income and unrel June 30, 1975. See section 5	xempt functions, sub ated business taxable	ject to certain exception in the income (less section 5	ns: and	(2) no m	nore than 33-1/3% of its	s support from gross	
11	П	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).							
12		An organization organized an or more publicly supported or lines 12a through 12d that de	rganizations describe	d in section 509(a)(1) o	r section	า 509(a)	(2). See section 509(a)	It the purposes of one (3). Check the box on	
а		Type I. A supporting organization organization (s) the power to recommend to the power to recommend the power to r						the supported	
	_	complete Part IV, Sections A	and B.						
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by l the supported organizati	naving control or on(s). You	
С		Type III functionally integrated. organization(s) (see instruction	A supporting organizations). You must comp	ion operated in connection lete Part IV, Sections A	with, an	d functio	onally integrated with, its	supported	
d		Type III non-functionally integrated. The constructions). You must com	rated A supporting org	anization operated in con	nection v	with its s	supported organization(s) t and an attentiveness	that is not requirement (see	
е		Check this box if the organize integrated, or Type III non-fu	ation received a writte	en determination from t	he IRS				
f	Er	nter the number of supported							
q		ovide the following information							
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizat in your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
(E)	1			In the second se		8 L			
Tota	ı		10 T E 500 00 0						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (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.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	478,845.	306,560.	335,595.	292,506.	257,314.	1,670,820.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	478,845.	306,560.	335,595.	292,506.	257,314.	1,670,820.
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)						0.
6	Public support. Subtract line 5 from line 4						1,670,820.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	478,845.	306,560.	335,595.	292,506.	257,314.	1,670,820.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	13,638.	4,969.	304.	18,093.	63,805.	100,809.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	20, 000.	23,438.		20,000	337 333.	23,438.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	4,407.	21,663.	2,371.	53,479.	41,372.	123,292.
11	Total support. Add lines 7 through 10						1,918,359.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and						
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20						87.10 %
15	Public support percentage from	2022 Schedule A,	Part II, line 14				91.64 %
1 6 a	33-1/3% support test—2023. If t and stop here. The organization	he organization d qualifies as a pul	id not check the b blicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	3% or more, chec	k this box
b	33-1/3% support test—2022. If the and stop here. The organization	ne organization die n qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more,	check this box
1 7 a	10%-facts-and-circumstances to more, and if the organization the organization meets the facts	meets the facts-a	and-circumstances	test, check this I	box and stop here	e. Explain in Part	VI how
b	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and	meets the facts-a	and-circumstances	test, check this I	box and stop here	e. Explain in Part	VI how the
18	Private foundation. If the organi	ization did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sect	tion A. Public Support			With gord and white the control of t			
Calend	lar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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	110 100					
	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						
	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.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
Sec	tion B. Total Support				-		
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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 VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or	fifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu	DIIC Support P	rercentage	12 a-l	N	1-1-	%
	Public support percentage for 20						%
16						16	6
	tion D. Computation of Inv				Lunn (f)	17	%
17	Investment income percentage f						%
18	Investment income percentage f						
19a	33-1/3% support tests—2023. If is not more than 33-1/3%, check	the organization of	did not check the	box on line 14, a	and line 15 is more	e than 33-1/3%, and	d line I/
	33-1/3% support tests—2022. If	this box and sto	p nere. The organ	iization qualifies	as a publicly supp	Sorted organization	1/20/ 202

Pa	rt IV Supporting Organizations (continued)			
11	Heatha arraniation accepted a rift an artificity for the fall of t		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
٥	the governing body of a supported organization?	11a		
t	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			,
1	Did the governing hady members of the governing hady officers action in their official associations are not such as		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		12
Sec	ction D. All Type III Supporting Organizations			
-			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instri	action	s).
2	Activities Test. Answer lines 2a and 2b below.		V	N _a
		16.5	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2 a		
	b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	77	
DA		A /F	- 000	2022

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

10 120	and the same of th			
	r		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		1
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a	H- A	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с	4 4	la f
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		14. 1
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5 a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	44	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
0 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		12
Ŀ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine		10.00	

whether the organization had excess business holdings.)

Pai 1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	v 20 1970 (evolain in l	Part VI). See hrough E.			
Sec	Section A — Adjusted Net Income (A) Prior Year						
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5		9.4			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
	Average monthly value of securities	1a	s				
t	Average monthly cash balances	1b					
C	Fair market value of other non-exempt-use assets	1c					
	I Total (add lines 1a, 1b, and 1c)	1d					
•	Discount claimed for blockage or other factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6		200000000000000000000000000000000000000			
_ 7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sec	tion C — Distributable Amount	i.		Current Year			
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1	通报等加护制的 对				
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally integrated (see instructions).	egrated	Type III supporting orga	anization			
BAA			Sche	dule A (Form 990) 20			

Par		pporting Organizat	ions (continued	d)	
Sec	tion D — Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organizations		2	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.		0.00 m and	6	
	Total annual distributions. Add lines 1 through 6.			7	- Company of the Comp
	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	on is responsive (provide o	details	8	
	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ons	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		外上表示方价 。		
	Underdistributions, if any, for years prior to 2023 (reasonable cause required — explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023	4. 集集 4. 11. 11. 11. 11. 11. 11. 11. 11. 11.			
	From 2018				
	From 2019		的复数形式		
	From 2020	RESERVED STATE	2 4 5 5 5 11		
	From 2021				
	From 2022				
	Total of lines 3a through 3e		大人名美国艾尔		The Control of the Co
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount			30.57	
	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2023 from Section D, line 7:	发展的	A CONTROL OF THE PARTY OF THE P		
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount	Contract of the Contract of th	PACKET AND A	¥	
	Remainder. Subtract lines 4a and 4b from line 4.		NULL SECTION	8 3	
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		A STATE OF THE STA		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		[43] - 112 / 4 5		
8	Breakdown of line 7:	THE THE RESERVE TO	以上手里多点		
a	Excess from 2019				
b	Excess from 2020	THE BUILDING			
C	Excess from 2021				
	Excess from 2022	ARTHUR WALLES	14 40 XI	7. 27	
	Excess from 2023	Maalleb	的是是事事。	1 5	

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Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

TROUT LAKE NATURE CENTER INC

59-3039878

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2023	2022	2021	2020	2019
TOTAL	\$ 41,372.	\$ 53,479.	\$ 2,371.	\$ 21,663.	\$ 4,407.
	\$ 41,372.	\$ 53,479.	\$ 2,371.	\$ 21,663.	\$ 4,407.

Schedule B (Form 990)

Schedule of Contributors

2023

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

TROUT	LAKE NATURE C	ENTER INC	59-3039878			
Organiza	ation type (check one):					
Filers of	:	Section:				
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	on			
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		ed by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions.			
General	Rule					
		iling Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instructions for de ontributions.				
Special	Rules					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	contributor, during th literary, or educations	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, char all purposes, or for the prevention of cruelty to children or animals. Complete instead of the contributor name and address), II, and III.	itable, scientific,			
	contributor, during th contributions totaled during the year for an General Rule applies	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece e year, contributions exclusively for religious, charitable, etc., purposes, but more than \$1,000. If this box is checked, enter here the total contributions the exclusively religious, charitable, etc., purpose. Don't complete any of the p to this organization because it received nonexclusively religious, charitable, ore during the year.	no such nat were received arts unless the etc., contributions			

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

TROUT LAKE NATURE CENTER INC

Employer identification number

59-3039878

Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
LAKE COUNTY WATER AUTHORITY		Person X Payroll
27351 STATE ROAD 19	\$75,000.	Noncash
TAVARES, FL 32778		(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
LAKE COUNTY		Person X Payroll
315 N_MAIN_STREET	\$55,000.	Noncash
TAVARES, FL 32778		(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
DUKE ENERGY FOUNDATION		Person X Payroll
PO_BOX_1007	\$ <u>5,200.</u>	Noncash
CHARLOTTE, NC 28202		(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
MURPHY CHARITABLE TRUST		Person X Payroll
400 WEBSTER STREET	\$20,000.	Noncash
LEESBURG, FL 34748	-	(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
DISNEY WORLDWIDE	-	Person X Payroll
500 S BUENA VISTA ST	\$2 <u>0,000</u> .	Noncash
BURBANK, CA 91521		(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
SECO ENERGY FOUNDATION	_	Person X Payroll
330 SOUTH U.S. HIGHWAY 301	\$22,000.	Noncash
SUMTERVILLE, FL 33585	-	(Complete Part II for noncash contributions.)
	Name, address, and ZIP + 4 LAKE COUNTY WATER AUTHORITY 27351 STATE ROAD 19 TAVARES, FL 32778 Name, address, and ZIP + 4 LAKE COUNTY 315 N MAIN STREET TAVARES, FL 32778 (b) Name, address, and ZIP + 4 DUKE ENERGY FOUNDATION PO BOX 1007 CHARLOTTE, NC 28202 (b) Name, address, and ZIP + 4 MURPHY CHARITABLE TRUST 400 WEBSTER STREET LEESBURG, FL 34748 Name, address, and ZIP + 4 DISNEY WORLDWIDE 500 S BUENA VISTA ST BURBANK, CA 91521 Name, address, and ZIP + 4 SECO ENERGY FOUNDATION 330 SOUTH U.S. HIGHWAY 301	LAKE COUNTY WATER AUTHORITY 27351 STATE ROAD 19 \$

TROUT LAKE NATURE CENTER INC

Employer identification number

59-3039878

raiti	Contributors (see instructions). Use duplicate copies of Part 1 if additional sp	bace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SIMPLE GENEROSITY 78 FOLLY RD BLVD STE B9PMB1258 CHARLESTON, SC 29407-7551	\$ <u>5,</u> 357.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization

TROUT LAKE NATURE CENTER INC

Employer identification number

59-3039878

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		*	

Name of organization
TROUT LAKE NATURE CENTER INC

Employer identification number 59-3039878

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8),						
	or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and						
	the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,						
	contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
raiti	N/A						
	N/A						
			 				
		(e) Transfer of gift					
	Tuesdaniale service alderes	**	Part I and the state of the sta				
	Transferee's name, addres	s, and ZIP + 4 Rela	tionship of transferor to transferee				
(a) No.							
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I		ACTIVIDADIS CARACITICA CONTRACTOR					
			ļ				
	<u> </u>						
¥							
		(a) The material of 1910					
		(e) Transfer of gift					
	Transferee's name, addres	s, and ZIP + 4 Rela	tionship of transferor to transferee				
(a) Na							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			 				
		(e) Transfer of gift					
	Transferee's name, addres	ss, and ZIP + 4 Rela	ationship of transferor to transferee				
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	<u> </u>						
			ļ				
		4.2					
		(e) Transfer of gift					
	Transferee's name, addres	ss, and ZIP + 4 Rela	ationship of transferor to transferee				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

	OUT LAKE NATURE CENTER INC	59-3039878
Par	Organizations Maintaining Donor Advised Funds or Other Similar Fundamental Complete if the organization answered "Yes" on Form 990, Part IV, line	unds or Accounts
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in do are the organization's property, subject to the organization's exclusive legal control?	nor advised funds Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund for charitable purposes and not for the benefit of the donor or donor advisor, or for any other impermissible private benefit?	s can be used only purpose conferring Yes No
Par		
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		on of a historically important land area
		on of a certified historic structure
	Preservation of open space	or a certified filstoric structure
2		of a conservation accoment on the
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form last day of the tax year.	or a conservation easement on the
		Held at the End of the Tax Year
a	Total number of conservation easements.	2a 1
b	Total acreage restricted by conservation easements	2b 54
	Number of conservation easements on a certified historic structure included on line 2a	
	Number of conservation easements included on line 2c acquired after July 25, 2006, and not a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year	e organization during the
4	Number of states where property subject to conservation easement is located1	<u>_</u>
5	Does the organization have a written policy regarding the periodic monitoring, inspection, har and enforcement of the conservation easements it holds?	Yes X No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cor 30	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserv 800.	ation easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and include, if applicable, the text of the footnote to the organization's financial statements that d conservation easements. SEE PART XIII	I expense statement and balance sheet, and escribes the organization's accounting for
Par		or Other Similar Assets ne 8.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue standard treasures, or other similar assets held for public exhibition, education, or research in Part XIII the text of the footnote to its financial statements that describes these items.	atement and balance sheet works of art, n furtherance of public service, provide in
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue staten historical treasures, or other similar assets held for public exhibition, education, or research in furthe following amounts relating to these items.	nent and balance sheet works of art, rance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financiamounts required to be reported under FASB ASC 958 relating to these items.	
а	Revenue included on Form 990. Part VIII. line 1	\$
H	Assets included in Form 990, Part X	\$
	, resiste meladod in Form 220, Fait A	······································

Tarem Organizacions maine	anning Concello	iis of Ait, iiis	torical freasures	o, or other Similar A	32612 (COITI	lucu)	
3 Using the organization's acquisition, items (check all that apply).	accession, and other	records, check an	y of the following that	make significant use of its	collection	1		
a Public exhibition		d Loan o	r exchange program					
b Scholarly research		e Other						
c Preservation for future genera	ations							
	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in							
5 During the year, did the organizat to be sold to raise funds rather the	ion solicit or receive an to be maintained	donations of art as part of the or	, historical treasures, ganization's collection	or other similar assets	Yes		No	
Part IV Escrow and Custodi	al Arrangement	s						
Complete if the orga	nization answere ne 21.	ed "Yes" on Fo		· · · · · ·	n amo	unt or	1	
1a Is the organization an agent, trus on Form 990, Part X?				other assets not included	Yes		No	
b If "Yes," explain the arrangement in	Part XIII and comple	te the following tab	ole.					
					Amount			
c Beginning balance								
d Additions during the year								
e Distributions during the year								
f Ending balance							٦	
2a Did the organization include an a					Yes		No	
b If "Yes," explain the arrangement	in Part XIII. Check	here if the explar	nation has been prov	ided in Part XIII				
The second secon								
Part V Endowment Funds				10				
Complete if the orga	nization answer	ed "Yes" on F	orm 990, Part IV	, line 10.				
	(a) Current year	(b) Prior year	(c) Two years b	ack (d) Three years back	(e) F	our years	back	
1a Beginning of year balance	239,744.	236,0					632.	
b Contributions	233,111.	230,0	1,0				697.	
			1,0	10.	-	100,	037.	
c Net investment earnings, gains, and losses	12,204.	3,6	64	23. 3,444		12	268.	
d Grants or scholarships	12,204.	3,0	04.	23. 3/111	1	12,	200.	
e Other expenditures for facilities					-			
and programs				0				
f Administrative expenses								
g End of year balance	251,948.	239,7	44. 236,0	80. 235,041		231,	597.	
2 Provide the estimated percentage								
a Board designated or quasi-endov		%						
b Permanent endowment	%							
c Term endowment	%							
The percentages on lines 2a, 2b, ar		0%						
3a Are there endowment funds not in t	he possession of the	organization that a	re held and administer	red for the	Γ	Yes	No	
organization by: (i) Unrelated organizations?					. 3a(i)	103	X	
(ii) Related organizations?					-		X	
							Λ	
b If "Yes" on line 3a(ii), are the rel					. 3b			
4 Describe in Part XIII the intended		zation's endowme	ent funds. SEE PA	ART XIII				
Part VI Land, Buildings, an								
Complete if the organizati	on answered "Yes" o	n Form 990, Part	IV, line 11a. See Forn	n 990, Part X, line 10.				
Description of property		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	alue	
1a Land		70,150.				70	,150.	
b Buildings		308,207.		79,612.			,595.	
c Leasehold improvements		408,035.		65,370.			,665.	
d Equipment		51,244.		41,153.			,091.	
e Other		42,950.		32,739.			,211.	
Total. Add lines 1a through 1e. (Colum			line 10c. column (R))				,712.	
Town Add intes to unough te. (Colum	(u) illust equal I (550, 1 all A, 1	, coluitit (D))			001	, , _ 4 .	

Part VII		- Other Securities panization answered "Yes" on	Form 990 Part IV line	N/A 11b. See Form 990, Part X, line 12.	
(a) Descrip		gamzation answered res on ory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
				, ,	
(3) Other					
(A)			to the second transfer of the second transfer		
(B)					
(C)					
(D)					
(E)					Total and the second se
(F)					
(G) (I)					
(H) (I)					
Total (Colum	n (h) must squal Form 0	90, Part X, line 12, column (B))			
Part VIII		- Program Related		N/A	
rait viii	Complete if the or	ganization answered "Yes" or	Form 990. Part IV. line	e 11c. See Form 990, Part X, line 13.	
	(a) Description of i		(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	*/				
(10)	in (h) must equal Form 9	90, Part X, line 13, column (B))			
Part IX	Other Assets	50, 1 art X, imo 10, column (D))	N/A	A	
			Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
		(a) De	scription		(b) Book value
(1)					
(2)					
(4)					
(5)				A LOCAL CONTRACTOR	
(6)					
(7)					
(8)					
(10)					
	ımn (h) must equal	Form 990 Part X line 15	column (R))		
Part X	Other Liabiliti		Dolaitiit (D);		
rurez	Complete if the or	ganization answered "Yes" or		e 11e or 11f. See Form 990, Part X, line	
1.		(a) Desc	ription of liability		(b) Book value
	al income taxes	TEC			3,076.
	ROLL LIABILIT	- MAINTENANCE EMP			6,072.
(4) ROUI		MAINTENANCE EMP			1.
	ES TAX PAYABI	Œ			7.
(6)				and the second s	
(7)					
(8)				and the second section as the	
(9)			ALEXED TO THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF		
(10)			And the second s		
	imp (h) must savel	Form 990 Part V lina 25	olumn (P))	W-11-12-13-13-13-13-13-13-13-13-13-13-13-13-13-	9,156.
2. Liahility for	uncertain tax nositions	In Part XIII, provide the text of the t	notnote to the organization's	financial statements that reports the organizatio	n's liability for uncertain

Pai	t XI	Reconciliation of Revenue per Audited Financial Statement		eturn N/A
	11.108	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total	revenue, gains, and other support per audited financial statements		1
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:		Construction Charles Construction Construct
a	Net ur	nrealized gains (losses) on investments	2a	Wild Street
b	Donat	ed services and use of facilities	2b	
C	Recov	veries of prior year grants	2c	
C	Other	(Describe in Part XIII.)	2d	
e	Add li	nes 2a through 2d		2e
3	Subtra	act line 2e from line 1		3
4	Amour	nts included on Form 990, Part VIII, line 12, but not on line 1:		Sales of the Control
a	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a	
k	Other	(Describe in Part XIII.)	4b	Control of the Contro
C	Add li	nes 4a and 4b		4c
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Reconciliation of Expenses per Audited Financial Statemen		
			nts With Expenses per	
	t XII	Reconciliation of Expenses per Audited Financial Statemen	nts With Expenses per Part IV, line 12a.	
Pai	t XII Total	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, I	nts With Expenses per Part IV, line 12a.	Return N/A
1 2	Total Amou	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Expenses and losses per audited financial statements	nts With Expenses per Part IV, line 12a.	Return N/A
Pai	Total Amou Donat	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements	nts With Expenses per Part IV, line 12a.	Return N/A
Pai	Total Amou Donat	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements	nts With Expenses per Part IV, line 12a.	Return N/A
Pai	Total Amou Donat Prior	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements	nts With Expenses per Part IV, line 12a. 2a 2b 2c	Return N/A
Pai	Total Amou Donat Prior Other	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements	ents With Expenses per Part IV, line 12a. 2a 2b 2c 2d	Return N/A
Pai	Total Amou Donat Prior Other Other	Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, If expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities upear adjustments.	ents With Expenses per Part IV, line 12a. 2a 2b 2c 2d	Return N/A
1 2 2 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Total Amou Donat Prior Other Other Add li	Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Financial statements expenses and losses per audited financial statements ints included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses (Describe in Part XIII.) nes 2a through 2d.	ents With Expenses per Part IV, line 12a. 2a 2b 2c 2d	Return N/A
Par 1 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Total Amou Donat Prior Other Other Add li Subtra Amou	Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Form 990, Form 990, Form 990, Form 990, Part IX, Iine 25: Interest and use of facilities. Interest and use of fac	ents With Expenses per Part IV, line 12a. 2a 2b 2c 2d	Return N/A
1 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Total Amou Donat Prior Other Other Add li Subtra Amou Invest	Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Filter of the organization answered "Yes" on Form 990, Filter of the organization answered "Yes" on Form 990, Filter of the organization answered "Yes" on Form 990, Filter of the organization answered "Yes" on Form 990, Filter of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Y	ents With Expenses per Part IV, line 12a. 2a 2b 2c 2d 4a 4b	Return N/A 1 2e 3
1 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Total Amou Donat Other Other Add li Subtra Amou Invest Other Add li	Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, is expenses and losses per audited financial statements into included on line 1 but not on Form 990, Part IX, line 25: ited services and use of facilities. year adjustments. losses (Describe in Part XIII.) ines 2a through 2d. act line 2e from line 1. into included on Form 990, Part IX, line 25, but not on line 1: tment expenses not included on Form 990, Part VIII, line 7b. (Describe in Part XIII.) ines 4a and 4b.	ents With Expenses per Part IV, line 12a. 2a 2b 2c 2d 4a 4b	Return N/A 1 2e 3
1 2 2 4 4 4 4 5 5	Total Amou Donat Prior Other Other Add li Subtr. Amou Invest Other Add li Total	Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Filter of the organization answered "Yes" on Form 990, Filter of the organization answered "Yes" on Form 990, Filter of the organization answered "Yes" on Form 990, Filter of the organization answered "Yes" on Form 990, Filter of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Yes" on Form 990, Part IX, line 25: Interest of the organization answered "Y	ents With Expenses per Part IV, line 12a. 2a 2b 2c 2d 4a 4b	Return N/A 1 2e 3

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS

THE EASEMENT IS FOR PROTECTION OF NATURAL HABITAT IN A WOODED WETLAND AREA IN EUSTIS FLORIDA. THIS LAND IS NEXT TO THE LAND OWNED BY TROUT LAKE NATURE CENTER INC.

MAINTENANCE OF THE PROPERTY IS MINIMAL AND IS INCLUDED ON THE BOOKS OF TROUT LAKE NATURE CENTER INC WITH MANAGEMENT AND GENERAL SERVICES.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

EARNINGS FROM THE ENDOWMENT FUNDS ARE INTENDED TO PERPETUATE THE OPERATIONS OF TROUT

LAKE NATURE CENTER INC. A PERCENTAGE OF THE ASSETS MAY BE UTILIZED TO SUPPORT

Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND (CONTINUED)

OPERATING FUNCTIONS. THE BOARD DETERMINES IF THESE FUNDS WILL BE UTILIZED ANNUALLY OR WHETHER THE FUNDS WILL REMAIN IN THE FUND TO GROW AND BETTER SUPPORT THE LONG TERM NEEDS OF THE ORGANIZATION.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

lame of the organization					Employer identit	
TROUT LAKE NATURE CENTER					59-30398	378
Part I Fundraising Activities. Comple Form 990-EZ filers are not re	quired to comp	lete this p	art.			
1 Indicate whether the organization	raised funds th	rough any				
a Mail solicitations			е	Solicitation of non-	government grants	
b Internet and email solicitations	3		f	Solicitation of gove	rnment grants	
c Phone solicitations			g	Special fundraising	events	
d In-person solicitations				_		
2 a Did the organization have a written of	r oral agreemen	t with any i	individual (i	including officers, director	s, trustees, or key	
employees listed in Form 990, Par				_		Yes X No
b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the	iduals or entities	s (fundraise	ers) pursua	nt to agreements under w	hich the fundraiser is	to be
	T					
(i) Name and address of individual	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(VI) Amount paid to
or entity (fundraiser)	(ii) Activity	have custor	dy or control ibutions?	from activity	fundraiser listed in	(or retained by) organization
					column (i)	organization
		Yes	No			
1						
				200		
2						
3						
4						
5						
6						
7						
				The state of the s		
8						
9						
10						
Total						0.
3 List all states in which the organizat			to solicit o	contributions or has been	notified it is exempt from	
or licensing.	-					

Sche	edule	G (Form 990) 2023 TROUT L	AKE NATURE CEN	TER INC	59-30	39878 Page 2
Mathematical	t II		he organization ar	nswered "Yes" on F ntributions and gros	orm 990. Part IV.	line 18. or
æ		5	(a) Event #1 BUILDING CAMPA (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
Revenue	1	Gross receipts	38,339.			38,339.
	3	Gross income (line 1 minus line 2)	38,339.			38,339.
	4	Cash prizes				
Direct Expenses	5 6	Noncash prizes				
	7	Food and beverages				
Direc	9	Entertainment Other direct expenses	15,145.			15,145.
	10 11	Direct expense summary. Add lines 4 throws Net income summary. Subtract line 10 from the summary.	ough 9 in column (d)			15,145.
Par	t III	Gaming. Complete if the organiza than \$15,000 on Form 990-EZ, line	tion answered "Ye e 6a.	s" on Form 990, Pa	art IV, line 19, or re	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
<u>~</u>	1	Gross revenue	77.87			
nses	2	Cash prizes				
t Expenses	3	,				
Direct	5	Rent/facility costs Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes 8	
	7	Direct expense summary. Add lines 2 three	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)		
	a Is th	er the state(s) in which the organization co he organization licensed to conduct gaming No," explain:	activities in each of th			Yes No
10:	– – a Wer	re any of the organization's gaming license	s revoked, suspended,	or terminated during th		

Sche	edule G (Form 990) 2023 TROUT LAKE NATURE CENTER INC	59-3039878	Page 3
11	Does the organization conduct gaming activities with nonmembers?	····· Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming?	d to Yes	No
	Indicate the percentage of gaming activity conducted in: The organization's facility		%
	b An outside facility.		ું ુ
14	Enter the name and address of the person who prepares the organization's gaming/special events books and rec	oras:	
	Name		
	Address		
ı	a Does the organization have a contract with a third party from whom the organization receives gaming revenue if "Yes," enter the amount of gaming revenue received by the organization \$ are of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party:	venue? Yes	No
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain t state gaming license?	he Yes	No
	 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper organization's own exempt activities during the tax year 	nt in the	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information. See instructions.	columns (iii) and (any additional	v);

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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 Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public

Employer identification number

TROUT LAKE NATURE CENTER INC

59-3039878

FORM 990, PART III, LINE 1 - ORGANIZATION 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. THE ADULT PROGRAMS INVOLVE STAFF AND NON-STAFF EXPERTS CONDUCTING ACTIVITIES ON SITE AND ALSO INCLUDE VISITS TO OTHER LOCATIONS.

FORM 990, PART VI. LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 WITH ALL SCHEDULES AND ATTACHMENTS IS PREPARED BY A CERTIFIED PUBLIC ACCOUNTING FIRM FROM INFORMATION PROVIDED BY THE TREASURER. AFTER THE RETURN IS APPROVED BY THE TREASURER IT IS THEN EMAILED TO EACH OFFICER AND BOARD MEMBER FOR REVIEW. DISCUSSION LEADING TO ANY CORRECTIONS ARE MADE AT THE NEXT BOARD OF DIRECTORS MEETING AND ONCE APPROVED THE RETURN IS SUBMITTED TO THE IRS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS THE BOARD ANNUALLY CERTIFIES THE CONFLICT OF INTEREST POLICY. DURING THE MONTHLY

BOARD MEETINGS, IF A POTENTIAL CONFLICT ARISES THE BOARD WILL REVIEW AND MAKE THE APPROPRIATE ASSESSMENT.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

AN APPROPRIATE MESSAGE IS PLACED ON THE TROUT LAKE NATURE CENTER INC WEBSITE TO CALL
THE PHONE NUMBER INDICATED FOR COPIES OF THE BYLAWS, POLICIES AND PROCEDURES,
CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS.

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ALLOWED/ALLOWABLE DEPRECIATION	\$ -89,234.
TOTAL	\$ -89,234.

2023	FEDERAL EXEMPT ORGA	NIZATION TAX	X SUMMARY	PAGE 1
CLIENT 13328	TROUT LAKE NAT	URE CENTER INC		59-3039878
DEVENUE		2023	2022	DIFF
PROGRAM SER	NS AND GRANTS. VICE REVENUE INCOME UE	257,314 34,242 65,355 26,227	302,239 0 18,093 53,479	-44,925 34,242 47,262 -27,252
TOTAL REVEN	UE	383,138	373,811	9,327
	THER COMPEN., EMP. BENEFITS	130,744 84,660	98,997 80,869	31,747 3,791
TOTAL EXPEN	ISES	215,404	179,866	35,538
REVENUE LES TOTAL ASSET TOTAL LIABI	OR FUND BALANCES S EXPENSES S AT END OF YEAR LITIES AT END OF YEAR FUND BALANCES AT END OF YEAR	167,734 2,078,902 9,156 2,069,746	193,945 2,003,483 12,237 1,991,246	-26,211 75,419 -3,081 78,500

2023

GENERAL INFORMATION

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CLIENT 13328

TROUT LAKE NATURE CENTER INC

59-3039878

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH G, SCH O

CARRYOVERS TO 2024

NONE

2023	FEDERAL	WORKS	HEETS		PAGE 1
CLIENT 13328	TROUT LAKE N	ATURE CEN	ITER INC		59-3 0 398 7 8
RENTAL INCOME WORKSHEET FORM 990 FACILITY RENTAL GROSS RENTAL INCOME EXPENSES TOTAL EXPENSES		*************		4	1,013. 0. 1,013.
FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTALS					
	PROGRAM SERVICES TOTAL	EODM 000)	SOURCE	
TOTAL EXPENSES GRANTS REVENUE	173,623. 0. 0.	173,62	23. PART II 0. PART II	X, LINE 25, CO X, LINES 1-3, III, LINE 2, C	COL. B
FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES	(A)	(B)	(C)	(D)
ADMINISTRATION				MANAGEMENT & GENERAL 77.	
FORM 990, PART IX, LINE 24E OTHER EXPENSES					
	(A TOT	Ī	(B) PROGRAM ERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES CONTRACT LABOR		338. 128.	102.	338. 13.	13.
CRITTER/HABITAT EXPENSE DUES & MEMBERSHIPS LICENSES & PERMITS MISCELLANEOUS	Í	554. 319. -7.	1,119. 443.	56. 319. -1.	55.
MUSEUM EXPENSE POSTAGE AND SHIPPING SMALL TOOLS		734. 296. 727.	734. 237. 727.	30.	29.
SOFTWARE TRAINING & WORKSHOPS VOLUNTEER RECOGNITION	:	657. 1,245. 157.	996. 157.	657. 125.	124.
TODONIBLE RECOGNITION	TOTAL \$	5,267. \$	4,509.	\$ 1,537.	\$ 221.

2023 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT 13328

TROUT LAKE NATURE CENTER INC

NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR	SALVAG /BASIS REDUCT _	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	_RATE	CURREN DEPR.
ORM 990/99	00-PF															
AUTO / TR	ANSPORT EQUIPMENT															
70 EZ GO 4	18 VOLT GOLF CART	3/14/22		9,500							9,500	1,900	200DB HY	5	.32000	į
72 B&G G0	OLF CART - USED CLUB CAR	11/29/23		5,000							5,000		200DB HY	5	.20000	
TOTAL	AUTO / TRANSPORT EQUIP			14,500		0	0	(0	0	14,500	1,900				
BUILDINGS																
1 BUILDII	 NG	12/31/09		183,187							183,187	61,257	S/L MM	39	.02564	
2 TRAILE	R	12/31/09		30,000							30,000	6,991	S/L MM	39	.02564	
3 AIR CO	NDITIONER	3/22/16		6,000							6,000	1,058	S/L MM	39	.02564	
4 FLOORI	NG	9/21/16		11,910							11,910	2,311	S/L MM	39	.02564	
5 FDEP F	EE FOR WATER MAIN EXTE	6/06/19		650							650	77	S/L MM	39	.02564	
6 AIR CO	NDITIONER 15 SEER	5/19/20		7,000							7,000	650	S/L MM	39	.02564	
7 CONST	RUCTION WIP	8/27/19		21,373							21,373	548	S/L MM	39	.02564	
74 CONST	RUCTION WIP	12/31/23		48,087				Name of the last			48,087		S/L MM	39	.00107	
TOTAL	BUILDINGS			308,207		0	0	() C	0	308,207	72,892				
FURNITURE	E AND FIXTURES															
29 2016 E X	KHIBITS	12/31/16		2,967							2,967	2,967	200DB HY	5		
30 2017 EX	(HIBITS	12/31/17		3,840							3,840	3,840	200DB HY	5		
31 2019 EX	(HIBITS	12/31/19		2,957							2,957	2,446	200DB HY	5	.11 520	
32 GATOR	MOUNT	9/30/20		6,500							6,500	3,978	200DB HY	5	.11 520	
33 BUTTE	RFLY EXHIBIT	12/13/20		2,578							2,578	1,374	200DB HY	5	.11 520	
34 PLASTI	C BARRIERS FOR EXHIBITS	11/13/20		1,225							1,225	642	200DB HY	5	.11 520	

2023 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT 13328

TROUT LAKE NATURE CENTER INC

NO.	DECODITION	DATE	DATE	COST/ BASIS	BUS. PCT.	CUR 179	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD_	LIEE	DATE	CURRENT DEPR.
_NO.	DESCRIPTION	ACQUIRED	SOLD _			BONUS	ALLUW	SP. DEPR.	DEPK	KEDUGI				200		
35	20 27 21	2/16/21		2,010							2,010	1,045	200DB HY	5	.19200	386
36	DEPRECIATED FURNITURE	1/26/12		1,410							1,410	1,410	200DB HY	5		0
37	DEAN GRIMES CABINETS AND DIS	3/25/14		2,800							2,800	2,800	200DB HY	5		0
39	2 HONEYWELL THERMOSTATS	9/05/15		166	i						166	166	200DB HY	5		0
40	2 5 DRAWER FILE CABINET	10/05/15		854							854	854	200DB HY	5		0
41	BLACK STEEL SHELVING	10/05/15		123							123	123	200DB HY	5		0
42	MUSEUM DISPLAY CASES AND WA	3/29/16		2,320	1						2,320	2,320	200DB HY	5		0
43	2 MALIBU BENCH FOR OUTDOORS	3/15/16		1,162							1,162	1,162	200DB HY	5		0
44	6 TABLES FROM LOWES'	4/26/16		270	l						270	270	200DB HY	5		0
45	2016 TV MOUNT & ACCESSORIES	11/12/16		477							477	477	200DB HY	5		0
46	WATER FOUNTAIN FOR MUSEUM	9/17/17		1,200	1						1,200	1,200	200DB HY	5		0
47	EILEEN DESK	2/21/18		250)						250	236	200DB HY	5	.05760	14
48	TOILET - MEN'S ROOM	3/03/19		189)						189	156	200DB HY	5	.11520	22
49	ENGRAVED BENCH FOR OUTDOOR	8/27/21		900	1						900	468	200DB HY	5	.19200	173
69	SHELVING FOR MUSEUM	9/08/15		84							84	84	200DB HY	5		0
71	EDUCATIONAL KIOSK MEMORIAL	10/06/22		2,700)						2,700	540	200DB HY	5	.32000	864
75	EDUCATIONAL KIOSK MEMORIAL	4/06/23		2,300)						2,300		200DB HY	5	.20000	460
76	STORAGE MATERIALS/CABINET	1/31/23		705	i						705		200DB HY	5	.20000	141
77	INSECT SPECIMEN EXHIBIT	1/31/23		1,067							1,067		200DB HY	5	.20000	213
78	SKUNK TAXIDERMY MOUNT EXHI	10/06/23		412							412		200DB HY	5	.20000	82
79	O'POSSUM TAXIDERMY MOUNT E	10/06/23		508	3						508		200DB HY	5	.20000	102
80	RED FOX TAXIDERMY MOUNT EXH	10/06/23		459)						459		200DB HY	5	.20000	92
81	RACCOON TAXIDERMY MOUNT EX	10/06/23		474							474		200DB HY	5	.20000	95
82	SNAKE BONES SKELETON EXHIBI	10/06/23		43	}						43		200DB HY	5	.20000	9
	TOTAL FURNITURE AND FIXTURE		-	42,950)	0	0	0	0	0	42,950	28,558			-	4,181

2023 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT 13328

TROUT LAKE NATURE CENTER INC

NODESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
IMPROVEMENTS															
50 LOOP ROAD PLANS/PERMIT/S	URV 4/21/15		4,104							4,104	242	150DB HY	15	.05910	24
51 LIFT STATION	12/31/19		34,500)						34,500	7,332	150DB HY	15	.06930	2,39
52 POWER LINE TRIM	9/18/20		600	Į						600	249	150DB HY	15	.07700	1
53 LOOP ROAD PROJECT WIP	4/14/20		136,227							136,227	11,647	150DB HY	15	.07700	10,48
54 PAVILLION	12/31/09		2,500							2,500	2,352	150DB HY	15	.05910	14
55 PAVILLION IMPROVEMENTS	6/28/11		377							377	261	150DB HY	15	.05910	2
56 ELECTRICAL IMPROVEMENTS	11/05/12		2,464							2,464	1,523	150DB HY	15	.05900	14
57 MUSEUM CARPET	7/03/13		1,790							1,790	1,044	150DB HY	15	.05910	1
58 ROADWAY & DRIVEWAY THEOP	HIL 9/22/14		8,600							8,600	4,486	150DB HY	15	.05900	5
59 TRACTOR SHED	12/28/15		417							417	196	150DB HY	15	.05910	
60 BOARDWALK IMPROVEMENTS	2/29/16		1,580							1,580	637	150DB HY	15	.05900	1
61 ROOF ADDITION MAINT AREA	4/26/16		289							289	116	150DB HY	15	.05900	
62 SIGN	9/27/17		2,250							2,250	778	150DB HY	15	.05900	1:
63 DOCK REBUILD	9/29/17		20,000							20,000	6,900	150DB HY	15	.05900	1,1
64 OUTDOOR TIME CLOCK ENTRA	NCE 11/16/17		200							200	76	150DB HY	15	.05900	
65 IMPROVEMENTS TO FRONT GA	TE, 9/12/18		9,180							9,180	2,379	150DB HY	15	.06230	5
66 JOHN MURPHY PROPOSAL	9/13/19		25,000							25,000	5,379	150DB HY	15	.06930	1,73
67 WIND CHIME	9/15/19		159							159	43	150DB HY	15	.06930	
73 BOARDWALK IMPROVEMENTS	7/10/23		157,798							157,798		S/L MM	39	.01177	1,85
83 DEPRECIATED BOARDWALK	12/31/89	7/10/23	1,053							1,053	1,053	150DB HY	15	_	
TOTAL IMPROVEMENTS			409,088		0	0	0	0	0	409,088	46,693				19,7
LAND															

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CLIENT 13328

TROUT LAKE NATURE CENTER INC

NO.	DESCRIPTION	DATE _ACQUIRED_	DATE SOLD	COST/ BASIS	BUS. _PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	_METHOD_	LIFE	_RATE_	CURRENT DEPR.
68	LAND	12/31/09		70,150						_	70,150					
	TOTAL LAND		,	70,150		0	0	()	0 0	70,150	0				
MAG	CHINERY AND EQUIPMENT															
Q	ENVIRON EDUCATION EQUIPMENT	1/20/11		387							387	387	200DB HY	5		
	NEW SOUND SYSTEM, PROJECTOR	4/15/11		3,994							3,994	3,994	200DB HY	5		
	FANS FOR PAVILLION	5/23/11		146							146	146	200DB HY	5		
	NEW COMPUTER	1/26/12		772							772	772	200DB HY	5		
	STORAGE	8/25/12		74							74	74	200DB HY	5		
	CAMERA	1/14/13		207							207	207	200DB HY	5		
	NEW COMPUTER	11/14/14		787							787	787	200DB HY	5		
15	GOLF CART	3/02/15	12/14/23	2,000							2,000	2,000	200DB HY	5		
16	4 WHEEL DRIVE TRACTOR W/ HYD	8/31/15		19,000							19,000	19,000	200DB HY	5		
17	BRDLD-60GSS ROOT RAKE GRAPP	8/31/15		2,993							2,993	2,993	200DB HY	5		
18	PPF-280 POWER PRUNER	9/10/15		382							382	382	200DB HY	5		
19	MADRIVER CANOE WITH MOTOR	12/31/17		650							650	650	200DB HY	5		
20	POWER TRIMMER	12/31/17		531							531	531	200DB HY	5		
21	TENT & WEIGHTS	5/03/18		234							234	221	200DB HY	5	.05760	
22	WIRELESS HEADSET WITH PROTE	10/27/18		333							333	314	200DB HY	5	.05760	
23	CANON COLOR PRINTER	10/27/18		190							190	179	200DB HY	5	.05760	
24	NEW COMPRESSOR	3/03/18		94							94	89	200DB HY	5	.05760	
25	HARD DRIVE - LAURIE'S COMPUTE	6/30/19		220							220	182	200DB HY	5	.11520	
26	SPEAKER & PROTECTION PLAN	10/31/19		600							600	496	200DB HY	5	.11520	
27	SECURITY SYSTEM	3/12/21		1,650							1,650	858	200DB HY	5	.19200	3
28	CAMERAS FOR SECURITY SYSTEM	3/27/21		3,500							3,500	1,820	200DB HY	5	.19200	6
	TOTAL MACHINERY AND EQUIPME			38,744		0	0	() (0 0	38,744	36,082				1,1:

2023 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT 13328

TROUT LAKE NATURE CENTER INC

_NODESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD J	LIFE RATE	CURRENT DEPR.
TOTAL DEPRECIATION			883,639		0	0	0	(0	883,639	186,125			35,802
GRAND TOTAL DEPRECIATION			883,639		0	0	0	(0	883,639	186,125			35,802
DEPRECIATION ASSETS SOLD			3,053		0	0	0	0	0	3,053	3,053			0
DEPR REMAINING ASSETS			880,586		0	0	0	0	0	880,586	183,072			35,802

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

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TROUT LAKE NATURE CENTER INC

_NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 _BONUS_	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE.	_RATE_	CURRENT DEPR.
FORM	1 990/990-PF															
AU	TO / TRANSPORT EQUIPMENT															
70	EZ GO 48 VOLT GOLF CART	3/14/22		9,500							9,500	4,940	200DB HY	5	.19200	1,82
72	B&G GOLF CART - USED CLUB CAR	11/29/23		5,000							5,000	1,000	200DB HY	5	.32000	1,60
	TOTAL AUTO / TRANSPORT EQUIP			14,500		0	0	0	0	0	14,500	5,940				3,42
BU	ILDINGS															,
1	BUILDING	12/31/09		183,187							183,187	65,954	S/L MM	39	.02564	4,69
2	TRAILER	12/31/09		30,000							30,000	7,760	S/L MM	39	.02564	76
3	AIR CONDITIONER	3/22/16		6,000							6,000	1,212	S/L MM	39	.02564	15
4	FLOORING	9/21/16		11,910							11,910	2,616	S/L MM	39	.02564	30
5	FDEP FEE FOR WATER MAIN EXTE	6/06/19		650							650	94	S/L MM	39	.02564	1
6	AIR CONDITIONER 15 SEER	5/19/20		7,000							7,000	829	S/L MM	39	.02564	179
7	CONSTRUCTION WIP	8/27/19		21,373							21,373	1,096	S/L MM	39	.02564	54
74	CONSTRUCTION WIP	12/31/23		48,087							48,087	51	S/L MM	39	.02564	1,23
	TOTAL BUILDINGS			308,207		0	0	0	0	0	308,207	79,612				7,902
FU	RNITURE AND FIXTURES															
29	2016 EXHIBITS	12/31/16		2,967							2,967	2,967	200DB HY	5		(
30	2017 EXHIBITS	12/31/17		3,840							3,840	3,840	200DB HY	5		(
31	2019 EXHIBITS	12/31/19		2,957							2,957	2,787	200DB HY	5	.05760	170
32	GATOR MOUNT	9/30/20		6,500							6,500	4,727	200DB HY	5	.11 520	749
33	BUTTERFLY EXHIBIT	12/13/20		2,578							2,578	1,671	200DB HY	5	.11 520	297
34	PLASTIC BARRIERS FOR EXHIBITS	11/13/20		1,225							1,225	783	200DB HY	5	.11 520	14

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35	BIOQUIP INSECTS FOR BUTTERFL	2/16/21	2,010							2,010	1,431	200DB HY	5	.11520	232
36	DEPRECIATED FURNITURE	1/26/12	1,410							1,410	1,410	200DB HY	5		0
37	DEAN GRIMES CABINETS AND DIS	3/25/14	2,800							2,800	2,800	200DB HY	5		0
39	2 HONEYWELL THERMOSTATS	9/05/15	166							166	166	200DB HY	5		0
40	2 5 DRAWER FILE CABINET	10/05/15	854							854	854	200DB HY	5		0
41	BLACK STEEL SHELVING	10/05/15	123							123	123	200DB HY	5		0
42	MUSEUM DISPLAY CASES AND WA	3/29/16	2,320							2,320	2,320	200DB HY	5		0
43	2 MALIBU BENCH FOR OUTDOORS	3/15/16	1,162							1,162	1,162	200DB HY	5		0
44	6 TABLES FROM LOWES`	4/26/16	270							270	270	200DB HY	5		0
45	2016 TV MOUNT & ACCESSORIES	11/12/16	477							477	477	200DB HY	5		0
46	WATER FOUNTAIN FOR MUSEUM	9/17/17	1,200							1,200	1,200	200DB HY	5		0
47	EILEEN DESK	2/21/18	250							250	250	200DB HY	5		0
48	TOILET - MEN'S ROOM	3/03/19	189							189	178	200DB HY	5	.05760	11
49	ENGRAVED BENCH FOR OUTDOOR	8/27/21	900							900	641	200DB HY	5	.11520	104
69	SHELVING FOR MUSEUM	9/08/15	84							84	84	200DB HY	5		0
71	EDUCATIONAL KIOSK MEMORIAL	10/06/22	2,700							2,700	1,404	200DB HY	5	.19200	518
75	EDUCATIONAL KIOSK MEMORIAL	4/06/23	2,300							2,300	460	200DB HY	5	.32000	736
76	STORAGE MATERIALS/CABINET	1/31/23	705							705	141	200DB HY	5	.32000	226
77	INSECT SPECIMEN EXHIBIT	1/31/23	1,067							1,067	213	200DB HY	5	.32000	341
78	SKUNK TAXIDERMY MOUNT EXHI	10/06/23	412							412	82	200DB HY	5	.32000	132
79	O'POSSUM TAXIDERMY MOUNT E	10/06/23	508							508	102	200DB HY	5	.32000	163
80	RED FOX TAXIDERMY MOUNT EXH	10/06/23	459							459	92	200DB HY	5	.32000	147
81	RACCOON TAXIDERMY MOUNT EX	10/06/23	474							474	95	200DB HY	5	.32000	152
82	SNAKE BONES SKELETON EXHIBI	10/06/23	43							43	9	200DB HY	5	.32000	14
	TOTAL FURNITURE AND FIXTURE		42,950		0	0	0	0	0	42,950	32,739				4,133

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IM	PROVEMENTS														
50	LOOP ROAD PLANS/PERMIT/SURV	4/21/15	4,104	ļ.						4,104	485	150DB HY	15	.05900	242
	LIFT STATION	12/31/19	34,500)						34,500	9,723	150DB HY	15	.06230	2,149
52	POWER LINE TRIM	9/18/20	600)						600	295	150DB HY	15	.06930	42
53	LOOP ROAD PROJECT WIP	4/14/20	136,227	,						136,227	22,136	150DB HY	15	.06930	9,441
54	PAVILLION	12/31/09	2,500)						2,500	2,500	150DB HY	15	.02950	0
55	PAVILLION IMPROVEMENTS	6/28/11	377	r.						377	283	150DB HY	15	.05900	22
56	ELECTRICAL IMPROVEMENTS	11/05/12	2,464	ļ.						2,464	1,668	150DB HY	15	.05910	146
57	MUSEUM CARPET	7/03/13	1,790)						1,790	1,150	150DB HY	15	.05900	106
58	ROADWAY & DRIVEWAY THEOPHIL	9/22/14	8,600)						8,600	4,993	150DB HY	15	.05910	508
59	TRACTOR SHED	12/28/15	417	,						417	221	150DB HY	15	.05900	25
60	BOARDWALK IMPROVEMENTS	2/29/16	1,580)						1,580	730	150DB HY	15	.05910	93
61	ROOF ADDITION MAINT AREA	4/26/16	289)						289	133	150DB HY	15	.05910	17
62	SIGN	9/27/17	2,250)						2,250	911	150DB HY	15	.05900	133
63	DOCK REBUILD	9/29/17	20,000)						20,000	8,080	150DB HY	15	.05900	1,180
64	OUTDOOR TIME CLOCK ENTRANCE	11/16/17	200)						200	88	150DB HY	15	.05900	12
65	IMPROVEMENTS TO FRONT GATE,	9/12/18	9,180)						9,180	2,951	150DB HY	15	.05900	542
66	JOHN MURPHY PROPOSAL	9/13/19	25,000)						25,000	7,112	150DB HY	15	.06230	1,558
67	WIND CHIME	9/15/19	159)						159	54	150 DB HY	15	.06230	10
73	BOARDWALK IMPROVEMENTS	7/10/23	157,798	3					-	157,798	1,857	S/L MM	39	.02564	4,046
	TOTAL IMPROVEMENTS		408,035	5	0	0	0) (0	408,035	65,370				20,272
LA	ND														
68	LAND	12/31/09	70,150)						70,150					0
	TOTAL LAND		70,150)	0	0	() (0	70,150	0			,	0

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M	ACHINERY AND EQUIPMENT														
8	ENVIRON EDUCATION EQUIPMENT	1/20/11	387							387	387	200DB HY	5		0
9	NEW SOUND SYSTEM, PROJECTOR	4/15/11	3,994							3,994	3,994	200DB HY	5		0
10	FANS FOR PAVILLION	5/23/11	146							146	146	200DB HY	5		0
11	NEW COMPUTER	1/26/12	772							772	772	200DB HY	5		0
12	STORAGE	8/25/12	74							74	74	200DB HY	5		0
13	CAMERA	1/14/13	207							207	207	200DB HY	5		0
14	NEW COMPUTER	11/14/14	787							787	787	200DB HY	5		0
16	4 WHEEL DRIVE TRACTOR W/ HYD	8/31/15	19,000							19,000	19,000	200DB HY	5		0
17	BRDLD-60GSS ROOT RAKE GRAPP	8/31/15	2,993							2,993	2,993	200DB HY	5		0
18	PPF-280 POWER PRUNER	9/10/15	382							382	382	200DB HY	5		0
19	MADRIVER CANOE WITH MOTOR	12/31/17	650							650	650	200DB HY	5		0
20	POWER TRIMMER	12/31/17	531							531	531	200DB HY	5		0
21	TENT & WEIGHTS	5/03/18	234							234	234	. 200DB HY	5		0
22	WIRELESS HEADSET WITH PROTE	10/27/18	333							333	333	200DB HY	5		0
23	CANON COLOR PRINTER	10/27/18	190							190	190	200DB HY	5		0
24	NEW COMPRESSOR	3/03/18	94							94	94	200DB HY	5		0
25	HARD DRIVE - LAURIE'S COMPUTE	6/30/19	220							220	207	200DB HY	5	.05760	13
26	SPEAKER & PROTECTION PLAN	10/31/19	600							600	565	200DB HY	5	.05760	35
27	SECURITY SYSTEM	3/12/21	1,650							1,650	1,175	200DB HY	5	.11520	190
28	CAMERAS FOR SECURITY SYSTEM	3/27/21	 3,500							3,500	2,492	200DB HY	5	.11520	403
	TOTAL MACHINERY AND EQUIPME		 36,744		0	0	0	0	0	36,744	35,213			_	641
	TOTAL DEPRECIATION		 880,586		0	0	0	0	0	880,586	218,874			=	36,372

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GRAND TOTAL DEPRECIATION		880,586	0	00	00	880,586	218,874		36,372