# ${\color{blue} COMMITTEE\ ON\ NATURAL\ RESOURCES} \\ {\color{blue} 113^{th}\ Congress\ Disclosure\ Form} \\ As\ required\ by\ and\ provided\ for\ in\ House\ Rule\ XI,\ clause\ 2(g)\ and }$ the Rules of the Committee on Natural Resources

Subcommittee on Energy and Mineral Resources oversight hearing titled "Mining in America: The Administration's Use of Claim Maintenance Fees and Cleanup of Abandoned Mine Lands." June 13, 2013

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * * *
For Witnesses Representing Organizations:
1. Name: Steve Moyer
2. Name of Organization(s) You are Representing at the Hearing: Trout Unlimited
3. Business Address: [Information redacted for privacy]
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

### For all Witnesses

Name/Organization: Steve Moyer, Trout Unlimited

Title/Date of Hearing: <u>Oversight hearing titled "Mining in America: The Administration's Use of Claim Maintenance Fees and Cleanup of Abandoned Mine Lands."</u> June 13, 2013

- a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
- B.S. Wildlife Management, University of Maine
- M.S. Fisheries Science, Virginia Tech
- b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. none
- c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.
- 25 years as a fisheries conservationist, including 20 years at TU. 15 years of involvement in abandoned mine clean up issues
- d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

  none
- e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

none

- f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

  none
- g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

none

## **Witnesses Representing Organizations**

Name/Organization: Steve Moyer, Trout Unlimited

Title/Date of Hearing: Oversight hearing titled "Mining in America: The Administration's Use of Claim

Maintenance Fees and Cleanup of Abandoned Mine Lands." / June 13, 2013

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Vice President, Government Affairs

i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

See attached document.

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

See attached document

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

See attached document

# \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 0000

Open to Public Inspection

A	For th	e 2009 calendar year, or tax year beginning $000000000000000000000000000000000000$	<u>SEP 30, 2010</u>	
В	Check if applicab	le: Please use IRS	D Employer identific	cation number .
	Addre	ass label of The County That Take The County		
F	Name	type	38-1	612715
F	Initial return			
F	Termi		I <del>-</del>	) 522-0200
Ē	Amen	ded tions, Otherstone and the second	G Gross receipts \$	27,045,601.
F	Application		H(a) Is this a group re	
_	pendi	F Name and address of principal officer: CHRISTOPHER WOOD	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	
$\overline{}$	Tax-ex	empt status: X 501(c) ( 3  ) ◀ (insert no.)		list. (see instructions)
		te: NWW.TU.ORG	H(c) Group exemption	•
			ear of formation: 1959 N	
	art i	<del></del>	odi oi idimidalori, Locoliji	Totato of logar dormono, 22.2
	1	Briefly describe the organization's mission or most significant activities: TO CONSE	RVE PROTECT	AND
Activities & Governance	'	RESTORE NORTH AMERICA'S COLDWATER FISHERIES		
펻	2	Check this box if the organization discontinued its operations or disposed of n		
ş	3	<u>-</u>	3	34
ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)		32
- ೮	5	Total number of employees (Part V, line 2a)		<u> </u>
ïťe	6	Total number of volunteers (estimate if necessary)		12623
훒	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		74,423.
Ž		Net unrelated business taxable income from Form 990-T, line 34		0.
	<b>├</b> ~	Test differences business taxable income from 500 1, into 54	Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)	21,326,966.	21,337,613.
Ę	9	Program service revenue (Part VIII, line 2g)	4,948,201.	5,046,094.
Revenue	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)	115,894.	204,572.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,614.	68,231.
	12	Total revenue - add lines 8 through 11 (must equal Part Vill, column (A), line 12)	26,468,675.	26,656,510.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	511,546.	436,131.
	14	Benefits paid to or for membera (Part IX, column (A), line 4)	311,310.	430,1311
(A)		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,001,929.	9,868,593.
Sei	16-	Professional fundraising fees (Part iX, column (A), line 11e)	J,001,J2J.	<u> </u>
Expenses	l l l	Total fundraising expenses (Part IX, column (D), line 25) 2,278,450.		
丒	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	13,177,992.	14,967,129.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,691,467.	
	19	Revenue less expenses. Subtract line 18 from line 12	3,777,208.	1,384,657.
<u> </u>	15	Nevende less expenses, outdated line to norm line 12	Beginning of Current Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	18,116,401.	End of Year 20,448,982.
SS	21	Total liabilities (Part X, line 16)	1,601,666.	2,181,954.
	22	Net assets or fund balances. Subtract line 21 from line 20	16,514,735.	18,267,028.
P	art II	Signature Block	10,314,133	10,201,020.
(Same)		Under penalties of perjury, I declare that have examined this return, including accompanying schedules and stateme and complete. Declaration of prepage (others than officer) is based on all information of which prepager has any knowle	nts, and to the best of my knowledg	ge and belief, it is true, correct,
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	dge.	
Sig		I AM GUY	6/15	5/n
He		Signature of officer	Date	<del>/ - /</del>
пы	-	HILLARY OP. COLEY, CHIEF FINANCIAL OFFICER		
		Type or print name and title		
_		Preparer's Date	Check if Prepare	r's identifying number
Pai	d		self- employed ▶ ☐ (see Ins	structions)
	parer's	Firm's name (or PSM MCCT, ADDRY TAPE	EIN >	
Use	Only	self-employed) 8000 TOWERS CRESCENT DR. STE 500	LIN P	
		vienna, va 22182-6205	Dhone no - 7	03-336-6400
N.4~	u tha !!	· · · · · · · · · · · · · · · · · · ·	Prione IIO. P /	
ivid	y Lil⊖ fi	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

le Total program service expenses ►\$ 22,134,195.

557,066. including grants of \$

) (Revenue \$

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1							
# Won II complete Cahadula A										
If "Yes," complete Schedule A										
2 Is the organization required to complete Schedule B, Schedule of Contributors?		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		X						
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part I	//	4	X							
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. is the organization subject to the section 6033(e) notice and										
reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III										
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to										
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part is										
7 Did the organization receive or hold a conservation easement, including easements to preserve open space,	•									
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7	X							
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		_		.,						
Schedule D, Part III		_ 8		X						
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide		_								
credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		9		X						
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		10	X							
If "Yes," complete Schedule D, Part V										
as applicable  ■ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,										
Part VI.										
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.										
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.										
• 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.										
<ul> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> </ul>										
Did the organization's separete or consolidated financial statements for the tax year include a footnote that addresses			ilas Revis							
the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.										
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				gullayis Sentini						
Schedule D, Parts XI, XII, and XIII.		12	X	. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes	No									
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X									
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X						
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				77						
and program service activities outside the United States? If "Yes," complete Schedule F, Part I	·····	14b		X						
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization				₹.						
or entity located outside the United States? <i>If</i> "Yes," complete Schedule F, Part II  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		15		<u> </u>						
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		40		X						
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		16								
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	Ī	17		X						
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	x							
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	}	10	44							
complete Schedule G, Part III	-	19		X						
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		X						

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete 27 Schedule L, Part III Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ..... c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 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? X 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 32 Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 X 34 is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Form **990** (2009)

Note. All Form 990 filers are required to complete Schedule O.

Par	tV Statements Regarding Other IRS Filings and Tax Compliance					<u> </u>
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			11 3 25 11 15 4 6 790 History 2 12 12 11 11 11 11 11 11 11 11 11 11 11	Jan 1986.	
	U.S. Information Returns. Enter -0- if not applicable	1a	11	L <b>1</b>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	,	0		
Ç	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	able gaming			Sides with Finds with Finds with the
	(gambling) winnings to prize winners?	· · · · · · · · · · · · · · · · · · ·		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	17	78	t de la	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	***************************************	. 2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instru	ctions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by 1	this return?	. 3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature $or$ other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	. 4a		X
b	If "Yes," enter the name of the foreign country: ►					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank	and			
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	7	<u>51</u> b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	arding	Prohibited		,	
	Tax Shelter Transaction?			<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit			
	any contributions that were not tax deductible?			<u>6a</u>	X	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions o	or gifts			
	were not tax deductible?			<u>6b</u>	X	Sinciple of the second
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	s and services			
	provided to the payor?			<u>7a</u>	X	├─
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•••••		7b	X	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	quired			,,,
	to file Form 8282?	Ϊ	1	<b>  7c</b>		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a page 150 miles of the control of the c	persor	nai			T.
	benefit contract?			<u>7e</u>		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		***************************************	7f		
ā	For all contributions of qualified intellectual property, did the organization file Form 8899 as required'			7g		<del></del>
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or			<b>7h</b>		ANDERSON
8	supporting organizations maintaining donor advised funds and section 309(a)(3) supporting or supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc				iginia Uginia	
	at any time during the year?		/-	. 8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?		N/A	. 9a	Quinter(2000)	
_	Did the organization make a distribution to a donor, donor advisor, or related person?					_
b 10	Section 501(c)(7) organizations. Enter:		#X/.6%.	35		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	]			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			3.655.00 5.655.00 5.655.00
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		) 1747 BIR (1124 125 BIR (1124 125 BIR (1124 125 BIR (1124)		
U	amounts due or received from them.)	11b		(100 m) (100 m) (100 m) (100 m) (100 m) (100 m)	usanii 1957 Sanii 1955 Sanii 1955	
				<b>—</b>	to annaina	::::::::::::::::::::::::::::::::::::

Form **990** (2009)

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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 in Schedule O. See instructions.

Sec	tion A. Governing Body and Management										
							Yes	No			
1a	Enter the number of voting members of the governing body	1a			34			eritalisi (C) Serialisi (A) Serialisi (A)			
b	Enter the number of voting members that are independent	1b			32						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any of		3						
_	officer, director, trustee, or key employee?				ľ	2	scaem grae ob	X			
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supe	ervision	···						
_	of officers, directors or trustees, or key employees to a management company or other person?					3		X			
. 4	4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?										
	5 Did the organization become aware during the year of a material diversion of the organization's assets?										
	6 Does the organization have members or stockholders?										
- 7а	•	```		X							
			7a	X							
b	governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other per					7b	X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken										
_	by the following:				an and a	e in the second					
а	The governing body?				[	8a	X				
ь	Each committee with authority to act on behalf of the governing body?					8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				··· [						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O					9	X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re										
							Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?				L	10a	X_				
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ters, af	filiates,							
	and branches to ensure their operations are consistent with those of the organization?										
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?										
11A											
12a	2a Does the organization have a written conflict of interest policy? If "No," go to line 13										
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld giv	/e rise								
	to conflicts?					12b	X				
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes, "	descri	be							
	in Schedule O how this is done			,		12c	<u> </u>				
13	Does the organization have a written whiatleblower policy?					13	_X_				
14	Does the organization have a written document retention and destruction policy?					14	X	20//2004			
15	Did the process for determining compensation of the following persons include a review and approva	al by i	ndeper	ndent	)						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official				.	15a	X				
b	Other officers or key employees of the organization					15b	X	anujijisume			
	if "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	with a								
	taxable entity during the year?					16a	HERNESSET	X			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-			icipation		MG					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organic	anizat	ion's								
	exempt status with respect to such arrangements?				1	16b					
Sec	tion C. Disclosure	-									
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, C						<u>, KS</u>	<u>, KY</u>			
16	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501	(c)(3)s	only) availa	able f	or					
	public inspection. Indicate how you make these available. Check all that apply.										
	X Own website Another's website X Upon request										
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflic	t of inte	erest polic	у, ап	a fina	ncial				
	statements available to the public.										
20	State the name, physical address, and telephone number of the person who possesses the books at	nd rec	cords o	the orga	nizati	on: 🕨	· —	<del></del>			
	HILLARY P. COLEY, CPA - (703) 522-0200										
	1300 N. 17TH ST., # 500, ARLINGTON, VA 22209										

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

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours	íci		Posi all t	ition		iv)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JON CHRISTIANSEN								_	_	
CHAIRMAN	5.00	X		X				0.	0.	0.
LARRY HARRIS	ļ								_	_
VICE CHAIRMAN & CHAIRMAN OF NATIONA	5.00	X	_	X		匚	<u> </u>	0.	0.	0.
MARK GATES								_	_	_
SECRETARY	5.00	X	_	X				0.	0.	0.
HARRIS HYMAN IV						l		_	_	_
TREASURER	5.00	X	_	X		_	<u> </u>	0.	0.	0.
BILL EGAN									_	_
TRUSTEE	5.00	X	<u> </u>		L	<u> </u>	ļ	0.	0.	0.
CHARLES CONN								_	_	_
TRUSTEE	5.00	X						0.	0.	0.
EADDO KIERNAN								_		_
TRUSTEE	5.00	X	<u> </u>			<del> </del> _	_	0.	0.	0.
ELIZABETH STORER		l						_		
TRUSTEE	5.00	X				_	_	0.	0.	0.
GEORGE JENKINS									_	
TRUSTEE	5.00	X				<b> </b>		0.	0.	0.
JIM ASSELSTINE									_	_
TRUSTEE	5.00	X		_		ļ		0.	0.	0.
OAKLEIGH THORNE	l	l							_	
TRUSTEE	5.00	X	ļ	_		<u> </u>		0.	0.	0.
KEVIN REILLY					,				•	
TRUSTEE	5.00	X	<u> </u>			<u> </u>		0.	0.	0.
KIRK OTEY	l	l								
TRUSTEE	5.00	X	ļ			-		0.	0.	0.
MARK ULLMAN		l								_
TRUSTEE	5.00	X				<b> </b>		0.	0.	0.
MATT CLIFFORD		l								
TRUSTEE	5.00	X		ļ	ļ	-	ļ	0.	0.	_0.
MICHAEL W. SLATER									_	_
TRUSTEE	5.00	X	<u> </u>	_		├-	ļ	0.	0.	0.
MICK MCCORCLE	- ~~								_	_
TRUSTEE	5.00	X					<u>.                                    </u>	0.	0.	0 . Form <b>990</b> (2009)

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
PORCARO COMMUNICATIONS, INC.	ADVERTISING AND	Compondation
33 WEST NINTH AVENUE, ANCHORAGE, AK 99501	PROMOTION	722,546.
MERKLE RESPONSE	CAGING AND	
100 JAMISON COURT,, HAGERSTOWN, MD 21740	FULFILLMENT	405,749.
MCMILLEN ENGINEERING, LLC	WATERSHED	
914 MAIN ST, STE 258, BOISE, ID 83702	RESTORATION ENGINEER	387,048.
PACIFIC WATERSHED ASSOCIATES	WATERSHED	
P.O. BOX 4433, ARCATA, CA 95518	RESTORATION ENGINEER	335,740.
BENNETT & SONS SAND & GRAVEL	WATERSHED	
55110 COUNTRY ROAD 4, PLAINVIEW, MN 55964	RESTORATION ENGINEER	224,887.
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	
\$100,000 in compensation from the organization		

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form **990** (2009)

			2009) TROUT	r UNLIMIT	ED, INC.	<u> </u>		38-1612	715 Page 9
	irt \					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts		b d e f	All other contributions, gifts, grar similar amounts not included abo Noncash contributions included in lines	1b 1c 1d tions) 1e 6 , ats, and we 1f 1					
Program Service C Revenue		а	MEMBERSHIP DUES PUBLICATIONS		<b>Business Code</b>		4,971,671.	74,423.	
	3		All other program service reverted. Add lines 2a-2f		<b>&gt;</b>	5,046,094.			
	4 5		other similar amounts) Income from investment of ta	x-exempt bond p	oroceeds	194,782. 67,482.			194,782. 67,482.
	6	a b c	Gross Rents Less: rental expenses Rental income or (loss)						
	7	a	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities 241,916.	(ii) Other				
Û	8	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin	9,790. g events (not		9,790.			9,790.
Other Revenue		h	including \$ 401,5 contributions reported on line Part IV, line 18 Less: direct expenses	1c). See	157,714. 156,965.				
δ	9	c a	Net income or (loss) from fund Gross income from garning ad Part IV, line 19 Less: direct expenses	draising events ctivities. See	<b>&gt;</b>	749.			749.
	10	c a	Net income or (loss) from gaming activities  Gross sales of inventory, less returns and allowances  Less: cost of goods sold  b		<b>&gt;</b>				
•	11	c a	Net income or (loss) from sale  Miscellaneous Revenu	s of inventory	Business Code				
		b d e	All other revenue			26656510			
93200	12		Total revenue. See instructions.			<u>∠003631U.</u>	4,971,671.	14,423.	272,803.

Form **990** (2009)

# Part IX Statement of Functional Expenses

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

	All other organizations must comp	i and 50 i(c)(4) organiza ilete column (A) but are			d ( <b>D</b> ).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	436,131.	136 131		
2	Grants and other assistance to individuals in	#JU , 1J1 •	#30\T3T*		
Z	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			Halistaan kasusa kalisubu	
•	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members	· · · · · · · · · · · · · · · · · · ·			
5	Compensation of current officers, directors,				
J	trustees, and key employees	563,886.	176,712.	179,344.	207,830.
6	Compensation not included above, to disqualified	5557555			
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,137,309.	6,529,301.	248,669.	359,339.
8	Pension plan contributions (include section 401(k)	,,,,			
_	and section 403(b) employer contributions)	289,794.	249,472.	16,737.	23,585.
9	Other employee benefits	1,145,990.	986,539.		93,265.
10	Payroli taxes	731,614.	629,818.	42,254.	59,542.
11	Fees for services (non-employees):				
	Management				
b	Legal	80,914.	71,036.	9,878.	
_	Accounting	75,615.		75,615.	
d	Lobbying	277,460.	277,460.		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		and the second s		ı
g	Other	6,383,310.	6,355,012.		28,298.
12	Advertising and promotion	68,581.	68,036.	395.	150.
13	Office expenses	1,549,813.	1,107,223.		406,226.
14	Information technology	872,571.	789,818.	39,428.	43,325.
15	Royalties	• •			•
16	Occupancy	645,459.	598,912.	24,559.	21,988.
17	Travel	1,491,932.	1,320,797.	25,258.	145,877.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	349,822.	298,388.	25,254.	26,180.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	170,426.	146,660.	10,387.	13,379.
23	Insurance	58,922.	307.	58,615.	
24	Other expenses. Itemize expenses not covered				
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)				
а	FULFILLMENT	1,354,176.	831,808.		522,368.
b	PRINTING AND PUBLICATIO	967,377.	667,884.	265.	299,228.
c	RESTORATION MATERIALS	445,153.	445,153.		
d	WATER LEASES	139,505.	139,505.		
е	LIST RENTAL	36,093.	8,223.		27,870.
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	25,271,853.	22,134,195.	859,208.	2,278,450.
26	Joint costs. Check here  if following				
-	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	•			
	educational campaign and fundraising solicitation				

		Balance Sheet	, 11	THU		<u> </u>	1012/15 Fage 11
<u></u>	medaffill				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		.,,,,	621.	1	509.
-	2	Savings and temporary cash investments			4,708,032.	2	4,747,413.
	3	Pledges and grants receivable, net	3,772,479.	3	5,363,394.		
	4	Accounts receivable, net			296,270.	4	512,043.
	5	Receivables from current and former officers, di					
		employees, and highest compensated employee					
		of Schedule L		5			
	6	Receivables from other disqualified persons (as			non sure a medite build bare sance (LE bestates). Lucius per formula espera produce a se esperador (L		same en lage sale area a compressor annoval e Societarios. Describir en lagrando de la sentia a compressor a
		4958(f)(1)) and persons described in section 495					
		Part II of Schedule L				6	
82	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			497,692.	8	524,462.
As	9	Prepaid expenses and deferred charges			360,957.		337,081.
	_	Land, buildings, and equipment: cost or other	Ï	<u> </u>			, a ligare de la calamenta maso de la mante de la calamenta de la calamenta de la calamenta de la calamenta de Calamenta de la calamenta de l
		basis. Complete Part VI of Schedule D	10a	927,239.			
	h	Less: accumulated depreciation	10b	554,674.	415,962.	10c	372,565.
	11	Investments - publicly traded securities			8,064,388.		8,591,515.
	12	Investments - other securities. See Part IV, line 1				12	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			18,116,401.	16	20,448,982.
	17	Accounts payable and accrued expenses	1,416,511.	17	2,064,375.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
စ္တ	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Payables to current and former officers, director	s, t <i>r</i> us	tees, key employees,			
abi		highest compensated employees, and disqualification	ed per	sons. Complete Part II			
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ited th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities. Complete Part X of Schedule D			185,155.		117,579.
	26	Total liabilities. Add lines 17 through 25			1,601,666.	26	2,181,954.
1		Organizations that follow SFAS 117, check he	еге 🕨	► X and complete			
S		lines 27 through 29, and lines 33 and 34.					
<u>ا ۾</u>	27	Unrestricted net assets			1,180,321.		1,528,279.
3ak	28	Temporarily restricted net assets			9,244,568.	28	10,588,903.
힏	29				6,089,846.	29	6,149,846.
됩		Organizations that do not follow SFAS 117, cl			o control de la control de La control de la control de		
6		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30			
Ass	31	Paid-in or capital surplus, or land, building, or eq	-			31	
<u>6</u>	32	Retained earnings, endowment, accumulated in			46 54 555	32	10.057.000
~	33	Total net assets or fund balances			16,514,735.		18,267,028.
	34	Total liabilities and net assets/fund balances			18,116,401.	34	20,448,982.
							Form <b>990</b> (2009)

Pai	rt XII Financial Statements and Reporting			
	(Addispersion		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	
		Form	agn /	2000)

## **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number 38-1612715

Par	1 100	Reason		ity Status (All organiz		st comple	te this par	t.) See inst	tructions.		-1012	713	
Distriction.				because it is: (For lines									
1	]			s, or association of chur					١.				
2	T	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		•		operated in conjunction					(b)(1)(A)(ii	ii). Enter th	e hospital	's nam	10,
		city, and stat	· ·			-					-		·
5 [		An organizat	ion operated for the	benefit of a college or u	niversity o	wned or op	perated by	a governi	mentai uni	t describe	d in		
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	ın 170(b)(	1)(A)(v).					
7 [		An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic desc	ribed i	in
_		section 170(	<b>b)(1)(A)(vi).</b> (Compie	te Part II.)									
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	X	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
		activities rela	ted to its exempt fur	nctions - subject to certa	in excepti	ons, and (	2) no more	than 33 1	1/3% of its	support f	rom gross	invest	ment
		income and t	unrelated business ta	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınization at	fter June 3	30, 197	75.
г			<b>509(a)(2).</b> (Complete										
10 ļ	_	<del>-</del>	= -	perated exclusively to te	=				=				
11 L		_		perated exclusively for th		-				-	-		or
		-		tions described in secti				2). See <b>se</b> c	ction 509(	a)(3). Ched	ck the box	that	
				organization and compl							T 111 4	<b>^</b> 4L	
_ [	$\neg$	a Type I		- · • •		e III - Fund	-	_			Type III - (		_
el		-	-	t the organization is not									Įrs
			_	han one or more publicly ten determination from t	-					s(a)(1) or s	ຍບແບກ ວັບຮ	기(리)(스).	
f	•		ation received a will rganization, check th	to to any									
_			•	rganization accepted ar									. —
g		_		irectly controls, either al			-		-			Yes	No
				upported organization?							11g(i)		1
				described in (i) above?									
				person described in (i)									
h				about the supported on									
									÷				
(i) I	Vame	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did you	u notify the	(yi) la	the	(vii) An	nount o	nf
(,, .		nization	(,	organization (described on lines 1-9		sted in your		ion in col.	orgańizátic (i) organiz U.S	ed in the		port	
				above or IRC section	governing	document?	(i) of you	r support?	`` `U.S	.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
						ľ							
						ļ <u>.</u>	-						
						-			· · · · · · · · · · · · · · · · · · ·				
						-			<del>                                     </del>	+ +			
					sseed lagues Guidea at usul		Spaintensi	11 (12 / 25 / 15 / 15 / 15 / 15 / 15 / 15 /					
Total													

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	irt II Support Schedule for (Complete only if you checke	_			(b)(1)(A)(iv) and	d 170(b)(1)(A)(v	i)
Sei	ction A. Public Support	d trib box off tirib c	, , , , , , , , , , , , , , , , , , , ,		······································		
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(d)	(5) 2000	(0) = 00	(4) = 555	(J) = 0.00	(1) 10101
-	membership fees received. (Do not					}	
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					1	
	or expended on its behalf		*	-			
3	The value of services or facilities						
	furnished by a governmental unit to	•				İ	
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions			e ir Germaniya edillərində i			
	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)				Construction of the constr		
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	T					
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4				<u> </u>	<u> </u>	***************************************
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
9	and income from similar sources  Net income from unrelated business						-
9	activities, whether or not the				,		
	business is regularly carried on						
10	Other income. Do not include gain					· · · · · · · · · · · · · · · · · · ·	
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			irdiah daladika			
12	Gross receipts from related activities	M-5				12	
	First five years. If the Form 990 is fo		,	d, fourth, or fifth ta	ax year as a sectio		
	organization, check this box and stor	_					▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				-
14	Public support percentage for 2009 (	line 6, column (f) d	ivided by line 11, o	:olumn (f))		14	%
15	Public support percentage from 2008	3 Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2009.If the o				i i	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization	·			▶□
þ	33 1/3% support test - 2008. If the o	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes						r more,
	and if the organization meets the "fac		=	-	•	_	<del></del>
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	nt - 2008. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets to	he "facts-and-circu	mstances" test, cl	heck this box and	stop here. Explain	in Part IV how the	

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ...

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part Section A. Public Support (b) 2006 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007(d) 2008(e) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not 19443021. 21902544. 20750260. 26189013. 26309284. 114594122 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 243,239. 171,349. 170,926. 157,714. organization's tax-exempt purpose 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 19751039.22145783.20921609.26359939.26466998.115645368 6 Total. Add lines 1 through 5 ...... 7a Amounts included on lines 1, 2, and 567,124. 442,840. 612,872. 983,968. 3889678. 1282874. 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 c Add lines 7a and 7b ..... 567,124. 442,840 612,872 983,968. 3889678. 8 Public support (Subtract line 7c from line 6.) Section B. Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) 19751039.22145783.20921609.26359939.26466998.115645368 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 626,135. 588,428. 296,103. 262,264. 446,024. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 588,428. 296,103. 262,264. c Add lines 10a and 10b ..... 446,024. 626,135. 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12.) 20197063.22771918.21510037.26656042.26729262.117864322 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 94.82 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) % 15 94.84 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.88 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 2.12 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization \_\_\_\_\_\_ b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ...........

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

# \*\* PUBLIC DISCLOSURE COPY \*\*

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

➤ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

, The	ROUT UNLIMITED, INC.	38-1612715			
	Organization type (check one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
- <del>-</del>	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.			
General Rule					
X For an organization contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo lete Parts I and II.	oney or property) from any one			
Special Rules					
509(a)(1) and 170(	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the region)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
aggregate contribu	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
contributions for u If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contril se exclusively for religious, charitable, etc., purposes, but these contributions did not agreed, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because it e, etc., contributions of \$5,000 or more during the year.	gregate to more than \$1,000. Iy religious, charitable, etc., received nonexclusively			
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule E Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 ng requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990, 990-EZ, or 990-PF.

Name of organization  TROUT UNLIMITED, INC.		Етр	Employer identification number 38–1612715	
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
1		\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
2		F 000	Person X Payroll	

		\$5,000.	Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
3		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$5,000 <u>.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No5	Name, address, and ZIP + 4	Aggregate contributions  \$ 5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
			4

6

5,000.

Person Payroll

Noncash

(Complete Part II if there is a noncash contribution.)

Employer identification number

TROUT	UNLIMITED,	INC

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>8</u>		\$ 5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9		\$ <u>5,000</u> .	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>11</u>	· · · · · · · · · · · · · · · · · · ·	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

TROUT	UNLIMITED,	INC

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>15</u>		\$5,000•	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
17		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18		\$ 5,000.	Person X Payroll

Employer identification number

TROUT	UNLIMITED,	INC

Partil	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	· ·	\$ <u>5,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
23		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24		\$5,000.	Person X Payroll

Employer identification number

יידו∩קיי	UNLIMITED,	INC
TVOOT	OMPTHITID,	TIAC

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
26		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
27		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
28		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
29		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
30		\$5,000.	Person X Payroll

Employer identification number

TROUT	UNLIMITED,	INC
TYOUT	ONTANT TOD '	TINC

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
32		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
33		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
34		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
35		\$\$,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
36		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

TROUT	UNLIMITED, INC.	38	-1612715
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
38		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
39		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
40		\$\$,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
41	· · · · · · · · · · · · · · · · · · ·	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
42		\$\$.	Person X Payroll Noncash (Complete Part II if there

is a noncash contribution.)

Employer identification number

TROUT	UNLIMITED, INC.	38	3-1612715
Part I	Contributors (see instructions)		-
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$ <u>5,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
44		\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>45</u>		\$\$, 	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
46		\$ <u>5,000.</u>	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>47</u>		\$ <u>5,000</u> .	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
48		\$\$\$	Person X Payroll  Noncash (Complete Part II if there

is a noncash contribution.)

Employer identification number

TROUT_	UNLIMITED	<u>, INC.</u>

Parti	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		\$ <u>5,052.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
50		\$5,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
51		\$ <u>5,100.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
52		\$ <u>5,100.</u>	Person X. Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>53</u>		\$ <u>5,150.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
54		\$ <u>5,200.</u>	Person X Payroll

Employer identification number

TROUT	UNLIMITED, INC.		38-1612715
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>55</u>		\$ <u>5,400</u>	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>56</u>		\$5,670	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>57</u>		\$5,796	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) S Type of contribution
<u>58</u>		\$5,886	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution
59		\$6,000	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution
60		\$6,000	Person X Payroll

Employer identification number

TROUT	UNLIMITED, INC.		38-1612715
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	(d) ons Type of contribution
61		\$6,00	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	(d) ons Type of contribution
62		\$6,50	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	(d)
63		\$6,9!	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	(d) ions Type of contribution
64			Person X

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Payroll

Person Payroli

Noncash

Person Payroll Noncash

Noncash

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

(Complete Part if if there is a noncash contribution.)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

X

7,000.

7,000.

7,022.

(c)

Aggregate contributions

(c)

Aggregate contributions

(a)

No.

<u>65</u>

(a)

No.

<u>66</u>

Employer identification number

Ί	'R	CUT	UNLIMITED	, INC.

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>68</u>		\$ 7,307.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
69		\$ <u>7,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP ÷ 4	(c) Aggregate contributions	(d) Type of contribution
70		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>71</u>		\$ <u>7,500</u> .	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
72		\$ <u>7,500.</u>	Person X Payroll

Employer identification number

mb () tim	UNLIMITED,	TNC
TVOOT		TIMC •

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
73		_   \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
74		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>75</u>	· · · · · · · · · · · · · · · · · · ·		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
76		- - \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
77		_ \$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
78		_ \$	Person X Payroll

Employer identification number

TROUT UNLIMITED,	INC.		38-1612715
TROUT UNLIMITED,	INC.	 	1 30-1012/13

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
79		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
80		\$ <u>8,407.</u>	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
81		\$ <u>8,420.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
82		\$8, <u>498.</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
83		\$ <u>8,700</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
84		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

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Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
85		\$9,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
86		\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
87		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
88		\$ 9,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
89		\$9,743.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
90		\$9,900.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

TROUT	UNLIMITED, INC.	31	3-1612/15
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
91		\$9,950.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
92		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
93		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
94		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
95		\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
96		\$ <u>10,000</u> .	Person X Payroll

Employer identification number

	TROUT	UNLIMITED.	INC
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Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
97		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
98	Hame, and cas, and an 1-7	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
99		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
100		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
101		\$10,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
102		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)

Employer identification number

TROUT	UNLIMITED,	INC.

38-1612715

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
103		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
104		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
105		\$ <u>10,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
106		\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
107		\$10,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
108		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

TROUT	UNLIMITED, INC.	·	38-1612715
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	(d) ions Type of contribution
109		\$ 10,00	Person X Payroli  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	(d) ions Type of contribution
110		\$ 10,00	Person X Payroli  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	(d) ions Type of contribution
111		\$ 10,00	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	(d) ions Type of contribution
112		\$10,00	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	(d) ions Type of contribution
113		\$10,00	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	(d)
114		\$ 10,00	Person X Payroll

TROUT	UNLIMITED, INC.	38	-1612715
Partl	Contributors (see instructions)		T
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<b>гап.</b> Г	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
115		s10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
116		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>117</u>		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
118		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
119		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
120		s10,081.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

TROUT	UNLIMITED, INC.	_38	<u>-1612715</u>
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
121		\$ <u>10,200.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
122		\$10,500.	Person X Payroll Noncash (Complete Part It if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
123		\$ <u>10,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
124		\$ <u>10,500.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
125		\$ <u>10,700</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
126		\$ <u>10,700.</u>	Person X Payroll

Employer identification number

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38-1612715

Partil	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
127		\$10,725.	Person X. Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
128		s <u>10,942.</u>	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
129		\$10,949.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
130		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
131		\$11,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
132		\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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TROUT UNLIMITED,	INC.		30-10T71T3
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Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
133		\$11,025. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
134	Name, address, and zir + 4	\$11,070.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
135		\$11,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
136		\$11,491. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
137		\$11,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
138		\$11,603.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)

rrout	UNLIMITED, INC.	31	3-1612715
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>139</u>	•	\$ 12,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
140		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
141		\$\$12,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
142		-   \$ <u>12,500.</u>  -	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
143		\$ 12,600.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
144		\$ <u>13,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

TROUT	UNLIMITED, INC.		38-1612715
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
145		\$ 13,625	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ns Type of contribution
146		\$ <u>13,99</u> (	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d)  Type of contribution
147		\$ <u>15,000</u>	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
148		\$ <u>15,000</u>	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
149		\$ <u>15,000</u>	Person X Payrolt  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d)  Type of contribution
150		\$ 15,000	Person X

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TROUT	UNLIMITED, INC.	38	-1612715
Part	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZtP + 4	(c) Aggregate contributions	(d) Type of contribution
151		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
152		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
153		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>154</u>		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>155</u>		\$ 15,000.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
156		s 15,000.	Person X Payroll Noncash

(Complete Part II if there is a noncash contribution.)

TROUT	UNLIMITED, INC.	38-1612715
	On-Libratore (see instructions)	•

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
157		\$15,000.	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
158	reame, audi cool, and an i	\$ 15,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
159		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
160		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
161		s10,165.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
162		\$15,676.	Person X Payroll

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TROUT	UNLIMITED,	INC.

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Parti	Contributors (see instructions)		· .
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
163		\$\$	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
164		\$ 15,799.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
165		\$16,060. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
166		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
167		\$18,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
168		- _ \$ <u>19,458.</u>	Person X Payroll

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	TROUT_	UNLIMITED,	INC.
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Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>169</u>		\$19,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
170		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
171		\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
172		\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
173		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
174		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

TROUT	UNLIMITED, INC.	38	3-1612715
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>175</u>		\$ 20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
176		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>177</u>		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
178		\$ 22,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>179</u>		\$ <u>22,522.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
180		\$ <u>22,600.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

is a noncash contribution.)

(d)

Type of contribution

is a noncash contribution.)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

Person

(c)

Aggregate contributions

(c)

**Aggregate contributions** 

25,000.

Name of organization

Employer identification number

TROUT UNLI	MITED, INC.		38-1612715
Part I Cont	ributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
181		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
182		\$25,00	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) Ins Type of contribution
183		\$25,00	Person X Payroll Noncash (Complete Part II if there

(b)

Name, address, and ZIP + 4

Name, address, and ZIP + 4

(a)

No.

<u> 186</u>

(a)

No.

184

Person

Payroll Noncash

TROUT_	UNLIMITED, INC.	38	3-1612715
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
187		\$ <u>25,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
188		\$ <u>25,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
189		\$ <u>25,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>190</u>		\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
191		\$ <u>15,325.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
192		\$9,904.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

TROUT	UNLIMITED, INC.	38	<u>3-1612715</u>
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
193		\$ <u>25,250.</u>	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
194		\$ <u>25,668.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
195		\$ <u>26,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
196		\$ 5,000.	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Aggregate contributions	(d) Type of contribution
197		\$ 20,068.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
198		\$ <u>26,467.</u>	Person X Payroil Noncash (Complete Part II if there

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TROUT	UNLIMITED, INC.	38	-1612715
Partil	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
199		\$26,770.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
200		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
201		\$27,867.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
202		\$30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
203		\$30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
204		s 30,000.	Person X Payroll Noncash

(Complete Part II if there is a noncash contribution.)

Employer identification number

TROUT	UNLIMITED,	INC

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Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
205		\$ 30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
206		\$30,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
207		\$ 30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
208		\$ <u>31,559</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
209		\$ <u>32,500.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
210		\$\$33,500•	Person X Payroll Noncash (Complete Part il if there is a noncash contribution.)

TROUT	UNLIMITED, INC.	38	3-1612715
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
211		\$34,250.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
212		\$35,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
213		\$35,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
214		\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
215		\$35,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
216		\$36,419.	Person X Payroll

923452 02-01-10

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

rout	UNLIMITED, INC.	3	8-1612715
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
217		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
218		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
219		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
220		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
221	· · · · · · · · · · · · · · · · · · ·	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
222		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

TROUT	UNLIMITED,	INC.	

38-1612715

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
223		\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
224		\$ <u>50,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
225		\$ <u>50,000</u> .	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
226		\$ <u>50,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
227		\$\$ <u>50,393.</u>	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
228		\$ <u>50,586.</u>	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)

Employer identification number

TROUT	UNLIMITED, INC.	38	-1612 <u>715</u>
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
229		\$ 51,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
230		- - \$\$51,168.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
231		\$ 52,800.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
232		_ \$55,000. _	Person   X
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
233		- \$\$	Person X Payroll Noncash (Complete Part II if there

55,500. No. (Comis a n

(c)

Aggregate contributions

Noncash (Complete Part II if there is a noncash contribution.)

is a noncash contribution.)

(d)

Type of contribution

Person Payroll

(a)

No.

<u>234</u>

(b)

Name, address, and ZIP + 4

TROUT	OUT UNLIMITED, INC.		38-1612715	
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
235		\$60,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
236		\$60,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
237		\$\$0,391.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
238		\$ <u>63,500.</u>	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
239		\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
240		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	

TROUT	UNLIMITED, INC.		-1612715
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
241		\$75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
242		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
243		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP +4	(c) Aggregate contributions	(d) Type of contribution
244		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
245		\$\$.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
246		\$\$	Person X Payroll Noncash (Complete Part II if there

TROUT	UNLIMITED, INC.	38	-1612715
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
247		\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
No. 248	Name, address, and ZIP + 4	* 101,200.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
249		\$ <u>102,200.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
250		<u> </u>	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
251		\$104,355. 	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
252			Person X Payroll

TROUT	OUT UNLIMITED, INC. 38		-1612715	
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
253		\$111,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
<u>254</u>		\$ <u>115,729.</u>	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
255		\$145,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
256		\$180,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
257		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
258		\$315,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)	

TROUT	UNLIMITED, INC.	3	3-1612715
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
259		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
260		sss	Person X Payroll
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
261		\$ <u>410,630</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
262		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
263		\$\$554,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
264		ss	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

<u> PROUT</u>	UNLIMITED, INC.	31	<u>8-1612715                                   </u>
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u> 265</u>		\$ <u>1,745,876.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
266		\$ <u>2,112,766</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
·		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

TROUT UNLIMITED, INC.

38-1612715

Part II	Noncash Property (see instructions)	·	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	STOCK		
82			
		\$ <u>8,498.</u>	12/31/09
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	STOCK		
<u> 139</u>		<del></del>	
		\$12,000.	12/31/09
(a)		(c)	
No.	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
from Part I	резсирноп от попсази ргорену given	(see instructions)	2410 . 0001104
	STOCK		
<u> 161</u>			
		\$10,165.	12/31/09
,		*	12/31/07
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I	STOCK		
192	STOCK		
<del></del>			
		\$9,904.	12/31/09
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
raiti	STOCK		
<u> 197</u>	DIOCK		
		\$ 20,068.	12/31/09
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
3453 02.0			90, 990-EZ, or 990-PF) (2

Schedule B (Form	990, 990-EZ, or 990-PF) (	2009)

(d) Description of how gift is held

Relationship of transferor to transferee

(a) No.

from Part I

(b) Purpose of gift

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

(c) Use of gift

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

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2009

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy	y Tax), thei	n
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•	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Empi	oyer identification number
	TROUT U	NLIMITED, INC.			38-1612715
Pε	irt -A Complete if the org	anization is exempt und	der section 501(c)	or is a section 527 or	rganization.
	Provide a description of the organiz				
2	Political expenditures			<b>&gt;</b> \$	
3	Volunteer hours		•••••	***************************************	
Treasure turn	anness etc.				
	irt I-B Complete if the org				
	Enter the amount of any excise tax				
	Enter the amount of any excise tax				
	If the organization incurred a section				··· = · · =
	Was a correction made? if "Yes," describe in Part IV.		•••••	,	tes L No
	int I-C Complete if the org	anization is exempt und	ler section 501(c).	except section 501(	c)(3).
rivos (bare	Enter the amount directly expended				****
	Enter the amount of the filing organ				
_	exempt function activities				
3	Total exempt function expenditures				
	line 17b			<b>▶</b> \$	
4	Did the filing organization file Form				
5	Enter the names, addresses and en				
	For each organization listed, enter t				
	that were promptly and directly deli			arate segregated fund or a	political action committee
	(PAC). If additional space is needed	, provide information in Part IV.			T*
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds. If none, enter -0	promptly and directly
				Janua: Il Horio, oricor o	delivered to a separate
			·		political organization. If none, enter -0
				<del> </del>	it florie, enter o.
	<del> </del>				
	•				
			-		
			I	I	I

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LHA

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Sche	dule C (Form 990 or 990-EZ) 2009	TROU	T UNLI	MITED, INC.	- F04(-)(0)	38-1	612715 Page 2
Par	t II-A Complete if the org	janizatio	on is exen	npt unger sectio	n 501(c)(3) and 111	ea Form 5/06	
	<u>`</u>			interd municipality			
	neck Lifthe filing organizations if the filing organization		=	iateu group. id "limited control" pr	ovisione anniv		
<b>B</b> Cr	Limi	ts on Lobi	ying Exper			(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influ	uence pub	lic opinion (g	grass roots lobbying)		0.	
b	Total lobbying expenditures to influ					277,460.	
C	Total lobbying expenditures (add li	ines 1a an	d 1b)			277,460.	
, d	Other exempt purpose expenditure	es				<u>25,151,358.</u>	
е	Total exempt purpose expenditure					25,428,818.	
f,	Lobbying nontaxable amount. Enter		unt from the	e following table in bo	th columns.	1,000,000.	
	If the amount on line 1e, column (a) o	ır (b) is:		bying nontaxable an			
ŀ	Not over \$500,000			the amount on line 1e			
ŀ	Over \$500,000 but not over \$1,000			0 plus 15% of the ex			
ŀ	Over \$1,000,000 but not over \$1,5				cess over \$1,000,000.		
ŀ	Over \$1,500,000 but not over \$17	,000,000		O plus 5% of the exc	ess over \$1,500,000.		
1	Over \$17,000,000		\$1,000,0	000.			
	Grassroots nontaxable amount (er	ter 25% o	fline 1f			250,000.	antiviera numal (citata nosas assas se silani) sulfilis
9	Subtract line 1g from line 1a. If zer					0.	
ï	Subtract line 1f from line 1c. If zero					0.	
i	If there is an amount other than ze						
•	reporting section 4911 tax for this				··,·,,	<u></u>	Yes No
				eraging Period Unde			
	(Some organiz	zations the	at made a s	ection 501(h) election	n do not have to com	plete all of the five	
	CC				es 2a through 2f on pa ear Averaging Period	age 4.)	
		LODI	oying Exper	iditures During 4- 16	Averaging Period	·	
	Calendar year (or fiscal year beginning in)	(a)	2006	(ь) 2007	(c) 2008	(d) 2009	(e) Totai
2a	Lobbying nontaxable amount	1,00	0,000.	1,000,000	1,000,000.	1,000,000.	4,000,000.
b	Lobbying ceiling amount						
	(150% of line 2a, column(e))						6,000,000.
				404 045	100 501	277 460	1 216 272
		0.4	4 604				
C	Total lobbying expenditures	31	<u>4,794.</u>	434,017	190,701.	2//,400.	1,410,314.
d	Grassroots nontaxable amount		4,794. 0,000.	250,000			1,216,972.
d	Grassroots nontaxable amount Grassroots ceiling amount						1,000,000.
d	Grassroots nontaxable amount						

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 TROUT UNLIMITED, INC. 38-1612715 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)	
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
•	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?			ļ	
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?		· · · · ·		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
į	Other activities? If "Yes," describe in Part IV	maja idensi que trasjanja	emisi 19 1931 (1921 dis		
j	Total. Add lines 1c through 1i			Granswaller VIII.	. C. Parine merce
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			the section of the bridge	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	E01/a	/E\		
Par	till-A Complete if the organization is exempt under section 501(c)(4), sect	ON	i(o), or se	CHOH	
	501(c)(6).			Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?		1		
					1-
1					
1 2 <u>3</u> Pai	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  TILE Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c	2 3 )(5), or se	ection inswered	
3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  TILLE Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."	ion 501(c) art III-A, li	2 3)(5), or so ne 3 is a	ection inswered	
3 Pai	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  TILLE Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."  Dues, assessments and similar amounts from members	ion 501(c) art III-A, li	2 3)(5), or so ne 3 is a	ection answered	
3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ion 501(c) art III-A, li	2 3 )(5), or so ine 3 is a	ection inswered	
1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  LIII-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ion 501(c) art III-A, li	2 3 )(5), or so ine 3 is a	ection Inswered	
3 Pai 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  Till-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	ion 501(c) art III-A, li tical	2 3 )(5), or so ine 3 is a	ection	
1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	ion 501(c) art III-A, li tical	2 3 )(5), or so ine 3 is a 1 2a 2b	ection	
Pai	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	ion 501(c) art III-A, li tical	2 3 (5), or so ine 3 is a 1 2a 2b 2c	ection	l
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## Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Employer identification number Name of the organization 38-1612715 TROUT UNLIMITED, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Pari organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year \_\_\_\_\_ Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? \_\_\_\_\_ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure X Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 715.00 c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$\_ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? \_\_\_\_\_\_L In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2009

12,565

22<u>,464</u>

532,210

Leasehold improvements
Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

35,029

884,409

Part VII Investments - Other Securities. See	e Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuatest or end-of-year mark	
Financial derivatives				
Closely-held equity interests				
Other				
		•		
·				
		_		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. Se	ee Form 990, Part X, lin	e 13. 	(c) Method of valua	tions
(a) Description of investment type	(b) Book value	Co	est or end-of-year mad	
				·
				· · · · · · · · · · · · · · · · · · ·
	<del></del>			
	•			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15.			
(a)	Description			(b) Book value
				·
	11 11 11 11 11 11 11 11 11 11 11 11 11			
Total. (Column (b) must equal Form 990, Part X, col (B) line	: 15.)		<u>P</u> 1	
Part X Other Liabilities. See Form 990, Part X,	line 25.	(b) Amount		
1. (a) Description of liability		(B) Amount		
Federal income taxes		117 570		
REFUNDABLE ADVANCES		117,579.		
			Company of the compan	
	05)	117,579		
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)	<u> </u>		overgrafie statematical effective engages (2) is to

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932053 02-01-10

PART II, LINE 9: CONSERVATION EASEMENTS ARE NOT REPORTED IN THE

REVENUE, EXPENSE OR BALANCE SHEET OF TU.

PART V, LINE 4: CCF ENDOWMENT - THIS ENDOWMENT IS EXPECTED BY THE

DONORS TO PRODUCE ANNUAL INVESTMENT INCOME THAT IS TO BE SPENT TO COVER

THE SALARIES, BENEFITS, AND OPERATING BUDGET FOR TU'S SENIOR SCIENTIST AND

CCF DIRECTOR. GIVEN THAT THESE EXPENSES EXCEED A REASONABLE EARNINGS RATE

FOR THE SIZE OF THIS ENDOWMENT, THE SPENDING RATE OF 4% WAS SET FOR FISCAL

YEARS ENDED SEPTEMBER 30, 2010 AND 2009.

OTHER ENDOWMENTS - THE EARNINGS FROM THESE ENDOWMENTS ARE AVAILABLE IN

SUPPORT OF THE GENERAL OPERATIONS OF TU. THE BOARD OF TRUSTEES DETERMINES

ANNUALLY THE SPENDING RATE FOR THESE ENDOWMENTS. DUE TO THE CURRENT MARKET

CONDITIONS, THE BOARD OF TRUSTEES AUTHORIZED A 0% SPENDING RATE FOR THE

FISCAL YEARS ENDED SEPTEMBER 30, 2010 AND 2009.

PART X: ON OCTOBER 1, 2009, TU ADOPTED THE ACCOUNTING STANDARD

ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE

DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON
A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS

GUIDANCE, TU MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION

ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED

ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE

POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM

SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A

GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT.

THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES

DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES,

Schedule D (Form 990) 2009

#### **SCHEDULE G** (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Tressury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ➤ See separate instructions.

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2009

Name of the organization  TROUT UI	NLIMITED, INC.				38-1612	ntification number
	Complete if the organization answer	ered "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-E2	filers are not
Indicate whether the organization raise	ed funds through any of the followin e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with p	ion of the cion of	non-g gover ising d ling o onal f	overnment grants nment grants events fficers, directors, trus undraising services?	atees or Yes	<del></del>
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have ou or conf contribu	Did aiser astody trol of ations?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			•			
						÷
					-	
Total			_			
3 List all states in which the organization	n is registered or licensed to solicit f	funds o	r has	been notified it is ex	empt from registrati	ion or licensing.
				·		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

11

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 Part II on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col. (a) through NYEVNT SFEVNT col. (c)) (total number) (event type) (event type) 167,728, 559,619. 261,459 130,432 Gross receipts \_\_\_\_\_ 70,219 401,905. 200,859 130,827 2 Less: Charitable contributions ..... 60,213 157,714. 36,901 60,600. 3 Gross income (line 1 minus line 2) \_\_\_\_ Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment ..... 58.019. 156,965. 35,607. 9 Other direct expenses 156,965) 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gamino (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Expenses Noncash prizes Direct I Rent/facility costs Other direct expenses Yes % Yes % Yes 8 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a ь If "Yes." explain:

11 Does the organization operate gaming activities with nonmembers?

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer charitable gaming?

......

Schedule G (Form 990 or 990-EZ) 2009 TROUT UNLIL	MITED, INC.		<u> 38-16</u>	<u> 1271</u>	<u>.5 Pa</u>	age 3
					Yes	No
13 Indicate the percentage of gaming activity operated in:						
a The organization's facility		<u>13a</u>	%	6 3000		
b An outside facility			9/	6		
14 Enter the name and address of the person who prepares t	the organization's gaming/special events bo	oks and re	cords:	2600		
Name				MANAGERA MANAGERA MANAGERA		
Address >						
15a Does the organization have a contract with a third party fro	om whom the organization receives gaming	revenue?	•••••	15a	0 141696111248110	
<b>b</b> If "Yes," enter the amount of gaming revenue received by		and the a	mount			
of gaming revenue retained by the third party 🕨 🕏 🚬						
c If "Yes," enter name and address of the third party:						
			_			
Name						
Address >	<u> </u>					
16 Gaming manager information:						
Name						
				6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Gaming manager compensation > \$	_					
Description of continue provided	•			2		
Description of services provided						
Director/officer Employee	Independent contractor					
Director/officer Employee	Independent contractor					
17 Mandatory distributions:						
a is the organization required under state law to make charit	table distributions from the gaming proceed	s to				
retain the state gaming license?				17a		
b Enter the amount of distributions required under state law						S. G.
organization's own exempt activities during the tax year		or op				
- management of the ordering about your	T			1	· protection Committee	

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

**2** Employer identification number 38-1612715 WATERSHED RESTORATION WATERSHED RESTORATION WATERSHED RESTORATION (h) Purpose of grant GENERAL OPERATIONS SENERAL OPERATIONS BENERAL OPERATIONS or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (f) Method of valuation (book, if applicable cash grant assistance or government assistance or government assistance and address of organization (book, appraisal, assistance or government or grant or government or govern Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ö ó ö o ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 500 600 583, 9 000 7,500 22,263 3 Enter total number of other organizations
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ø, 20. 501 (C)(3) 501 (C)(3) (c)(3)501 (C)(3) 501 (C)(3) 501 (C)(3) Enter total number of section 501(c)(3) and government organizations INC. 501 criteria used to award the grants or assistance? General Information on Grants and Assistance 510208498 521765527 521765533 840628113 840628113 TROUT UNLIMITED, GEORGIA COUNCIL OF TROUT UNLIMITED 1 (a) Name and address of organization UNLIMITED - PO BOX 1 - OVANDO, MT UNLIMITED - 15 PRINCESS PINE RD UNLIMITED - 26855 VIA SAN JOSE BIG BLACKFOOT CHAPTER OF TROUT UNLIMITED - 5065 WESTRIDGE DR UNLIMITED - 5065 WESTRIDGE DR CONNECTICUT COUNCIL OF TROUT CALIFORNIA COUNCIL OF TROUT COLORADO COUNCIL OF TROUT COLORADO COUNCIL OF TROUT MISSION VIETO, CA 92691 GA 30571 FORT COLLINS, CO 80526 CO 80526 Name of the organization NORWOLK, CT 06850 264 LAURELWOOD SAUTE NACOCHE FORT COLLING Parti Part ผ

(f) Description of non-cash assistance 38-1612715 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. OUTSIDE ORGANIZATIONS, THOSE ARE TYPICALLY PART OF A LARGER GRANT AGREEMENT PART I, LINE 2: THE MAJORITY OF THE GRANTS ARE GIVEN OUT TO TU Eart IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. CHAPTERS AND COUNCILS AND ARE MONITORED BY THE EMBRACE-A-STREAM COMMITTEE FOR THOSE GRANTS ISSUED TO (d) Amount of non-cash assistance (c) Amount of cash grant FOR COMPLIANCE WITH THEIR GRANT AGREEMENT. (b) Number of recipients TROUT UNLIMITED, INC. (a) Type of grant or assistance Schedule I (Form 990) 2009 SCHEDULE I, PartIII

Page 2

Schedule I (Form 990) 2009

THAT DICTATES THE TERM OF THE ARRANGEMENTS WITH THE APPROPRIATE TU EMPLOYEE

MONITORING COMPLIANCE

Department of the Treasury
Internal Revenue Service
Name of the organization SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection

OMB No. 1545-0047 2009

Name of the organization  TROUT UNLIMITED,		INC.				Employe 3	Employer identification number 38-1612715
Part   Continuation of Grants and Other Assistance to Governments and	Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	Organizations in the United States (Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA COUNCIL OF TROUT UNLIMITED 264 LAURELWOOD SAUTE NACOCHE, GA 30571	510225125	501 (C)(3)	7,840.	0			GENERAL OPERATIONS
GUADALUPE RIVER CHAPTER OF TROUT UNLIMITED - 1854 PONDEROSA DR - NEW BRAUNFELS, TX 78132	237184499	501 (C)(3)	9,503,	0.			GENERAL OPERATIONS
ILLINOIS COUNCIL OF TROUT UNLIMITED - PO BOX 5046 - CAK BROOK, IL 60522	521765995	501 (C)(3)	5, 263.	0			GENERAL OPERATIONS
JACKSON HOLE CHAPTER OF TROUT UNLIMITED - PO BOX 11067 - JACKSON, WY 83002	521491981	501 (C)(3)	10,000.	•0			WATERSHED RESTORATION
LITTLE RIVER CHAPTER OF TROUT UNLIMITED - PO BOX 6440 - MARYVILLE, TN 37082	621533995	501 (C)(3)	7,800.	0.			WATERSHED RESTORATION
MASSACHUSETTS/RHODE COUNCIL OF TROUT UNLIMITED - 5 BAKER PL - NEWTON LOWER, MA 02462	510225123	S01 (C)(3)	8,251,	0			GENERAL OPERATIONS
MASSANUTTEN CHAPTER OF TROUT UNLIMITED - PO BOX 801 - HARRISONBURG, VA 22803	510208681	501 (C)(3)	9,496,	0			WATERSHED RESTORATION
MERRIMACK RIVER VALLEY CHAPTER OF  TROUT UNLIMITED - 47 RIVER RDE -  NEW BOSTON, NH 03070  LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instru	521766035 Letion Act Notice	501 (C)(3)	7,000.	0			WATERSHED RESTORATION Schedule I-1 (Form 990) 2009

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

Name of the organization

TROUT UNLIMITED, INC.

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

Open to Public Inspection Employer identification number 38–1612715 Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN COUNCIL OF TROUT UNLIMITED - 2114 7TH ST - BAY CITY, MI 48708	237188803	501 (c)(3)	14,383,	0			SENERAL OPERATIONS
MID-ATLANTIC COUNCIL OF TROUT UNLIMITED - 3700 KANAWHA ST NW - WASHINGTON, DC 20015	521118808	501 (C)(3)	5,543,	0.			GENERAL OPERATIONS
MINNESOTA COUNCIL OF TROUT UNLIMITED - 12600 MARION IN W - MINNETONKA, MN 55305	521766036	501 (C)(3)	5,351,	0			GENERAL OPERATIONS
MONTANA COUNCIL OF TROUT UNLIMITED PO BOX 7186 MISSOULA, MT 59807	237355289	501. (C) (3)	6,923,				GENERAL OPERATIONS
NEW JERSEY COUNCIL OF TROUT UNLIMITED - PO BOX 594 - BUDD LAKE, NJ 07828	510225120	501 (C)(3)	7,958.	c			GENERAL OPERATIONS
NEW RIVER CHAPTER OF TROUT UNLIMITED - 112 CAUDILL ST - PEARISBURG, VA 24134	742047563	501 (C) (3)	8,160,	0.		::	WATERSHED RESTORATION
NEW YORK COUNCIL OF TROUT UNLIMITED - PO BOX 815 - PORT EWEN, NY 12466	237355317	501 (C)(3)	16,383,	0			GENERAL OPERATIONS
NAMPT LAND TRUST  PO BOX 1388  DILLINGHAM, AX 99576  At and Paperwork Reduction Act Notice, see the Instr	311721762 retion Act Notice	501 (C)(3)	10,000.	0			EKWOK FLY-FISHING AND ASSISTANT GUIDE ACADEMY Schedule 1.1 (Form 900) 2009
	Jetion Act Notice	s, see the instructions	TOT FOLD				Schedule I-1 (rorm 850) 2009

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

Name of the organization

Parti

► Attach to Form 990 to list additional information for Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047 Open to Public Inspection

Schedule I (Form 990), Part II or Part III.

(h) Purpose of grant or assistance Employer identification number PENERAL OPERATIONS 38-1612715 (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (book, FMV, appraisal, other) (f) Method of valuation o (e) Amount of non-cash assistance 7.866 (d) Amount of cash grant (c) IRC section if applicable 501 (C)(3) UNI IN 237188798 TROUT UNLIMITED, (D) EIN UNLIMITED - 1204 BRITTANY POINT CT NORTH CAROLINA COUNCIL OF TROUT OHIO COUNCIL OF TROUT UNLIMITED (a) Name and address of organization or government

SENERAL OPERATIONS

ö

6 108

501 (C)(3)

911928278

12955 WALDEN OAKS DR

- APEX, NC 27502

CHARDON, OH 44024

OREGON COUNCIL OF TROUT UNLIMITED

22875 NW CHESTINUT ST

HILLSBORO, OR 97124

SENERAL OPERATIONS

o

5,688

501 (C)(3)

931253141

Schedule I-1 (Form 990) 2009 WATERSHED RESTORATION WATERSHED RESTORATION VATERSHED RESTORATION BENERAL OPERATIONS SENERAL OPERATIONS o, 0, ö Ö ö 500. 7,000, 25 180 5,683 000 6 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 501 (C)(3) 501 (C)(3) 501 (C)(3) 501 (C)(3) 501 (C)(3) 237184512 521766250 510225114 820528838 237188794 SOUTHEASTERN WISCONSIN CHAPTER OF UNLIMITED - PO BOX 716 - VICTOR, TROUT UNLIMITED - 18225 HOFFMAN UNLIMITED - 23377 HOSKINS RD -TED TRUEBLOOD CHAPTER OF TROUT PENNSYLVANIA COUNCIL OF TROUT TETON VALLEY CHAPTER OF TROUT UNLIMITED - 107 SIMMONS ST -UNLIMITED - 1106 MELVIN AVE AVE - BROOKFIELD, WI 53045 TENNESSEE COUNCIL OF TROUT MARYVILLE TN 37803 WILDER, ID 83676 DUBOIS, PA 15801 ID 83455

Department of the Treasury Internal Revenue Service SCHEDULE I-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

Schedule I-1 (Form 990) 2009 Open to Public (h) Purpose of grant or assistance Inspection HENERAL OPERATIONS Employer identification number GENERAL OPERATIONS GENERAL OPERATIONS 38-1612715 (g) Description of non-cash assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. o. (e) Amount of non-cash assistance 488, (d) Amount of cash grant 8 152 9,563 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 501 (C)(3) 501 (C)(3) 501 (C)(3) INC. 237355308 510225116 237188784 TROUT UNLIMITED, (B) EIN UNLIMITED - 1326 14TH AVE - GREEN UNLIMITED - 2701 NE 148TH AVE (a) Name and address of organization or government WASHINGTON COUNCIL OF TROUT WISCONSIN COUNCIL OF TROUT VIRGINIA COUNCIL OF TROUT UNLIMITED - PO BOX 1256 -CHARLOTTESVLE, VA 22902 VANCOUVER, WA 98684 Name of the organization BAY, WI 54304

폼

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TROUT UNLIMITED, INC. Employer identification number 38-1612715

de la constant	are Questions negation Compensation			
		SESSE MARKET AND ADDRESS OF THE PARTY OF THE	Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	192,00		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ь	if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
_	CEO/Executive Director. Check all that apply.			
	X Compensation committee			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	[22] Form odd of other organizations			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
h	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	х	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
Ų	If "Yes" to any of lines 4a-c, liat the persons and provide the applicable amounts for each item in Part III.			
	Tes to any or lines 42-0, list the persons and provide the applicable amounts for each term in that this			
	Only continue 504(a)(2) and 504(a)(4) argonizations must complete lines 5.0			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
5	contingent on the revenues of:			
	The organization?	5a		X
a _		5b	·	X
D	Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.	0.000		- 22
_	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6				
_	contingent on the net earnings of:	6a	sigilenti igunusi	X
	The organization?			X
D	Any related organization?	6b		
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	١.,		
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		-	- T
_	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	_		1
	Pegulations section 53 4058-6(c)?	19	1	1

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	9	e	e	<u> </u>
					Retinement and	Nontaxable	Total of columns	Compensation
(А) Nате		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-()(B)	reported in prior Form 990 or Form 990-EZ
	€	154,737.	0	0	14,382.	15,596.	184,715.	0
CHRISTOPHER WOOD	(ii)	0	0.	0.	0.	0.0	0.	0.
	(1)	206,905.	0.	0.	18,942.	17,702.	243,549.	0.
CHARLES GAUVIN	(II)	• 0	• 0	0.	•0	• 0	0.0	0.
	Θ	143,981.	0.	0.	13,599.	15,596.	173,176.	
HILLARY COLEY	(11)	0	0.	0.	• 0	• 0	0.	
	Θ	146,222.	0.	0.	13,479.	15,596.	175,297.	
PIETER FOSBURGH	Œ		0.	0.	0.	0.	0.	
	ω	134,201.	0.	0.	12,267.	15,596.	162,064.	0.
STEVEN MOYER	⊕	0	0	• 0	0 .	0.0	0.	0.
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38-1612715

Part III | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 4B: TU IS CURRENTLY PAYING INTO AN UNQUALIFIED PLAN (457F) FOR ITS OFFICERS AND KEY EMPLOYEES IN WHICH NONE OF THE OFFICERS OR KEY EMPLOYEES VEST IN UNTIL JANUARY OF 2012.

WITH A LUMP SUM CASH BENEFIT UPON THE TERMINATION OF HIS OR HER EMPLOYMENT OR UPON HIS OR HER DEATH IF HIS OR HER EMPLOYMENT IS TERMINATED ON ACCOUNT THE PURPOSE OF THE SUPPLEMENTAL BENEFIT PLAN IS TO PROVIDE THE EXECUTIVE IF A BENEFIT IS PAYABLE UNDER THE PLAN. OF DEATH,

EMPLOYED BY THE EMPLOYER ON A FULL-TIME BASIS FROM HIS ENTRY DATE UNTIL THE ANY DISTRIBUTION MADE TO AN EXECUTIVE OR CREDITED ON THE FIRST DAY OF THE FISCAL YEAR FOLLOWING THE FISCAL YEAR FOR THE EMPLOYER SHALL CREDIT 5% OF SUCH EXECUTIVE'S COMPENSATION EARNED END OF THE FISCAL YEAR WHICH INCLUDES SUCH EXECUTIVE'S ENTRY DATE). ANY DURING SUCH FISCAL YEAR, BUT AFTER SUCH EXECUTIVE'S ENTRY DATE, TO SUCH FOR THE FIRST FISCAL YEAR DURING WHICH AN EXECUTIVE PARTICIPATES IN THE EXECUTIVE'S DEFERRED BENEFIT ACCOUNT (IF SUCH EXECUTIVE IS CONTINUOUSLY AMOUNTS CREDITED TO AN EXECUTIVE'S DEFERRED BENEFIT ACCOUNT SHALL BE WHICH SUCH CREDIT IS TO BE MADE. PLAN,

86

38-1612715

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

HIS BENEFICIARY PURSUANT TO THE PLAN SHALL BE DEDUCTED FROM SUCH

EXECUTIVE'S DEFERRED BENEFIT ACCOUNT AS OF THE DATE ON WHICH SUCH

DISTRIBUTION IS MADE.

EACH EXECUTIVE'S DEFERRED BENEFIT ACCOUNT SHALL BE DURING EACH FISCAL YEAR,

INTEREST CREDITED WITH INTEREST AS OF THE LAST DAY OF SUCH FISCAL YEAR. SHALL BE CREDITED ON THE AMOUNT THAT WAS IN THE ACCOUNT AS OF THE FIRST DAY

THE INTEREST RATE PER ANNUM WHICH SHALL BE CREDITED OF SUCH FISCAL YEAR. TO EACH EXECUTIVE'S DEFERRED BENEFIT ACCOUNT FOR EACH FISCAL YEAR SHALL BE

THE RATE OR RATES SPECIFIED BY THE BOARD OF DIRECTORS OF THE CORPORATION

FOR SUCH YEAR.

IF THE EXECUTIVE IS ACTIVELY AND CONTINUOUSLY EMPLOYED BY THE EMPLOYER ON A

FULL-TIME BASIS FROM HIS OR HER ENTRY DATE UNTIL HE OR SHE ATTAINS HIS

NORMAL RETIREMENT AGE, THEN THE EMPLOYER WILL MAKE A LUMP SUM CASH PAYMENT

THE AMOUNT OF SUCH LUMP TO THE EXECUTIVE ON HIS NORMAL RETIREMENT DATE.

SUM PAYMENT SHALL BE EQUAL TO THE VALUE OF THE EXECUTIVE'S DEFERRED

IF THE EMPLOYEE TERMINATES HIS OR HER EMPLOYMENT FOR ANY REASON BENEFIT.

OTHER THAN DEATH, PRIOR TO THE NORMAL RETIREMENT AGE, HIS OR HER BENEFIT

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

UNDER THIS PLAN SHALL BE FORFEITED

IF THE EXECUTIVE'S EMPLOYMENT WITH THE EMPLOYER IS TERMINATED ON ACCOUNT OF

THE EMPLOYER SHALL MAKE A LUMP SUM PAYMENT TO THE EXECUTIVE'S BENEFICIARY.

HIS DEATH BEFORE HE OR SHE ATTAINS HIS OR HER NORMAL RETIREMENT AGE, THEN

THE AMOUNT OF SUCH LUMP SUM PAYMENT SHALL BE EQUAL TO THE EXECUTIVEOS DEATH

SUCH PAYMENT SHALL BE MADE NO LATER THAN THE DATE THAT IS SIXTY BENEFIT.

(60) DAYS AFTER THE DATE OF THE EXECUTIVE'S DEATH.

IF, AT THE DEATH OF THE EXECUTIVE, THERE IS NO PROPERLY DESIGNATED LIVING

BENEFICIARY, THEN ANY PAYMENT DUE UNDER SECTION ABOVE SHALL BE MADE TO THE

PERSONAL REPRESENTATIVE OF THE EXECUTIVE'S ESTATE

CHRISTOPHER WOOD: \$7,990

CHARLES GAUVIN: \$10,523

HILLARY COLEY: \$7,555

STEVEN MOYER: \$6,815

PIETER FOSBURGH: \$7,488

#### **Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ➤ See the Instructions for Form 990.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the Organization

Employer Identification number

TROUT UNI									38-161	
Part I Continuation of Officers, D	irectors, Tr	ust	ees	s, K	Cey	Em	ıpk	yees, and Highes	t Compensated I	Employees
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	١.,			ition			Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	nsitutional trustee	( all 1	that employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
		Individ	Institu	Officer	Key en	Highes	Former			
VALERIE OHRSTROM		43-						0.	0.	_
TRUSTEE	5.00	A			-			U •		0.
JOHN WILLIS	= 00	v						0.	0.	_
TRUSTEE	5.00	^	_			$\vdash$	$\vdash$	0.	U •	0,
KAI ANDERSON	5.00	v						0.	0.	0.
TRUSTEE	3.00	1	<del> </del>	-		$\vdash$		0.	<u> </u>	U.
MIKE DOMBECK	5.00	y	l					0.	0.	0.
TRUSTEE	3.00	^	<del>                                     </del>	-	<del> </del>	一	$\vdash$	0.		0.
RICHARD JOHNSON	5.00	y						0.	0.	0.
TRUSTEE MOOD	1 3.00	-22				-				
CHRISTOPHER WOOD PRESIDENT AND CEO	40.00	x		x				154,737.	0.	29,978
CHARLES GAUVIN		T		† <u>-</u>					<u> </u>	
PRESIDENT EMERITUS & TRUSTEE	40.00	Х		X		_		206,905.	0.	34,538
HILLARY COLEY	1000			l				440 004	_	00 105
VICE PRESIDENT/CFO/CAO	40.00		_	X	_		<u> </u>	143,981.	0.	29,195
PIETER FOSBURGH	40.00							146 000	_	20 075
VP OF DEVELOPMENT	40.00	⊬	<del> </del>			X	-	146,222.	0.	29,075
STEVEN MOYER	40.00					X		124 201	0.	27 062
VICE PRESIDENT OF GOVERNMENT AFFAIR	40.00	<del> </del>		-		A		134,201.		27,863
ROBERT MASONIS VP OF WESTERN CONSERVATION	40.00					x		103,775.	0.	13,952
		9								
		:								
					-					
		<u> </u>	_	ļ		_	_			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Department of the Treasury Internal Revenue Service

#### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization

TROUT UNLIMITED, INC.

Employer identification number 38-1612715

Schedule M (Form 990) 2009

Par	t I Types of Property								
Propagation		(a) Check if applicable	(b) Number of contributions	(c) Revenues repor Form 990, Part VII		(d Method of c rever	İetermini	ng	
4	Art - Works of art								
2	Art - Historical treasures						_		
3	Art - Fractional interests						-		
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	5	60,	635.	FMV			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
••	trust interests	1							
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures			ļ					
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy							٠	
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other								
26	Other ()								
27	Other								
28	Other (								
29	Number of Forms 8283 received by the organ	ization durin	ig the tax year for o	contributions					•
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gment	29				
							FILTOCOLUMN BUT IN	Yes	No
30a	During the year, did the organization receive b	y contributi	on any property re	ported in Part I, line	es 1-28 th	at it must hold for			
	at least three years from the date of the initial	contribution	n, and which is not	required to be use	d for exer	npt purposes for			
	the entire holding period?						30a	Deplement Hill Johnson	X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that I	requires the review	of any non-standa	rd contrib	utions?	31	X	
32a	Does the organization hire or use third parties	or related o	rganizations to sol	icit, process, or sel	il noncash	1			<u></u>
	contributions?			*			32a	eleckiele (A)	<u> </u>
b	If "Yes," describe in Part II.								
33	If the organization did not report revenues in	column (c) fo	or a type of proper	y for which column	ı (a) is che	ecked,			
	describe in Part II.						19/39/350 19/39/350		

LHA

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

## Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

932211 02-03-10 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization

TROUT UNLIMITED, INC.

Employer identification number 38-1612715

TAOUT OMBITATION THOU
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
CRITICAL STEP IN THE BATTLE TO END IRRESPONSIBLE OHV USE ON PUBLIC
LANDS. THE REFORMS WILL CHANGE BOTH THE COMPOSITION OF THE
SUBCOMMITTEE AND THE SYSTEM FOR DISTRIBUTING FUNDS, WHICH HAS
HISTORICALLY GONE TO TRAIL BUILDING AND MAINTENANCE, WHILE NEGLECTING
INVESTMENTS IN HABITAT RESTORATION AND IMPROVED ENFORCEMENT.
IN THE EAST, TU'S STAFF AND GRASSROOTS MEMBERS CONTINUED TO ADVOCATE
FOR STRONGER PROVISIONS TO REGULATE GAS DRILLING IN THE MARCELLUS
SHALE, AND HAVE STARTED A COLDWATER CONSERVATION CORPS IN PENNSYLVANIA
TO MONITOR THE WATER QUALITY IN AFFECTED STREAMS.
IN MAINE, TU LAUNCHED A NEW CAMPAIGN TO CONSERVE WILD BROOK TROUT.
IN THE SOUTH, TU'S STAFF AND GRASSROOTS MEMBERS WERE SUCCESSFUL IN
PROTECTING A KEY PROPERTY ALONG ONE OF NORTH CAROLINA'S MOST POPULAR
TROUT STREAMS, AN IN-HOLDING IN THE PISGAH NATIONAL FOREST ALONG THE
NORTH MILLS RIVER.
IN CONGRESS, TU PUBLIC LANDS STAFF AND VOLUNTEERS HAVE BEEN SEEKING
LEGISLATION TO BALANCE THE IMPENDING WAVE OF RENEWABLE ENERGY
DEVELOPMENT WITH FISH AND WILDLIFE CONSERVATION ON PUBLIC LANDS.
SENATORS REID AND TESTER IN THE SENATE, AND REPRESENTATIVE HELLER IN
THE HOUSE, INTRODUCED AN EXCELLENT RENEWABLES BILL IN JUNE THAT
ACCOMPLISHED OUR RENEWABLES GOALS. THE CLEAN ENERGY, COMMUNITY
INVESTMENT, AND WILDLIFE CONSERVATION ACT (H.R. 5735 AND S. 3587) WAS A
LEA FOR PRIVARY ART AND PANERWOOK REQUESTION ART MOTICE, SEE THE INSTRUCTIONS FOR FORM \$60.

## Supplemental Information to Form 990

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

TROUT UNLIMITED, INC.	38-1612715
BIPARTISAN BILL THAT WOULD HAVE SET UP A PILOT LEASING PR	OGRAM FOR WIND
AND SOLAR ENERGY DEVELOPMENT ON PUBLIC LANDS, AND ESTABLI	SHED ROYALTIES
AND OTHER PAYMENTS ASSOCIATED WITH THE USE OF PUBLIC LAND	S FOR ENERGY
PRODUCTION. A SUBSTANTIAL PORTION OF THE ROYALTY REVENUE	WOULD HAVE
BEEN DEDICATED TO THE CONSERVATION OF FISH AND WILDLIFE R	ESOURCES AND
TO ENHANCING PUBLIC ACCESS.	
IN NEW HAMPSHIRE, VERMONT, AND MASSACHUSETTS, TU LAUNCHED	A CAMPAIGN TO
REMOVE, REPLACE, AND RETROFIT CULVERTS TO ALLOW FOR PASSA	GE OF BROOK
TROUT.	
IN WYOMING, TU'S SPREAD CREEK RESTORATION PROJECT RESULTE	D IN THE
REMOVAL OF A DIVERSION DAM AND ITS REPLACEMENT WITH FISH-	FRIENDLY
IRRIGATION STRUCTURES. THE PROJECT IS DESIGNED TO MAINT	AIN IRRIGATION
FLOWS TO PRIVATE USERS, WHILE PROVIDING MORE LATE-SEASON	STREAM FLOW TO
ENABLE NATIVE SNAKE RIVER FINE-SPOTTED CUTTHROAT TROUT TO	ACCESS OVER
40 MILES OF HISTORIC SPAWNING AND REARING HABITAT FOR THE	FIRST TIME IN
DECADES.	
IN CALIFORNIA, TU SCORED A MAJOR VICTORY THAT WILL IMPROV	E STREAMFLOW
IN SALMON AND STEELHEAD WATERS ON THE NORTH COAST, AND EN	COURAGE WATER
USERS TO ENGAGE IN COLLABORATIVE STREAMFLOW RESTORATION F	ROJECTS. THE
STATE WATER BOARD ADOPTED THE TU-SUPPORTED NORTH COAST IN	STREAM FLOW
POLICY, THE FIRST-OF-ITS-KIND IN CALIFORNIA. THE POLICY	COVERS 5,900
STREAM MILES AND MORE THAN 3 MILLION WATERSHED ACRES, AND	
IN NEW STREAMFLOW REQUIREMENTS FOR MORE THAN 2,000 DIVERS	

#### **SCHEDULE 0**

(Form 990)

### Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

TROUT UNLIMITED, INC.

Employer identification number 38-1612715

TU'S COHO WORK ALONG THE OREGON COAST REACHED WATERSHED SCALE IN 2010.
OF THE FIVE ACTIVE PROJECT SITES IN THE NECANICUM RIVER WATERSHED, EACH
BENEFITS A DIFFERENT LIFE STAGE OF ESA-LISTED OREGON COAST COHO, AND
EACH IS BEING UNDERTAKEN WITH A DIFFERENT SET OF PARTNERS AND FUNDERS.
TU EXPANDED ITS SUCCESSFUL WORK ON THE MIDDLE CLARK FORK RIVER IN
WESTERN MONTANA TO THE NEIGHBORING WATERSHED ON THE UPPER CLARK FORK
RIVER AS A NEW HOME RIVERS INITIATIVE. IN WESTERN MICHIGAN, AN
ADDITIONAL NEW HOME RIVERS INITIATIVE ON THE ROGUE RIVER WAS LAUNCHED.
IN UTAH, THE FINAL PIECES OF A COMPLEX PROJECT INVOLVING MULTIPLE
IRRIGATION DIVERSIONS AND NEW CULVERTS TO ALLOW PASSAGE ALONG FISH
HAVEN CREEK WERE PUT INTO PLACE. THIS PROJECT HAS ALLOWED ADFLUVIAL
BONNEVILLE CUTTHROAT TROUT TO ONCE AGAIN NAVIGATE FROM BEAR LAKE TO
THEIR SPAWNING GROUNDS.
IN OUR SCIENCE PROGRAM, TU COMPLETED OUR CLIMATE CHANGE MODELS FOR
NATIVE TROUT IN THE WESTERN UNITED STATES. THESE MODELS PREDICT WHERE
TROUT WILL BE MOST VULNERABLE TO CHANGES IN DROUGHT, FLOODING, AND
TEMPERATURE CHANGE. RESULTS WERE JOINTLY PUBLISHED WITH THE US
GEOLOGICAL SURVEY IN THEIR OPEN-FILE REPORT SERIES. OUR SCIENCE PROGRAM
ALSO COMPLETED WORK ON APPLYING OUR CONSERVATION SUCCESS INDEX TO CORE
AND PERIPHERAL POPULATIONS OF WESTERN CUTTHROAT TROUT. RESULTS WERE
PUBLISHED IN A PEER-REVIEWED SCIENTIFIC JOURNAL OF THE AMERICAN
FISHERIES SOCIETY.

Department of the Treasury

932211 02-03-10

#### Supplemental Information to Form 990

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

Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public
Inspection

Internal Revenue Service

Name of the organization

TROUT UNLIMITED, INC.

Employer identification number 38-1612715

OF IDAHO, NEVADA, AND OREGON. DEPLOYING A MORE INTENSE ARRAY OF TEMPERATURE MONITORS WILL ENABLE TU TO BETTER TRACK THE EFFECTIVENESS OF STREAM AND RIPARIAN RESTORATION, WHILE ALSO GATHERING DATA ON THIS EFFORT SHOULD SERVE AS A MODEL FOR OTHER CLIMATE CHANGE IMPACTS. LARGE-SCALE STREAM RESTORATION MONITORING PROGRAMS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: EDUCATION INITIATIVE WAS LAUNCHED, WHICH IS PART OF TU'S B-WET GRANT FOR THE REGION. WE EXPANDED THE TU CAMPUS CLUB PROGRAM WITH SIX NEW THIS EXPANSION IS PART OF THE 5 RIVERS COLLEGE OUTREACH COLLEGES. PROGRAM. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: THE DEVELOPMENT OF THE NEW TU WEBSITE INITIATIVE WAS UNVEILED SEPTEMBER THE FINAL SITE SHOULD BE RELEASED IN SEPTEMBER 2011. DAILY POSTINGS TO TU'S BLOG, FACEBOOK FANPAGE, YOUTUBE CHANNEL, AND TWITTER FEEDS INCREASED OUR ONLINE SOCIAL NETWORK EXPOSURE AROUND ISSUES ACROSS WE INCREASED OUR FANPAGE BASE TO NEARLY 9,500 FANS. THE ORGANIZATION. AND HAVE MORE THAN 1,500 TWITTER FOLLOWERS. TRAFFIC TO THE TU.ORG WEBSITE INCREASED TO AN AVERAGE OF 16,000 VISITORS EACH WEEK. THESE VISITORS VIEW APPROXIMATELY 56,000 PAGES IN OUR SITE AND SPEND ON AVERAGE 2:00 MINUTES ON THE SITE, WELL ABOVE INDUSTRY STANDARDS. A SERIES OF NEW PRINT ADS WERE DEVELOPED THAT PROVIDE FRESH CREATIVE CONTENT FOR PLACEMENT IN NATIONAL MAGAZINES, AND ALSO CAN BE USED ON "ON THE RISE" TU'S TV SHOW THE WEB AND BY CHAPTERS AND COUNCILS. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

#### Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

TROUT UNLIMITED, INC.

Employer identification number 38–1612715

TU LAUNCHED A NEW PODCAST SERIES FOCUSING ON FILMED THE 2012 SEASON. TU INITIATIVES AROUND THE COUNTRY. TROUT MAGAZINE ACCEPTED THE GOLD AWARD FOR DESIGN EXCELLENCE AT THE ANNUAL ASSOCIATION MEDIA & PUBLISHING EXCEL AWARDS, AND SECURED AN ADVERTISING CONTRACT WITH THE FLY-FISHING EOUIPMENT MANUFACTURER SAGE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: GOVERNMENT AFFAIRS - GOVERNMENT AFFAIRS DEALS WITH LEGISLATIVE AND REGULATORY AFFAIRS ON BOTH THE FEDERAL AND STATE LEVELS. THE GOVERNMENT AFFAIRS DEPARTMENT WORKS ON ISSUE AREAS SUCH AS ENERGY, PUBLIC LANDS, AND APPROPRIATIONS FOR TROUT AND SALMON PROGRAMS. **EXPENSES \$ 557066.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 6: SOMEONE BECOMES A MEMBER OF PAYING AT LEAST THE REGULAR ANNUAL MEMBERSHIP PRICE, WHICH GIVES THEM ONE VOTE AT THE ANNUAL MEETING. TU DOES NOT HAVE ANY STOCKHOLDERS. CLASSES OF MEMBERSHIPS ARE AT THE DISCRETION OF THE ORGANIZATION AND CAN BE CHANGED AT ANYTIME. FORM 990, PART VI, SECTION A, LINE 7A: THE NOMINATING COMMITTEE OF THE BOARD PRESENTS THE SLATE OF BOARD MEMBERS AT THE ANNUAL MEETING OF TU FOR APPROVAL BY THE MEMBERSHIP. ANY MEMBER IN GOOD STANDING THAT IS PRESENT OR WHO HAS SUBMITTED A PROXY IN ADVANCE OF THE MEETING IS ALLOWED TO VOTE ON THE SLATE.

FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERSHIP ONLY APPROVES THE

## Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

TROUT UNLIMITED, INC.

Employer identification number 38–1612715

SLATE OF BOARD MEMBERS AND CHANGES TO THE BYLAWS AS PRESENTED AT THE ANNUAL
MEETING.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS MADE
ELECTRONICALLY AVAILABLE TO ALL BOARD MEMBERS PRIOR TO SUBMITTAL.
FORM 990, PART VI, SECTION B, LINE 12C: A COPY OF THE CONFLICT OF INTEREST
POLICY AND A QUESTIONNAIRE CONCERNING BUSINESS RELATIONSHIPS IS SENT TO ALL
BOARD MEMBERS EACH FISCAL YEAR. THE BOARD MEMBERS RETURN THE COMPLETED
QUESTIONNAIRE TO THE NOMINATING AND GOVERNANCE COMMITTEE OF THE BOARD OF
TRUSTEES, WHO MONITORS COMPLIANCE WITH THE POLICY.
FORM 990, PART VI, SECTION B, LINE 15: THE CHAIRMAN OF THE BOARD APPOINTS
A COMPENSATION COMMITTEE THAT CONSISTS OF NON-COMPENSATED BOARD MEMBERS,
INCLUDING THE CHAIRMAN. THIS COMMITTEE MEETS AT LEAST ANNUALLY WITH AN
INDEPENDENT SALARY CONSULTANT TO REVIEW THE COMPENSATION PACKAGES FOR THE
CEO AND OTHER KEY EMPLOYEES, AND COMPARE THE PACKAGES TO THE GENERAL MARKET
AND SIMILAR NON-PROFIT ORGANIZATIONS. THEY ALSO REVIEW THE WORK PLANS AND
ACCOMPLISHMENTS OF THE STAFF AND TAKE INTO CONSIDERATION THE EVALUATIONS OF
KEY EMPLOYEES BY THE CEO WHEN DETERMINING THE FINAL COMPENSATION.
COMPENSATION REVIEWS FOR THE CEO AND OTHER KEY EMPLOYEES ARE DONE IN
CONJUNCTION WITH THE COMPLETION OF THE ANNUAL AUDIT.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND

#### **Supplemental Information to Form 990**

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

Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service **Employer identification number** Name of the organization 38-1612715 TROUT UNLIMITED INC. FORM 990, PART VI, SECTION C, LINE 19: TU POSTS ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, TAX RETURNS AND FINANCIAL STATEMENTS ON ITS WEBSITE AND WILL MAKE COPIES OF THE DOCUMENTS AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 2C THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

#### Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

P If you	are filing for an Automatic 3-Month Extension, complete	te only Pa	rt I and check this box		<b>&gt;</b>	<u>x</u>
_	are filing for an Additional (Not Automatic) 3-Month Ex					
o not	complete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previously fi	led For	m 8868.	
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of time to	o file (6	months for a corpo	ration
equire	d to file Form 990-T), or an additional (not automatic) 3-more	nth extens	ion of time. You can electronically file F	om 88	868 to request an ex	tension
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Tran	nsfers A	Associated With Cer	tain
oerson:	al Benefit Contracts, which must be sent to the IRS in pap	er format (	(see instructions). For more details on ti	he elec	tronic filing of this fo	orm,
reconstruction of the control	w.irs.gov/efile and click on e-file for Charities & Nonprofits					
	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed).			
A corpo	pration required to file Form 990-T and requesting an autor	natic 6-mo	inth extension - check this box and com	nplete		
Part I o	-					
	r corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to request an	exten	sion of time	
	come tax returns.			1		
Туре о	Name of exempt organization			Empl	oyer identification	number
print					. 4640545	
File by th	TROUT UNLIMITED, INC.			3	<u>8-1612715                                   </u>	
due date	for Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.			
eturn. Se	6 T200 T1TH DI H' HO: 200					<del></del>
instructio	City, town or post office, state, and ZIP code. For a for ARLINGTON, VA 22209-3311	oreign add	ress, see instructions.			
<del></del>	ARLINGTON, VA 22209-3311		·		<del></del>	
Entor ti	ne Return code for the return that this application is for (file		to application for each return)		-	01
Enter u	ie neturii code for the feturi triat triis application is for the	a sobara	te application for each return)			. [0] 1
Applica	ertion	Return	Application			Return
is For		Code	is For			Code
Form 9	90	01	Form 990-T (corporation)	<del></del>	••••	07
Form 9		02	Form 1041-A		.=	08
Form 9		03	Form 4720			09
Form 9	· · · · · · · · · · · · · · · · · · ·	04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	•	<del>.</del>	11
	90-T (trust other than above)	06	Form 8870			12
	THE CORPORATION	N				
• The	books are in the care of ▶ 1300 N. 17'TH S'	r.,#	500 - ARLINGTON, VA	22	209	
Tele	phone No.▶ (703) 522-0200		FAX No. >			
• If th	e organization does not have an office or place of busines	s in the Ur	nited States, check this box		<b>&gt;</b>	
	is is for a Group Return, enter the organization's four digit					heck this
box 🕨	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs of all	memb	ers the extension is	for.
4.	request an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time un	til		
-	MAY 15, 2011 , to file the exemp	rt organiza	tion return for the organization named a	above.	The extension	
i	s for the organization's return for:					
)	calendar year or					
)	► X tax year beginning OCT 1, 2009	, ar	nd ending SEP 30, 2010		_ •	
2	f the tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return Fin	al retur	n ·	
	Change in accounting period					
				1		
	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any	1		
-	nonrefundable credits. See instructions.			3a	\$	0.
	f this application is for Form 990-PF, 990-T, 4720, or 6069,					•
	estimated tax payments made. Include any prior year over			3b	\$	0.
	Balance due, Subtract line 3b from line 3a, Include your pa	_			•	Δ
	by using EFTPS (Electronic Federal Tax Payment System).		<del></del>	3c	50 for 6	0.
	on. If you are going to make an electronic fund withdrawal		OIII 0000, See FORT 8433-EO AND FORT	100/3		
LHA	For Paperwork Reduction Act Notice, see Instruction	7.			Form <b>8868</b> (R	5V. 12011)

5om	990-T	Ε	xempt Organization Bus	ines	s income l'	ax Keturn		2009
Depart Interna	ment of the Treasury I Revenue Service (77)	Forc	(and proxy tax und alendar year 2009 or other tax year beginning OCT 1	er sec , 20	0033(e))	EP 30, 20	<u>10 </u> 歸	en to Public Inspection for 1(c)(3) Organizations Only
Α	Check box if address changed		Name of organization ( Check box if name cl	hanged a	and see instructions.)		Employe (Employ	er identification number ees' trust, see instructions k D on page 9.)
B Ex	empt under section	Print	TROUT UNLIMITED, INC.					<u>-1612715</u>
X	501(c)(3 )	or	Number, street, and room or suite no. If a P.O. box	, see pa	ge 8 of instructions.		E Unrelate (See inst	ed business activity codes tructions for Block E
	]408(e)220(e)	Туре	1300 17TH ST N, NO. 50	0			on page	9.)
	408A530(a)		City or town, state, and ZIP code					2.2
	529(a)		ARLINGTON, VA 22209-3			···	<u>5418</u>	00
			exemption number (See instructions for Block F.)		<del></del>			7 2
	end of year	G Chec	k organization type 🕨 💢 501(c) corporation	1 <u> </u>	501(c) trust	401(a) trust	L	Other trust
20	<u>,448,982.</u>	<u> </u>	A DIVISION OF THE PARTY OF THE	OTM	THOOME			
H De	scribe the organizatio	n's prim	ary unrelated business activity. > ADVERTI	PTM	TINCOME		Yes	X No
			poration a subsidiary in an affiliated group or a parer tifying number of the parent corporation.	เเ-รนบรเเ	nary commoned group r	·······	165	[25] NO
			HILLARY P. COLEY, CPA		Teleoh	one number 🕨 (	703)	522-0200
			de or Business Income		(A) income	(B) Expenses		(C) Net
Transportation of the Parket	Gross receipts or sal							
-	Less returns and allo		c Balance	1c				
_			A, line 7)	2				
3	Gross profit. Subtrac			3				
4a	Capital gain net incor	me (attac	ch Schedule D)	4a				
b	Net gain (loss) (Form	1 <b>47</b> 97, F	Part II, line 17) (attach Form 4797)	4b				
C	Capital loss deductio	n for tru	sts	4c				
5	Income (loss) from p	partnersi	nips and S corporations (attach statement)	5				
6				6				
7			me (Schedule E)	7		<u> </u>	-	
8			and rents from controlled organizations (Sch. F)	-8				
9			on 501(c)(7), (9), or (17) organization	ا ۾ ا				
			(Pakadula IV	9 10				
10			ome (Schedule I)	11	74,423.	61,8	70 -	12,553.
11 12			e J)	12	12,443.			12,333
13			igh 12	13	74,423.	61,8	70.	12,553.
	rt II Deduction	ons N	ot Taken Elsewhere (See instructions for	or limita	tions on deductions.	)		
			utions, deductions must be directly connecte		······································		<del></del>	· .
14			irectors, and trustees (Schedule K)					
15								····
16	•						1	
17								
18	•	-					18	
19			ee instructions for limitation rules.)				20	
20			9562)				20	
21 22	Less denreciation (	:laimed c	on Schedule A and elsewhere on return		22a		22b	<b>y</b>
23			on our out of the control of the con				23	
24			ompensation plans				24_	
25							25	
28			Schedule I)				26	
27		-	chedule J)				27	12,553.
28	Other deductions (	attach so	chedule)				28	
29	Total deduction	s, Add li	nes 14 through 28		***************************************			12,553.
30			income before net operating loss deduction. Subtra				30	<u>0.</u>
31			on (limitad to the amount on line 30)					0.
32			income before specific deduction. Subtract line 31 to					1.000
33			(ly \$1,000, but see instructions for exceptions.)				33	1,000.
34			cable income. Subtract line 33 from line 32. If line				34	0.
9237			t and Department Deduction Act Nation and instru				34	Form <b>990-T</b> (2009)
9237 01-0	<sub>8-10</sub> LHA FOTPI	ivacy A	et and Paperwork Reduction Act Notice, see instru	9 9	•			

Part I	Tax Computation		Section in the section of the section in the sectio	
35	Organizations Taxable as Corporations. See instructions for tax computation.	•		
	Controlled group members (sections 1561 and 1563) check here   See instructions an	d:		
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that orde			
•	(1) \$ (2) \$ (3) \$	1		
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			
U	(2) Additional 3% tax (not more than \$100,000)			
	· ·		35c	0.
	Income tax on the amount on line 34			
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount		36	
	Tax rate schedule or Schedule D (Form 1041)	_		
87	Proxy tax. See instructions		1 1	
38	Alternative minimum tax			
	Total. Add lines 37 and 38 to line 35c or 36, whichever applies		. 39	0.
	Tax and Payments	T	Service and the service of the servi	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
	Other credits (see instructions)			
C	General business credit. Attach Form 3800	40c	-61	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e	Total credits. Add lines 40a through 40d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 40e	
41	Subtract line 40e from line 39	<u></u>	. 41	0.
42	Subtract line 40e from line 39 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	66 Other (attach schedule)	) 42	
43	Total tax. Add lines 41 and 42		. 43	0.
44 a	Payments: A 2008 overpayment credited to 2009			
	2009 estimated tax payments			
	Tax deposited with Form 8868			
	Foreign organizations; Tax paid or withheld at source (see instructions)			
	Backup withholding (see instructions)			
	Other credits and payments: Form 2439			•
	Form 4136 Other Total	AAT		
46	Total payments. Add lines 44a through 44f			-
45	Estimated tax penalty (see instructions). Check if Form 2220 is attached			
46	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed			0.
47	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid			0.
48		Refunded	► 49	
49	Enter the amount of line 48 you want: Credited to 2010 estimated tax  Statements Regarding Certain Activities and Other Informati			
Part \	my time during the 2009 calendar year, did the organization have an interest in or a signature or o			Yes No
1 Ata	ny time during the 2009 calendar year, did the diganization have an interest in the a signature of the securities, or other) in a foreign country? If YES, the organization may have to file Form TD F s	201-22 1 Papart of Foreign Ran	account	X
			ik ullu	150020 // 1900/1900
Pina 2 Duri	uncial Accounts. If YES, enter the name of the foreign country here  ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tr S, see page 5 of the instructions for other forms the organization may have to file.	uet?		_ jiiikiikiikiik
If YE	S, see page 5 of the Instructions for other forms the organization may have to file.			
	er the amount of tax-exempt interest received or accrued during the tax year \$	·		
Sched	iule A - Cost of Goods Sold. Enter method of inventory valuation N/2			
	entory at beginning of year 1 6 Inventory at end of ye	***************************************		
	chases 2 7 Cost of goods sold. S			
	t of labor from line 5. Enter her			1,4 1,5
4a Ad	litional section 263A costs 4a 8 Do the rules of section			Yes No
b Oth	er costs (attach schedule) 4b property produced or	acquired for resale) apply to		
5 Tot	al. Add lines 1 through 4b 5 the organization?			X
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and correct, and compete Declaration of pregaler (other than taxpayer) is based on all information of which prepare	statements, and to the best of my k arer has any knowledge.	nowledge and belief,	it is true,
Sign		L THUMCTUT	May the IRS discuss	s thie return with
Here	OFFICE	R	the preparer shown	
	Signature of officer Date / Title	····	instructions)?	Yes No
	Preparer's Date	Check if	Preparer's SSN or	
Paid	signature Signature Signature	self-employed	P01263	3012
Prepare Use On		EIN 4	11-194441	16
Joe VII	employed), \8000 TOWERS CRESCENT DR. STE 50	O Phone no	),	
	address, and VIENNA, VA 22182-6205		703-336	5-6400
	/		Form	990-T (2009)

om 990-T (2009) TROIT TINI	TMTTED.	TNC.				38-161	27	15 Page 8
Schedule C - Rent Income	(From Real	Property and	d Personal F	Property	Lease	d With Real Pro	oper	<b>ty)</b> (see instr. on pg 18)
. Description of property								
(1)								·
(2)								
(3)								
(4)							· ·	·
	2. Rent receiv	red or accrued				84-1m 1 P P		
(a) From personal property (if the personal property is more than 50% but not more than 50%	re than	i of rent for p	nd personal property ereonal property exc it is based on profit o	ceeds 50% or	ntage H	columns 2(a)	and 2(b	ected with the income in ) (attach schedule)
(1)								····
(2)						<del>,</del>		
(3)								<del> </del>
(4)								· · · · · · · · · · · · · · · · · · ·
Total	0.	Total			0.			
(e) Total income. Add totals of columns here and on page 1, Part I, line 6, colum		nter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)		0.
Schedule E - Unrelated De	bt-Finance	d Income (See	instructions or	n page 19)				
						3. Deductions directly of to debt-fine		
			2. Gross inc	ome from to debt-	(a)	Straight line depreciation	Tices bi	(b) Other deductions
1. Description of debt-	linanced property		financed p	property	- (-)	(attach schedule)		(attach schedule)
(1)								
(2)			<u> </u>			i,,		
(3)						V		
(4)								
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or debt-fin	e adjusted basis allocable to anced property ch schedule)	6. Column 4 by colu			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 8 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%			$\top$	
(3)				%.				
(4)				%			$\neg$	
(4)		<del></del>	<u></u>	,-		ere and on page 1,		nter here and on page 1,
Totals	******************			<b>&gt;</b>	Part I, Ii	ne 7, column (A).	0.	art I, line 7, column (B).
Total dividends-received deductions	included in colum	ın 8					▶⊥	<u> </u>
Schedule F - Interest, Ann	uities, Roya					<b>nizations</b> (See in	struc	tions on page 20)
		Exem	pt Controlled O	rganization	ns	· , · · · · · · · · · · · · · · · · · ·		
1. Name of controlled organization	Employer is	dentification Net unber (loss)	3. Installated income (see instructions)	Total of	4. f specified ints made	Part of column 4 included in the cont organization's gross in	that is rolling income	6. Deductions directly connected with income in column 5
(4)					•			
<u>(1)</u>				<del> </del>	······································			
(2)								
(3)	<del></del>			<u> </u>		·   · · · · · · · · · · · · · · · · · ·		
(4)				<u> </u>				l ·
Nonexempt Controlled Organizatio	ns	··· · · · · · · · · · · · · · · · · ·						
7. Taxeble Income 8.	Net unrelated inco (see instruction		otal of specified pay made	ments 1	in the cor	column 9 that is included introlling organization's gross income		Deductions directly connected with income in column 10
(1)		<del></del>						
(2)		<del></del>						· · · · · · · · · · · · · · · · · · ·
(3)		<del></del>					<del>                                     </del>	
(4)							<u> </u>	
		•		Į.	Add column Enter here a ine 8, colum	nd on page 1, Part I,	Enter	olumns 6 and 11. here and on page 1, Part I, column (8).
						^		· •

	cription of I	ncome		2	Amount of income	3. Dedu directly co (attach so	nnected	4. Set (attach	-esides schedule)	5. Total deduction and set-asides (col. 3 plus col. 4)
(1)			, ,.							
(2)			·							
(3)	•				·			•		
(4)						maggroup cog like vega sy maggroupe			BECOME SUBJECTED	
		-	•		nter here and on page 1, art I, line 9, column (A).					Enter here and on page Part I, line 9, column (E
otals		- * A - 1 - 1 - 1		🖊	<u>U.</u>					. (
Schedule I - Exploited (see instri		pt Activity on page 21)	income, C	лпег	I nan Auvertis	ing inco	пе	•		
Description of exploited activity	unrela inc	. Gross ted business come from or business	3. Expense directly connect with production of unrelated business inco	cted ' on i	4. Net Income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross from activis not un business	rity that related	attribu	penses itable to imn 5	7. Excess exempt expenses (column 5 minus column 5, but not more than column 4).
(1)										
(2)	·									
(3)					<del></del>					1
(4)	<b>_</b>	. hann a 3	Euden ber	100						Gata-bas-
	pag	here and on ge 1, Part i, 10, col. (A).	Enter here and page 1, Part line 10, col. (l	i, 🕍						Enter here and on page 1, Part II, line 28.
Totals	-   	0.		0.						
Schedule J - Advertis Part I Income From	Ing Inc	ome (see in	structions or	Cons	(1) olidated Basis				<del></del>	·
Part I Income From	FEIIUC	licais <del>nep</del> t	onted on a	COLIS	undated Dasis					
1. Name of periodical		2. Gross advertising income	8. Dir advertisin		4. Advartising gain or (loss) (col. 2 minus col. 3). If a gain, compucols, 5 through 7.	5. Cir	culation ome	6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
<del></del>										
(1)									1	
		·							A part of the state of the stat	
(2)									Angel (217) common telegrapis Angel (2	
(2)									And the state of t	
(2) (3) (4)										
(2) (3) (4) Fotals (carry to Part II, line (5))	<b>&gt;</b>		).	0.					CHARLES CONTRACTOR STATE OF THE	
(2) (3) (4)		dicals Repo	orted on a		rate Basis (For	each perio	dical listed	d in Part I	I, fill in	
(2) (3) (4)  Totals (carry to Part II, line (5))  Part II Income From		dicals Repo line-by-line bas	orted on a sis.)	Sepa	·	· ·				7. Excess readership
(2) (3) (4)  Fotals (carry to Part II, line (5))  Part II Income From		dicals Repo	orted on a	Sepa	rate Basis (For  4. Advertising gain or (loss) (col. 2 minus col. 3), if a gain, compt cols. 5 through 7.	5. Cir	dical listed	d in Part I	dership	
(2) (3) (4)  Fotals (carry to Part II, line (5)) .  Part II Income From columns 2 through	h 7 on a	dicals Repo line-by-line bas 2. Gross advertising	orted on a sis.)  3. Dispersion of the sistematic of the sistemati	Sepa	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compl	s 5. Cir ute Inc	culation	6. Rea	dership	7. Excess readership costs (column 6 minu column 5, but not mor
(2) (3) (4)  Fotals (carry to Part II, line (5)) Part II Income From columns 2 through  1. Name of periodical (1) TROUT MAGAZIN (2)	h 7 on a	dicals Repo line-by-line base 2. Gross advertising Income	orted on a sis.)  3. Dispersion of the sistematic of the sistemati	Sepa rect rg costs	4. Advertising gain or (loss) (col. 2 minus col. 3), if a gain, compt cols. 5 through 7,	s 5. Cir ute Inc	culation come	6. Rea	dership sts	7. Excess readership costs (column 6 minu column 5, but not mor than column 4).
(2) (3) (4)  Fotals (carry to Part II, line (5)) .  Part II Income From columns 2 through  1. Name of periodical  (1) TROUT MAGAZIN (2) (3)	h 7 on a	dicals Repo line-by-line base 2. Gross advertising Income	orted on a sis.)  3. Dispersion of the sistematic of the sistemati	Sepa rect rg costs	4. Advertising gain or (loss) (col. 2 minus col. 3), if a gain, compt cols. 5 through 7,	s 5. Cir ute Inc	culation come	6. Rea	dership sts	7. Excess readership costs (column 6 minu column 5, but not mor than column 4).
(2) (3) (4)  Fotals (carry to Part II, line (5)) .  Part II Income From columns 2 through  1. Name of periodical  (1) TROUT MAGAZIN (2) (3) (4)	h 7 on a	licals Repo	3. Di advartisin	rect ng costs	4. Advertising gain or (loss) (col. 2 minus col. 3), if a gain, compt cols. 5 through 7,	s 5. Cir ute Inc	culation come	6. Rea	dership sts	7. Excess readership costs (column 6 minul column 5, but not mor than column 4).  12,55.
(3) (4)  Fotais (carry to Part II, line (5)) .  Part II Income From columns 2 through  1. Name of periodical  (1) TROUT MAGAZII (2) (3)	h 7 on a	dicals Repo	3. Discovertisin 61,	Sepa	4. Advertising gain or (loss) (col. 2 minus col. 3), if a gain, compt cols. 5 through 7,	s 5. Cir ute Inc	culation come	6. Rea	dership sts	7. Excess readership costs (column 6 minu column 5, but not mor than column 4).
(2) (3) (4)  Fotals (carry to Part II, line (5))  Part II Income From columns 2 through  1. Name of periodical  (1) TROUT MAGAZII (2) (3) (4) (5) Totals from Part I	h 7 on a	ine-by-line based advertising income 174,423	3. Di advartisin  61,  Enter here page 1, line 11, ci	Sepal rect ing costs  870.  0. e and on Part I, pol. (3).	4. Advertising gain or (loss) (col. 2 minus col. 3), if a gain, compt cols. 5 through 7,	s 5. Cir ute Inc	culation come	6. Rea	dership sts	7. Excess readership costs (column 6 minum column 5, but not mor than column 4).  12,55.  Enter here and on page 1, Part II, line 27.
(2) (3) (4)  Fotals (carry to Part II, line (5))  Part II Income From columns 2 through  1. Name of periodical (1) TROUT MAGAZII (2) (3) (4) (5) Totals from Part I  Totals, Part II (lines 1-5)	NE	ine-by-line base 2. Gross advertising income 74,423	3. Ol advartisin  61,  Enter here page 1, line 11, 63. 61,	Sepal rect growsts 870.	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compt cols. 5 through 7.	5. Girling 1.02	oulation ome	6. Read co.	dership sts	7. Excess readership costs (column 6 minu column 5, but not mor than column 4).  1.2,55.
(2) (3) (4)  Fotals (carry to Part II, line (5)) Part II Income From columns 2 through  1. Name of periodical (1) TROUT MAGAZII (2) (3) (4) (5) Totals from Part I  Totals, Part II (lines 1-5) Schedule K - Comper	NE	ine-by-line base 2. Gross advertising income 74,423	3. Ol advartisin  61,  Enter here page 1, line 11, 63. 61,	Sepal rect growsts 870.	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compt cols. 5 through 7.  1.2,553	5. Girling 1.02	ulation ome , 436.	6. Reacon	dership sts	7. Excess readership costs (column 6 minu column 5, but not mor than column 4).  12,55.  Enter here and on page 1, Part II, line 27.  12,55.
(2) (3) (4)  Fotals (carry to Part II, line (5)) Part II Income From columns 2 through  1. Name of periodical (1) TROUT MAGAZII (2) (3) (4) (5) Totals from Part I  Totals, Part II (lines 1-5) Schedule K - Comper	NE	ine-by-line base 2. Gross advertising income 74,423	3. Ol advartisin  61,  Enter here page 1, line 11, 63. 61,	Sepal rect growsts 870.	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compt cols. 5 through 7.	5. Girling 1.02	, 436.	6. Reaccond	dership sts	7. Excess readership costs (column 6 minu column 5, but not mor than column 4).  12,55.  Enter here and on page 1, Part II, line 27.
(2) (3) (4)  Fotals (carry to Part II, line (5)) Part II Income From columns 2 through  1. Name of periodical (1) TROUT MAGAZII (2) (3) (4) (5) Totals from Part I  Totals, Part II (lines 1-5) Schedule K - Comper	NE	ine-by-line base 2. Gross advertising income 74,423	3. Ol advartisin  61,  Enter here page 1, line 11, 63. 61,	Sepal rect growsts 870.	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compt cols. 5 through 7.  1.2,553	5. Girling 1.02	ulation ome , 436.	6. Reaccond 462	dership sts	7. Excess readership costs (column 6 minu column 5, but not mor than column 4).  12,55.  Enter here and on page 1, Part II, line 27.  12,55.
(2) (3) (4)  Fotals (carry to Part II, line (5))  Part II Income From columns 2 through  1. Name of periodical (1) TROUT MAGAZIT (2) (3) (4) (5) Totals from Part I  Totals, Part II (lines 1-5)  Schedule K - Comper	NE	ine-by-line base 2. Gross advertising income 74,423	3. Ol advartisin  61,  Enter here page 1, line 11, 63. 61,	Sepal rect growsts 870.	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compt cols. 5 through 7.  1.2,553	5. Girling 1.02	ulation ome , 436.	6. Reaccond 462	dership sts	7. Excess readership costs (column 6 minu column 5, but not mor than column 4).  12,55.  Enter here and on page 1, Part II, line 27.  12,55.
(2) (3) (4)  Fotals (carry to Part II, line (5))  Part II Income From columns 2 through  1. Name of periodical (1) TROUT MAGAZIT (2) (3) (4) (5) Totals from Part I  Totals, Part II (lines 1-5)  Schedule K - Comper	NE	ine-by-line base 2. Gross advertising income 74,423	3. Ol advartisin  61,  Enter here page 1, line 11, 63. 61,	Sepal rect growsts 870.	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compt cols. 5 through 7.  1.2,553	5. Girling 1.02	ulation ome , 436.	6. Reaccond 462	dership sts	7. Excess readership costs (column 6 minu column 5, but not mor than column 4).  12,55.  Enter here and on page 1, Part II, line 27.  12,55.

#### Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	- Cling for an Automatic & Month Februaries	ho omba Dav	et I and chack this hav			. [ ]
	re filing for an Automatic 3-Month Extension, complet re filing for an Additional (Not Automatic) 3-Month Ex				·····	· ——
	mplete Part II unless you have already been granted a				n 9968	
	righter Part II utiless you have already been graited a rilling (e-file). You can electronically file Form 8868 if y					orstion
	o file Form 990-T), or an additional (not automatic) 3-moi					
-	file any of the forms listed in Part I or Part II with the exc					
	Benefit Contracts, which must be sent to the IRS in pap					
	irs.gov/efile and click on e-file for <u>Charities &amp; Nonprofit</u> s		(ace instructions). For more details on t	ile ciec	none ming or this	ioiii,
Part II			hmit original (no copies needed)			<del></del>
	tion required to file Form 990-T and requesting an autor			nnlete		
Part I only					•	$\mathbf{x}$
	orporations (including 1120-C filers), partnerships, REM				*********	
	me tax returns.	•	•			
Type or	Name of exempt organization			Empl	oyer identification	number
print						
	TROUT UNLIMITED, INC.		•	38	8-1612715	
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.			•
iling your	1300 17TH ST N, NO. 500		<u> </u>			
return. See instructions.	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.			
	ARLINGTON, VA 22209-3311					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			07
Applicati	on ·	Return	Application		-	Return
s For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 990	-EZ	03	Form 4720		····	. 09
Form 990	.PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
•	THE CORPORATION					
	ooks are in the care of > 1300 N. 17TH S	T., #	500 - ARLINGTON, VI	<u> 22</u>	209	
	none No. > (703) 522-0200		FAX No. >			<del></del>
	organization does not have an office or place of busines					<b>▶                                    </b>
	is for a Group Return, enter the organization's four digit					
	. If it is for part of the group, check this box				ers the extension i	s for.
1 re	quest an automatic 3-month (6 months for a corporation				The 4	
_		ot organiza	ation return for the organization named	acove.	ine extension	
is f	or the organization's return for:					
	calendar year or		CED 20 2010			
▶	X tax year beginning OCT 1, 2009	, ar	nd ending <u>SEP 30, 2010</u>		<b>-</b> •	
	to the second of	-hl	son: Initial return Fir	nal retur	_	
2 If t	he tax year entered in line 1 is for less than 12 months,	Check reas	initial return Land Fil	iai retui	11	
L.	Change in accounting period					
- "	his application is for Form 990-BL, 990-PF, 990-T, 4720,	a= 6060 a	enter the tenteting toy loss any		1	
		, 01 0008, 1	enter the tentative tax, ress any	20	<b>.</b>	0
	nrefundable credits. See instructions.	onto: o=:	· mt indahla amdita and	3a	\$	<u> </u>
	his application is for Form 990-PF, 990-T, 4720, or 6069			O.L		0
	timated tax payments made. Include any prior year over		**	3b	<u> </u>	U
	lance due. Subtract line 3b from line 3a. Include your p				_	Δ
	using EFTPS (Electronic Federal Tax Payment System)			3c	5 <b>5</b>	0
	. If you are going to make an electronic fund withdrawal		orm 8868, see Form 8453-EO and Form	TI 88/9		
LHA I	For Paperwork Reduction Act Notice, see Instruction	ıs.			Form <b>8868</b> (	Hev. 1-201

# Form 990

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

2010
Open to Public Inspection

AI	or the	a 2010 calendar year, or tax year beginning OCT 1, 2010 and e	nding s	EP 30, 2011	
В	Check If	C Name of organization		D Employer iden	tification number
	Addre	6 TROUT UNLIMITED, INC.			
	Name chang	Doing Business As		38-1	612715
	lnitial return	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Ţelephone num	ber
	Termin		10		) 522-0200
	Amen			G Gross receipts \$	36,694,416.
F	Applic			H(a) is this a group	
	pendi	F Name and address of principal officer:CHRISTOPHER WOOD		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates	
T -	Tavaav	empt status: x 501(c)(3) 501(c) ( )	527	1	a list. (see instructions)
		te: WWW.TU.ORG	V21	H(c) Group exemp	
		organization: x Corporation Trust Association Other ►	I Voor	of formation: 1959	M State of legal domicile: MI
		Summary	In Teal	or idination, 1999	TWA State of legal dorniche. M.L.
0	1	Briefly describe the organization's mission or most significant activities: TO CONST	RVE, PR	OTECT, AND	
Ē		RESTORE NORTH AMERICA'S COLDWATER FISHERIES AND THEIR WATERSHE	DS.		
Ĕ	2	Check this box  if the organization discontinued its operations or dispose	d of more	than 25% of its net	assets.
Ş	3	Number of voting members of the governing body (Part VI, line 1a)			3 34
Ű		Number of independent voting members of the governing body (Part VI, line 1b)			4 32
Se		Total number of individuals employed in calendar year 2010 (Part V, line 2a)			5 205
Ě		Total number of volunteers (estimate if necessary)		,	6 12500
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			7a 58,313.
⋖	1	Net unrelated business taxable income from Form 990-T, line 34			7b 0.
				Prior Year	Current Year
0	8	Contributions and grants (Part VIII, line 1h)		21,337,61	
Ž		Program service revenue (Part VIII, line 2g)		5,046,09	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		204,57	
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		68,23	<del></del>
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		26,656,51	<del></del>
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		436,13	
		Benefits paid to or for members (Part IX, column (A), line 4)		· · · · · · · · · · · · · · · · · · ·	0. 0.
Ø		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,868,59	
Se	1	Professional fundraising fees (Part IX, column (A), line 11e)			0. 0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 2,398,7	5000000		
Ω		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		14,967,12	9. 20,371,326.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		25,271,85	
	19	Revenue less expenses. Subtract line 18 from line 12		1,384,65	
Net Assets or Fund Balances			Be	ginning of Current Ye	
age and and and and and and and and and and	20	Total assets (Part X, line 16)		20,448,98	
ASS	21	Total liabilities (Part X, line 26)		2,181,95	
碧	22	Net assets or fund balances, Subtract line 21 from line 20		18,267,02	
	art II	Signature Block	·		
		lities of perjury at declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the best of	f my knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whic			,
				ં છે	412
Sig	n	Signature of officer 0		Date	
Her		HILLARY P. COLEY, CHIEF FINANCIAL OFFICER			
		Type or print name and title	-		
		Print/Type preparer's name Preparer's signature		late / Check	PTIN
Paid	i	YONG ZHANG, CPA YONG ZU OUS	1	8/06/12 If self-emp	ployed
	- parer	Firm's name MCGLADREY LLP		Firm's EIN	<u> </u>
	Only	Firm's address 8000 TOWERS CRESCENT DR. STE 500		THIN O EN	***
	•	VIENNA, VA 22182-6205		Phone no	703-336-6400
May	v the II	RS discuss this return with the preparer shown above? (see instructions)		i nono no.	X Yes No
	,				

Form	990 (2010) TROUT UNLIMITED, INC. 38-1	612715	Page 2
Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		х
1	Briefly describe the organization's mission:		
	TO CONSERVE, PROTECT, AND RESTORE NORTH AMERICA'S COLDWATER FISHERIES		
	AND THEIR WATERSHEDS.		
			_
2	Did the organization undertake any significant program services during the year which were not listed on	г	<b></b>
	the prior Form 990 or 990-EZ?	∟	Yes X No
_	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∟	Yes LX_No
4	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants		
		and	
4a	allocations to others, the total expenses, and revenue, if any, for each program service reported.	φ.	2 004 577 \
40	(Code: ) (Expenses \$22,348,704. including grants of \$147,250. ) (Revenue PROTECT	<b>»</b>	3,984,5//.
	IN UT, THE UINTA-WASATCH-CACHE NATIONAL FOREST RELEASED ITS RECORD OF		
	DECISION FOR OIL AND GAS LEASING ON 736,070 ACRES OF PUBLIC LANDS. THE		<u> </u>
	AREAS IS HOME TO NUMEROUS NATIVE TROUT STREAMS, STRAWBERRY RESERVOIR		
	(UTAH'S #1 TROUT FISHERY) AND SEVERAL RESTORATION PROJECTS THAT TU HAS		
	BEEN INVOLVED IN OVER THE YEARS, THROUGH A COLLABORATIVE APPROACH WITH		,
	THE FOREST SERVICE, TU WAS ABLE ACHIEVE SIGNIFICANT CONSERVATION GAINS		
	IN THIS LAND MANAGEMENT DECISION.		
	En alle and tentioned section.	<del></del>	
	IN MT, TU ACHIEVED A MAJOR LEGAL VICTORY THAT WILL HELP PROTECT		
	INSTREAM FLOW IN MONTANA'S FABLED TROUT WATERS, IN TROUT UNLIMITED V.		
	BEAVERHEAD WATER CO., ET AL., THE MONTANA SUPREME COURT OVERTURNED A	-	
4b	(Code: ) (Expenses \$ 4,730,022, including grants of \$ 341,172.) (Revenue	\$	481,054.)
	SUSTAIN	•	
	TU GRASSROOTS VOLUNTEERS DONATED MORE THAN 651,212 VOLUNTEER HOURS		
	(VALUED AT \$13,909,888) DURING 2011, AND BROUGHT IN CLOSE TO \$9 MILLION		
	IN REVENUE. FOUR GRASSROOTS REGIONAL MEETINGS WERE HELD, ALL OF WHICH		
	GREW IN SIZE AND SCOPE. TU WORKED WITH ITS CHAPTERS AND COUNCILS TO		
	UPDATE BYLAWS AND MANUALS. THE LEADERS ONLY TOOLS ALSO WERE UPDATED		· · · · · · · · · · · · · · · · · · ·
	AND 20 ONLINE TRAININGS ON HOW TO USE THESE TOOLS WERE HOSTED, RECORDED		
	AND POSTED ONLINE TO MAXIMIZE THE NUMBER OF VOLUNTEERS THAT CAN BE		· · · · · · · · · · · · · · · · · · ·
	REACHED. TU CONTINUED TO BUILD STRONGER COUNCILS THROUGH TRAININGS AND		
	COMMUNICATIONS.		
	TU ADDED SUMMER YOUTH CONSERVATION CAMPS IN TN AND VT, FOR A TOTAL OF		
4c	/(a-t	\$	58,313.)
	SCIENCE		-
	TU PREPARED A MEMBER SURVEY AND QUESTIONNAIRE RELATIVE TO AIS ISSUES,		
	AND PARTICIPATED IN NATIONAL INVASIVE SPECIES AWARENESS WEEK AND		
	PROVIDED EDUCATIONAL RESOURCES TO LOCAL CHAPTERS. TU CONTINUED ITS		
	SCIENCE COLLABORATION WITH USGS AND THE USFS IN ASSESSMENTS OF NUMEROUS		
	CLIMATE ASSOCIATED RISK FACTORS TO WESTERN TROUT. SEVERAL		<del>_</del>
	PEER-REVIEWED PAPERS WERE PUBLISHED, INCLUDING A SUMMARY PAPER BY WENGER ET AL IN THE PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES IN		
	2011 AND INCLUDED 4 TU SCIENTISTS AMONG THE AUTHORS. A SUMMARY PAPER		<del></del>
	ON CLIMATE RISKS TO WESTERN TROUT WAS PUBLISHED IN A USGS OPEN FILE		
	REPORT 2010-1236.		· · · · · · · · · · · · · · · · · · ·
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ 661,421. including grants of \$ 3,445. ) (Revenue \$ )		
4e	Total program service expenses ► 29,193,229.		

# Form 990 (2010) TROUT UNLIMITED, INC. Part IV Checklist of Required Schedules

1 Is the organization described in section 501(a)(a) or 4947(a)(1) (above them a private foundation)?  1 If Yes, "complete Schedule B, Schedule of Contributions?  2 Is the organization required to complete Schedule B, Schedule of Contributions?  3 Is the organization engage in direct or Indicate opticities campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  3 Section 501(a)(3) organization. Lot the organization engage in lobbying activities, or have a section 601(i) election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization as defined in Perevuir Procedure 991-917 If "Yes," complete Schedule C, Part II  6 It the organization as defined in Perevuir Procedure 991-917 If "Yes," complete Schedule C, Part II  7 It the organization maintain any donor advised funds or any similar thrude or accounts Will "Yes," complete Schedule D, Part II  8 It the organization maintain any donor advised funds or any similar thrude or accounts? If "Yes," complete Schedule D, Part II  9 It the organization maintain any donor advised funds or any similar thrude or accounts? If "Yes," complete Schedule D, Part II  9 It the organization maintain any donor advised funds or any similar thrude or accounts? If "Yes," complete Schedule D, Part II  9 It the organization maintain and the part of a maintain as a series? If "Yes," complete Schedule D, Part II  10 It the organization maintain and the part X, III and X,				Yes	No
2 Is the organization equired to complete Schedule B, Schedule G, Part II  3 Did the organization angain of indirect or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  4 Section 001 (e)(3) organizations and indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  5 Is the organization associan 501(e)(6) 501(e)(5), or 501(e)(6) organization that receives memberehip duee, assessments, or similar amounts as defined in Revenue Procedure 59-191 II "Yes," complete Schedule C, Part III  6 Did the organization maintain any donor activised funds or any similar funds or accounts where donors have the right to provide scrive on the distribution or investment of amounts in such funds or accounts where donors have the right to provide scrive on the distribution or investment of amounts in such funds or accounts if If "Yes," complete Schedule D, Part II  7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV  9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide ordit counseling, debt management, redit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV  110 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV  110 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X, III A  111 Did the organization report an amount for ormet semants: orther	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3		If "Yes," complete Schedule A	1	x	
public office? If "Yes," complete Schedule C, Part I Section 501(6)3 capanization. Dit the organization engage in lobbying activities, or have a section 501(6)4 election in effect during the tax year? If "Yes," complete Schedule C, Part II I the organization a section 501(6)5, 501(6)(5), or 501(6)5, or 50	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	x	
4 Section 601(a)(3) organizations. Dict the organization engage in lobbying activities, or have a section 501(a) election in effect during that kay year? If "Sec. "complete Schedule (C. Part III" as 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 98-197 If "Yes," complete Schedule (C. Part III" as a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or a similar amount in the complete Schedule (C. Part III" as a section 501(c)(4), 501(c)(6), or 501(c)(6), or 501(c)(6) organization that receive in the cistribution or investment of amounts in such funds or accounts III" "Yes," complete Schedule (C. Part III" as a custodian for amounts and listed in Part X; or provide schedule D. Part III" as a custodian for amounts and listed in Part X; or provide schedule D. Part III" as a custodian services? If "Yes," complete Schedule D. Part IV" as a spiciable.  10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D. Part IV" as a spiciable.  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part IVI" as assets reported in Part X, line 16? If "Yes," complete Schedule D. Part IVI" as assets reported in Part X, line 16? If "Yes," complete Schedule D. Part IVIII assets assets reported in Part X, line 16? If "Yes," complete Schedule D. Part X III assets assets reported in Part X, line 16? If "Yes," complete Schedule D. Part X III assets assets reported in Part X, line 16? If "Yes," complete Schedule D. Part X III assets assets reported in Part X, line 16? If "Yes,"	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year / If "Yes," complete Schedule C, Part II		public office? If "Yes," complete Schedule C, Part I	3_		x
5 Is the organization a section 60 (c)(4), 501 (c)(6), or 501 (c)(6) organization that receives membership dues, assessments, or similar amounts an defined in Revenue Procedure 98-19 // 11 // 19 (c) complete Schedule (C, Part III )  6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts in "Yes," complete Schedule D, Part II	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? if "Yes," complete Schedule D, Part II  Did the organization neceive or hold a conservation easement, including easements to preserve open space, the environment, historical advass, or historical streaments for Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization report an amount for repoit, or debt negotiation services? If "Yes," complete Schedule D, Part V, as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, yill, Vill, IX, or X as applicable.  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V, yill, will, it X, or X, as applicable.  Did the organization report an amount for other assets in Part X, line 19 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part XIII  Did the organization report an amount for other assets in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part XIII  Did the organization separate or consolidated financial statements for the tax year? If "Yes		during the tax year? If "Yes," complete Schedule C, Part II	4	x	
6 Dit the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I Politic organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structure? If "Yes," complete Schedule D, Part II.  7 X  8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structure? If "Yes," complete Schedule D, Part III.  9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  10 Did the organization, clirectly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV.  10 If the organization answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, D, or X as applicable.  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  11 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.  11 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 VIII.  11 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 X III.  11 Dart X, line 16? If "Yes," complete Schedule D, Part X III.  12 Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X III.  13 Did the organiza	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II II II II II II II II II II II II II		similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		
7 Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II!  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II!  9 Did the organization goeth a mount in Part X, line 21; serve as a custodian for amounts not listed in Part X or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV!  10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V   11 If the organization answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, X, or X as applicable.  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII   It be organization report an amount for investments - organization assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   X   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   X   Did the organization report an amount for investments organization report as a mount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   11 If X   Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   11 If X   Did the organization sport an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   11 If X   Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X   11 If X   X   Did the organization obtain separate, independent au	6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
Bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt regolitation services? If "Yes," complete Schedule D, Part IV.  Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V in the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V, VII, VIII, IVI, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V in the organization report an amount or investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V in the Old the organization report an amount for other assets 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 in the Old the organization report an amount for other assets 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 X III is 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III is 14 the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X III III X III X III I		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
Scheckule D, Part III  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Scheckule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Scheckule D, Part V  11 If the organization answer to any of the following questions is "Yes," then complete Scheckule D, Part V, II, VIII, DI, or X as applicable.  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Scheckule D, Part V II  13 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 Scheckule D, Part VIII  14 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 Scheckule D, Part VIII  15 Did the organization report an amount for other lassitities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Scheckule D, Part X III  16 Did the organization's isballity for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Scheckule D, Part X III X  17 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Scheckule D, Part X, III X  18 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12s, then completing Scheckule D, Part X, III, and XIII X  19 Did the organization report on Part X, column (A), line 3, more than \$10,000 from grantmaking, fundralsing, business, and program service activities outside the United States? If "Yes," complete Scheckule F, Pa		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	х	
Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 10 Did the organization, got a related organization, hold assets in term, permanent, or quals-indowments?  If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, Dx, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," completis Schedule D, Part VI 11 It b 12 It b 13 It b 14 It is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 It b 12 It assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 It b 12 It has assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 It b 12 It has assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 It b 12 It has assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 It b 12 It has assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III It b 12 It has assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III It b 12 It has assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III It b 12 It has assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III It b 14 It has assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III It b 14 It b 15 It has assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III It b 14 It b 15 It has assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III It b 14 It b 14 It b 14 It b 15 It has assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III It b 14 It b 14 It b 14 It b 14 It b 14 It b 14 It b 14 It b 14 It b 14 It b	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V II, VII, VIII, DX, or X as applicable.  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10°; If "Yes," complete Schedule D, Part V II 11 X 11 X 12 Did the organization report an amount for investments - other securities in Part X, line 10°; If "Yes," complete Schedule D, Part V III 11 X 11 X 12 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 11 X 11 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 VIII 11 X 11 Did the organization report an amount for other labilities 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 X, III 11 X 11 Did the organization report an amount for other labilities in Part X, line 15°; If "Yes," complete Schedule D, Part X III 12 X 11 Did the organization report an amount for other labilities in Part X, line 15°; If "Yes," complete Schedule D, Part X III X 11 X 11 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III X 11 X 11 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts X III X			8		X
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located outside the United States? If "Yes," complete Schedule F, Parts III and IV  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  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 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 X  20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H  20a X  19 If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	16	· · · · · · · · · · · · · · · · · · ·			
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  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  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  20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H  20a X  20a If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	17			-	
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  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  Did the organization operate one or more hospitals? If "Yes," complete Schedule H  Did the organization operate one or more hospitals? If "Yes," complete Schedule H  Did the organization operate one or more hospitals? If "Yes," complete Schedule H  Did the organization operate one or more hospitals? If "Yes," complete Schedule H  Did the organization operate one or more hospitals? If "Yes," complete Schedule H  Did the organization operate one or more hospitals? If "Yes," complete Schedule H  Did the organization operate one or more hospitals? If "Yes," complete Schedule H  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	-•		17		х
1c and 8a? If "Yes," complete Schedule G, Part II  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  20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H  20a X  b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	18				
Did the organization report more than \$15,000 of gross income from gaming activities on Part Vill, line 9a? If "Yes,"  complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	-		18	x	
complete Schedule G, Part III  20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H  20a If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	19				
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	-		19		x
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	20a				
		operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form 990 (2010)	TROUT UNLIMITED, INC.	38-1612715		Pa	age 4
Part IV Checklis	t of Required Schedules (continued)				
			Y	es	No

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
00	Schedule L, Part III	27	*******	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer director tructoe or key employee? If "Yes " complete Schodule I. Bart III."	00-	***************************************	•••••
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
U	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash 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	20	4	
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		х
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х.	

Form 990 (2010) TROUT UNLIMITED, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	9		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
	(gambling) winnings to prize winners?	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 20	)5		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
þ	if "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<b> </b>
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ĺ
	any contributions that were not tax deductible?	6a		X.
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	1_		
7	were not tax deductible?	6b		
a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	2		
b	If IV- II all the second attended to the second to the sec	7a 7b		х
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		<b></b>
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <b>f</b>		х
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7	7h		************
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		<del></del>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		600000000
10	Section 501(c)(7) organizations. Enter:			
. a	Initiation fees and capital contributions included on Part VIII, line 12	-		
D 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
''а				
_	Gross income from members or shareholders	┨		
_	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		,80000000
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	┧		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> 2000000000</u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
_ b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			000 /	00401

Part VII 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 in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes 1a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent \_\_\_\_\_ 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? ..... Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X Does the organization have members or stockholders? 6 X 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? X 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year a The governing body? 8a x Each committee with authority to act on behalf of the governing body? 8b X is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11<u>a</u> b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b X c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? 13 X 13 Does 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website **X** Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: HILLARY P. COLEY, CPA - (703) 522-0200 1300 N. 17TH ST., # 500, ARLINGTON, VA 22209

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

Check if Schedule O contains a response to any question 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 instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours per	(cl	heck	(all	that	арр	ly)	compensation	compensation	amount of
	week	Þ						from	from related	other
	(describe	individual trustee or director	_			28		the	organizations	compensation
·	hours for related	9	1 ES		_	eusat		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	al frig	횰		a Sec	E COM		(11 2 1000 11100)	'	and related
	in Schedule	ividu	Institutional musico	See.	Кеу етріоуве	Highest compensated employee	Ротпет			organizations
	O)	프	ဋ	₹	क्र	불통	훈		**	•
JON CHRISTIANSEN									x ·	
CHAIRMAN	5.00	x		x		L.		0.	0.	. 0.
LARRY HARRIS									:	
VICE CHAIR & CHAIR OF N.L.C	5.00	x		x		<u></u>		0.	0.	0.
MARK GATES	-								<u>{</u>	
SECRETARY	5.00	x		x				0.	0.	0,
HARRIS HYMAN IV										
TREASURER	5,00	x		х				0.	0.	0.
TOM ANACKER										,
SECRETARY OF NATIONAL LEADERSHIP COU	5.00	x						0.	0.	0.
JIM ASSELSTINE										,
TRUSTEE	5.00	X						0.	0.	0.
SHERRY BRAINERD										
TRUSTEE	5.00	x						0.	0.	0.
MATT CLIFFORD										, ,
TRUSTEE	5,00	x				<u>.</u>		0.	0.	0.
VALERIE OHRSTROM					ĺ	Ι.	l			
TRUSTEE	5,00	X						0.	0.	0.
CHARLES CONN										
TRUSTEE	5.00	x						0.	0.	0.
THOMAS DANKO										
TRUSTEE	5.00	X						0.	0.	0.
PAUL DOSCHER									<u> </u>	
TRUSTEE	5.00	X						0.	0.	0.
BILL EGAN										
TRUSTEE	5.00	x						0.	0.	0.
GEORGE JENKINS										
TRUSTEE	5.00	x						0.	0.	0.
SHARON LANCE										· · · —
TRUSTEE	5.00	x						0.	0.	0.
NANCY MACKINNON									,	
TRUSTEE	5.00	x						0.	0.	0.
MICK MCCORCLE										
TRUSTEE	5,00	х						0.	0.	0.
<u> </u>										E 000 mosos

Port VIII 0 - 1' - A COT - D'									38-1612715	Page 8
Part VII Section A. Officers, Directors, 1		mpl	oyee			High	est			<del></del>
(A)	(B)			•	C)	_		(D)	(E)	(F)
Name and title	Average hours per week	(0	heci		itior that		oly)	Reportable compensation	Reportable compensation	Estimated amount of
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуев	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
KIRK OTEY										
TRUSTEE	5.00	х					i	0.	0.	٥.
KEVIN REILLY		1								
TRUSTEE	5,00	x		L				0.	0.	0_
STEVE STRAINBURG										
TRUSTEE	5.00	X						0.	0.	0.
KAI ANDERSON										
TRUSTEE	5.00	X						0.	0.	0.
JOHN BRAICO, MD				ĺ	l					
TRUSTEE	5.00	X				<u>_</u>		0,	0.	0.
CHARLIE BREITHAUPT										
TRUSTEE	5.00	X						0.	0.	0.
STONEY BURKE										
TRUSTEE	5,00	x				ļ.,	ļ	0.	0.	0.
MIKE DOMBECK				1				i	* *	
TRUSTEE	5,00	Х			<u> </u>			0.	0.	0.
WALLACE C HENDERSON									i.	
TRUSTEE	5.00					Ļ		0.	0.	0.
1b Sub-total			·····	••••	•			0.	0.	0.
c Total from continuation sheets to Part								972,672.	0.	164,130.
d Total (add lines 1b and 1c)								972,672.	0.	164,130.
Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed al	OOVE	e) wh	io re	eceived more than \$100	,000 in reportable	9
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for	r, director or tru	stee	, key	em	iploy	/ee,	or h	nighest compensated en	nployee on	Yes No
For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportable	le co	mpe	ensa	ation	anc	oth	ner compensation from t	he organization	
5 Did any person listed on line 1a receive o	r accrue comper	nsati	ion f	rom	any	unn	elate	or such individual ed organization or individ	dual for services	4 X

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

rendered to the organization? If "Yes," complete Schedule J for such person ......

(A) Name and business address	(B) Description of services	(C) Compensation
MENDOCINO REDWOOD CO., 32600 HOLQUIST LANE	WATERSHED RESTORATION	· · · · · · · · · · · · · · · · · · ·
P.O. BOX 489, FORT BRAGG, CA 95437	ENGINEERING AND CO	475,959.
PACIFIC WATERSHED ASSOCIATES	WATERSHED RESTORATION	
P.O. BOX 4433, ARCATA, CA 95518	ENGINEERING AND CO	444.520.
MINDSHIFT TECHNOLOGIES, INC.		
P.O. BOX 200105, PITTSBURGH, PA 15251	IT SUPPORT SERVICES	439,996,
BENNETT & SONS	WATERSHED RESTORATION	
55110 COUNTRY ROAD 4, PLAINVIEW, MN 55964	ENGINEERING AND CO	375,840.
OLDCASTLE PRECAST	WATERSHED RESTORATION	
PO BOX 51418, IDAHO FALLS, ID 83405-1418	ENGINEERING AND CO	300,096.
2 Total number of independent contractors (including but not limited \$100,000 in compensation from the organization ▶	d to those listed above) who received more than 27	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2010)

Section B. Independent Contractors

Part VII Section A. Officers, Directors, Tr (A)	(B)		٠,	- ((	C)			(D)	(E)	(F)
Name and title	Average				o, ition	1		Reportable	Reportable	Estimated
	hours	(c			that		ly)	compensation	compensation	amount of
	per week	Individual frustee or director	Institutional trustee			Highest compansated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organization
u.		Individu	Institut	Officer Control	Key employee	Highest	Former	272		
RICHARD JOHNSON					Г					
FRUSTEE	5.00	x						٥.	0.	
HOWARD KERN										
PRUSTEE	5.00	x	L	L	L	L	L	0.	0.	
NALT MINNICK					-					
PRUSTEE	5.00	x	L	L		L	L	0.	0.	
THOMAS D STODDARD						ļ .				
TRUSTEE	5.00	x	L		<u>L.</u>	L_	L_	0.	0.	
DAKLEIGH THORNE										.,
FRUSTEE	5.00	x	L	L			L	0.	0.	
JOHN WILLIS										
PRUSTEE	5,00	x						0.	0.	
CHRISTOPHER WOOD							_		3 *	
PRESIDENT AND CEO	40,00	х	<u> </u>	x		L_	L	226,600.	0.	36,12
CHARLES GAUVIN										
PRESIDENT EMERITUS & TRUST	40.00	x	<u></u>	x		<u>_</u>		210,463.	0.	36,00
HILLARY COLEY									#	
/ICE PRESIDENT/CFO/CAO	40.00			x		L		172,050.	ő.	31,61
STEVEN MOYER										
VICE PRESIDENT OF GOVERNME	40.00	L	L	<u> </u>		х		144,486.	0.	28,65
ROBERT MASONIS			ĺ .							
P OF WESTERN CONSERVATION	40.00					x		111,300.	0.	11,36
FACK WILLIAMS	-									
SENIOR SCIENTIST	40.00	_				x		107,773.	0.	20,37
										<u>.</u>
			<b> </b>	$\vdash$	$\vdash$				<u> </u>	·
									,	
	<u> </u>									
							-			<del></del>
				·						,
otal to Part VII, Section A, line 1c								972,672.		164 1

	irt VI	II Statement of Rever	nue					
-					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns		<del></del>				
gra	l;	Membership dues						
fts, ran	C	Fundraising events		204,400.				
<u>20</u>	d	Related organizations						
sis	e	Government grants (contribut		10,104,375.				
le E	T	All other contributions, gifts, gran		24 252 422				
투표	_	similar amounts not included abo		21,059,798.				
and	9	Noncash contributions Included in lines  Total. Add lines 1a-1f		325,950.	34 360 573			
_		Total Add illes (a-1)		Business Code	31,368,573.			
ø,	9 a	MEMBERSHIP DUES		900099		A ACE 631		
ξ	_ b	PUBLICATIONS		541800	4,465,631. 58,313.		58,313.	
Sei	-			241000	30,313.		56,313.	
e a B	d							
Program Service Revenue	e	<u> </u>	,					<u> </u>
מֿ	f	All other program service reve	nue					
	g				4,523,944.			
	3	investment income (including	dividends, inter	est, and				
		other similar amounts)		<b>&gt;</b>	216,883.	# 1	•	216,883
	4	Income from investment of tax						
	5	Royalties		<b>&gt;</b>	3,908.			3,908
			(i) Real	(ii) Personal				
	6 a	Gross Rents						
		Less: rental expenses						
		Rental income or (loss)	<u> </u>					
		Net rental income or (loss)		<b></b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	39,038	•				
	D	Less: cost or other basis						
ļ	_	and sales expenses	35,209					
ĺ		Gain or (loss)		<del></del>	2 000			
		Gross income from fundraising			3,829.			3,829.
Other Revenue	Ų d	including \$ 204	•					
Ş		contributions reported on line						
Ę		Part IV, line 18	•	510,878.				
	b	Less: direct expenses						
0		Net income or (loss) from fund			308,085.			309 095
ŀ		Gross income from gaming ac	-	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			308,085.
		Part IV, line 19						
	b	Less: direct expenses		15				
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less a	returns					
}		and allowances						
	b	Less: cost of goods sold	b					
-	С	Net income or (loss) from sales		<b></b>	***************************************			
-	_	Miscellaneous Revenue	B	Business Code				
		MAILING LIST RENTAL		900099	31,192.			31,192.
	b		·		·			
	c	4.11						
	d	All other revenue						
		Total. Add lines 11a-11d			31,192.	_		
03200	12 10	Total revenue. See instructions.			36,456,414.	4,465,631.	58,313.	563,897. Form <b>990</b> (2010)

# Part X Statement of Functional Expenses

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

	All other organizations must comp	olete column (A) but are	ations must complete all not required to complet	columns. 'e columns (B), (C), and (D)	<b>.</b>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	491.867.	491,867.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	398,650.	142,675.	142,675.	113,300.
8	Compensation not included above, to disqualified			· <del>-</del>	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,990,384.	8,318,886.	276,168.	395,330.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	294,383.	268,564.	9,186.	16,633.
9	Other employee benefits	1,266,464.		39,519.	71,555.
10	Payroll taxes	751,122.	685,246.	23,438.	42,438.
11	Fees for services (non-employees):				
a	Management			0.1	
b	Legai	77,832.	23,564.	54,268.	
Ċ	Accounting	82,682.	2,032.	80,650.	
d	Lobbying	183,380.	183,380.	<i></i>	
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
9	Other	9,837,299.	0.005.705		
12	Advertising and promotion	235,394.	9,805,725.	50	31,574.
13	Office expenses	1,715,078.	235,274. 1,169,745.	104 479	60.
14	Information technology	996,255.	861,415.	104,478.	440,855.
15	Royalties	370,233.	001,413.	102,337.	32,443.
16	Occupancy	640,727,	592,593.	18,045.	30,089.
17	Travel	1,866,640.	1,723,024.	17,751.	125,865.
18	Payments of travel or entertainment expenses	,,		27,702.	123,003.
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	402,103.	339,751.	24,447.	37,905.
20	Interest				
21	Payments to affiliates				
<u>22</u>	Depreciation, depletion, and amortization	164,184.	149,157.	6,310.	8,717.
23	Insurance	72,058.	4,545.	67,513.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	PRINTING AND PUBLICATIO	1,197,505.	789,016.	5,276.	403,213.
b	WATER LEASES	1,133,267.	1,133,267.		,,
C	FULFILLMENT	1,103,705.	509,646.		594,059.
d	RESTORATION MATERIALS	588,416.	602,362		-13,946.
0	LIST RENTAL	74,801.	6,105.		68,696.
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	32,564,196.	29,193,229.	972,181.	2,398,786.
26	Joint costs. Check here if following SOP			*	
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	•			

**Balance Sheet** (A) Beginning of year End of year Cash - non-interest-bearing 509. 1 678. 2 Savings and temporary cash investments 4.747,413. 2 3,687,956. 3 Pledges and grants receivable, net 5,363,394. 10,286,285. 512,043. Accounts receivable, net 4 388,510. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 524,462 8 899,563. Prepaid expenses and deferred charges 337,081, 306,970. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a b Less: accumulated depreciation \_\_\_\_\_\_\_10b 706,400. 372,565. 10c 897,325. Investments - publicly traded securities 8,591,515. 11 11 8,628,380. 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 Total assets. Add lines 1 through 15 (must equal line 34) 20,448,982 16 16 25,095,667, 17 Accounts payable and accrued expenses ...... 2,064,375. 17 2,904,191. 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties ..... 24 Other liabilities. Complete Part X of Schedule D 117,579. 25 159,720. Total liabilities. Add lines 17 through 25 ..... 2,181,954, 3,063,911. Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 1,528,279, 27 1,647,578. 28 Temporarily restricted net assets 10,588,903. 28 14,224,332. 29 Permanently restricted net assets 6,149,846. 6,159,846. Organizations that do not follow SFAS 117, check here 🕨 📖 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ..... 33 Total net assets or fund balances 18,267,028, 22,031,756. Total liabilities and net assets/fund balances 20,448,982. 25,095,667.

Form **990** (2010)

<u>Form</u>	990 (2010) TROUT UNLIMITED, INC.	38-1612715	ı	Pag	ge 12
Pai	tXII Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			····	X_
1	Total revenue (must equal Part VIII, column (A), line 12)	1	36	456,	414.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32	564,	196.
3	Revenue less expenses. Subtract line 2 from line 1	3	3 ,	892,	218.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,	267,	028.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-	127,	490.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	22,	031,	756.
Par	Time Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				x
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	х	<u> </u>
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	1	1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				<b>*****</b>
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	X	

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

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

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

OMB No. 1545-0047

**2010** 

Open to Public Inspection

Name of the organization Employer identification number TROUT UNLIMITED, INC. 38-1612715 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part iii.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III : Functionally integrated b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (iii) Type of (iv) is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) organized in the organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? **U.S.?** above or IRC section (see instructions)) Yes Yes Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Total

Schedule A (Form 990 or 990-EZ) 2010 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any \*unusuai grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 ...... The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning In) (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 7 Amounts from line 4 ..... Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage from 2009 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box 17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization

Schedule A (Form 990 or 990-EZ) 2010

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 18a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	below, please com	Diete Fart II.)				
	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	, ,	1,1	17, === -	7-7	(0) 2010	(i) Total
	membership fees received. (Do not						
	include any "unusual grants.")	21,902,544.	20,750,260.	26,189,013	26,309,284,	35 834 204.	130,985,305.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	243,239.	171,349.	170,926.	157,714.	510,878.	
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4.	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf					, .	
5	The value of services or facilities furnished by a governmental unit to				į		
_	the organization without charge						
	Total. Add lines 1 through 5	22,145,783.	20,921,609.	26,359,939.	26,466,998.	36,345,082.	132,239,411.
78	Amounts included on lines 1, 2, and	555 454					
ь	3 received from disqualified persons Amounts included on lines 2 and 3 received	567,124.	442,840.	612,872.	983,968	1,244,832.	3,851,636.
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				# J		
c	Add lines 7a and 7b	567 124.	442,840.	612,872.	983,968	1,244,832.	<u> </u>
	Public support (Subtract line 7c from line 6.)	, in the second					128,387,775.
Sec	ction B. Total Support						120,307,113.
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	22,145,783.	20,921,609.	26,359,939.	26,466,998.	36,345,082.	132,239,411.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	626,135.	588,428.	296,103.	262,264.	220,791.	1,993,721.
D	Unrelated business taxable income		i				
	(less section 511 taxas) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	626,135.	588,428.	296,103.	262,264.	220 791.	1,993,721.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on					·	
12	Other income. Do not include gain or loss from the sale of capital		-			31,192.	21 102
13	assets (Explain in Part IV.)	22,771,918.	21,510,037.	26,656,042.	26,729,262.	36,597,065	31,192. 134,264,324.
	First five years. If the Form 990 is for						
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2010 (li	ine 8, column (f) div	ided by line 13, co	olumn (f))	<u></u>	15	95.62 %
	Public support percentage from 2009					16	94,82 %
Sec	tion D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20	10 (line 10c, colum	n (f) divided by line	13, column (f))		17	1.48 %
18	Investment income percentage from 2	2009 Schedule A, F	art III, line 17			18	1.88 %
19a	33 1/3% support tests - 2010. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 33	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qualif	ies as a publicly su	pported organizat	tion	►x
b	33 1/3% support tests - 2009. If the	organization did no	ot check a box on l	ine 14 or line 19a,	and line 16 is mor	e than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and ste	<b>op here.</b> The organ	ization qualifies as	a publicly suppo	rted organization .	▶□
	Private foundation. If the organization	n did not check a b	ox on line 14, 19a	or 19b, check this	teni eee boe vod a	ructione	

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Employer identification number

Organization type (check one):	-
Filers of: Section:	
Theraot. Section.	
Form 990 or 990-EZ x 501(c)( 3 ) (enter number) organization	·
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
527 political organization	
Form 990-PF 501(c)(3) exempt private foundation	
4947(a)(1) nonexempt charitable trust treated as a private foundation	
501(c)(3) taxable private foundation	
Check if your organization is covered by the General Rule or a Special Rule.	** . ž
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.
General Rule	
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in contributor. Complete Parts I and II.	n money or property) from any one
Special Rules	
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	-
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one coaggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literative prevention of cruelty to children or animals. Complete Parts I, II, and III.	
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not lift this box is checked, enter here the total contributions that were received during the year for an exclusive purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because religious, charitable, etc., contributions of \$5,000 or more during the year.	t aggregate to more than \$1,000. sively religious, charitable, etc., se it received nonexclusively
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedu 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 line that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedu	ne 2 of its Form 990-PF, to certify

Schedule B	(Form 990.	990-EZ	or 990-PF	(2010)

1 of 46 of Parti Name of organization Employer Identification number TROUT UNLIMITED, INC. 38-1612715 Part I Contributors (see instructions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 1 Person **Payroll** Noncash 10,000. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 2 Person **Payroll** Noncash 10,000. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 3 Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 4 Person Payroll Noncash 6,000. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 5 Person X. **Payroll** Noncash 14,623. (Complete Part II if there is a noncash contribution.) (a) (b) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 6 Person **Payroll** Noncash 78,403. (Complete Part II if there

is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) 2 of 46 of Part I Name of organization Employer identification number TROUT UNLIMITED, INC. 38-1612715 Part I Contributors (see instructions) (c) (a) (b) (d) Type of contribution No. Name, address, and ZIP + 4 **Aggregate contributions** Person Payroll Noncash 5,000. (Complete Part !! if there is a noncash contribution.) (c) (a) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution θ Person Payroll Noncash 15,831. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution No. 9 Person **Payroll** Noncash 5,000. (Complete Part II if there is a noncash contribution.) (a) (c) (d) Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution No. 10 Person Payroll Noncash 40,000. (Complete Part II if there is a noncash contribution.) (c) (a) (d) **Aggregate contributions** Name, address, and ZIP + 4 Type of contribution No. Person 11 **Payroll** Noncash 20,000. (Complete Part II if there is a noncash contribution.) (c) (b) (a) Aggregate contributions Type of contribution No. Name, address, and ZIP + 4 12 Person

50,000.

**Payroll** Noncash

(Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or	990-25	(2010)
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3 of 46 of Part I Name of organization Employer identification number TROUT UNLIMITED, INC. 38-1612715 Part Contributors (see instructions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 13 Person **Payrolf** 67,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 14 Person **Payroll** Noncash 5,015. (Complete Part II if there is a noncash contribution.) (a) (b) (c) Name, address, and ZIP + 4 No. Aggregate contributions Type of contribution 15 Person-Payroli Noncash 25,000. (Complete Part II if there is a noncash contribution.) (a) (b) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 16 Person **Payroll** Noncash 5,000. (Complete Part II if there is a noncash contribution.) (a) (c) (d) No. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution 17 Person **Payroll** Noncash 16,261. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution 18 Person **Payroll** 

5,000.

Noncash

(Complete Part II if there is a noncash contribution.)

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4 of 46 of Part ] Name of organization **Employer Identification number** TROUT UNLIMITED, INC. 38-1612715 Part I Contributors (see instructions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 19 Person **Payroll** Noncash 21,618. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution 20 Person **Payroll** Noncash 20,000. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Nο. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution 21 Person **Payroll** Noncash 50,000. (Complete Part II if there is a noncash contribution.) (a) (b) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 22 Person **Payroll** Noncash 8,419. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 23 Person **Payroll** Noncash 10,000. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 24 Person Payroll Noncash 7,000. (Complete Part II if there

is a noncash contribution.)

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5 of 46 of Part! Name of organization Employer identification number TROUT UNLIMITED INC. 38-1612715 Part Contributors (see instructions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 25 Person **Payroll** Noncash 31,417. (Complete Part II if there is a noncash contribution.) (a) (c) (d) No. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution 26 Person **Payroll** Noncash 15,000. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. Aggregate contributions Type of contribution 27 Person **Payroll** Noncash 46,396. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 28 Person Payroll Noncash 82,770. (Complete Part II if there is a noncash contribution.) (a) (c) (b) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 29 Person **Payroli** Noncash 5,000. (Complete Part II if there is a noncash contribution.) (a) (b) (c) No. **Aggregate contributions** Type of contribution Name, address, and ZIP + 4 30 Person Payroll Noncash

(Complete Part II if there is a noncash contribution.)

5,000.

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) 5 of 46 of Parti Name of organization Employer identification number TROUT UNLIMITED, INC. 38-1612715 Part I Contributors (see instructions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 31 Person **Payroll** Noncash 25,228, (Complete Part II if there is a noncash contribution.) (a) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 32 Person Payroll Noncash 12,195. (Complete Part II if there is a noncash contribution.) (a) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 33 Person **Payroll** Noncash 10,000. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution 34 Person **Payroll** Noncash 5,000. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 35 Person Payroll Noncash 5,310. (Complete Part II if there

(b)

Name, address, and ZIP + 4

Person
Payroll
Noncash

(c)

Aggregate contributions

is a noncash contribution.)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

(a)

No.

36

Name of organization Employer Identification number TROUT UNLIMITED, INC. 38-1612715

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
38		- _ \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
39		- \$\$	Person X Payroll Oncash Occupiete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
40		\$25,000.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
41		\$\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
42		- \$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B	Form 990.	990-F7	or 990-PF	(2010)

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Name of orga	anization	E	mployer identification number
	IMITED, INC.		38-1612715
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ns Type of contribution
43		\$12,50	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
44		\$ 12,50	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d)
45		\$10,00	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ns Type of contribution
46		\$50,00	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
47		\$ 9,50	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No. 48	Name, address, and ZIP + 4	Aggregate contribution  \$\$	Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) 9 of 46 of Parti Name of organization Employer identification number TROUT UNLIMITED, INC. 38-1612715

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		- \$\$	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
50	Nume, address, and all ++	\$ 140,000.	Person X Payroll Omplete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
51		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
52		\$\$45,000.	Person X Payroil  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
53		- - \$\$	Person X Payroll (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
54		- \$\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
TROUT UNLIMITED, INC.	38-1612715

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55		\$10,180.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
56		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
57		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
58		\$12,265.	Person X Payroll  Noncash  (Complete Part !! if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
· 59		\$	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
60		\$12,789.	Person X Payroll

Name of organization	Employer identification number
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TROUT UNLIMITED, INC.	38-1612715

Part	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61		\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
62		\$500,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
63		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
64		\$5,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
65		\$13,947.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
66		\$15,113.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)

Name of org	panization	Emplo	yer identification number
TROUT UN	LIMITED, INC.	38	-1612715
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
68	- Trainity address, and 217 **	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(o) Aggregate contributions	(d) Type of contribution
69		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
70		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
71		\$\$	Person X Payroll

(a)

No.

72

Person Payroli

Noncash

(d)
Type of contribution

(Complete Part II if there is a noncash contribution.)

(c)

Aggregate contributions

25,000.

(b)

Name, address, and ZIP + 4

Name of organization

**Employer Identification number** 

38-1612715 Part I Contributors (see instructions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution 73 Person **Payroll** Noncash 30,798. (Complete Part II if there is a noncash contribution.) (a) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 74 Person Payroll Noncash 11,000. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 75 Person Payroli Noncash 20,000. (Complete Part II if there is a noncash contribution.) (a) (b) (c) **(d)** No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 76 Person Payroll Noncash 8,853. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Nο. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution 77 Person Payroll Noncash 10,000. (Complete Part II if there is a noncash contribution.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 78 Person **Payroll** Noncash 10,000. (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) 1.4 of 4.6 of Part | Name of organization Employer identification number TROUT UNLIMITED, INC. 38-1612715 Partil Contributors (see instructions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 79 Person **Payroll** Noncash 396,612. (Complete Part il if there is a noncash contribution.) (c) (a) (d) Type of contribution No. Name, address, and ZIP + 4 Aggregate contributions 80 Person Payroll Noncash 10,000. (Complete Part II if there is a noncash contribution.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution 81 Person **Payroll** Noncash 13,965. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 Aggregate contributions 82 Person **Payroli** Noncash 61,999. (Complete Part II if there is a noncash contribution.) (a) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 83 Person **Payroll** Noncash 16,559. (Complete Part II if there is a noncash contribution.)

Name, address, and ZIP + 4

(a)

No.

84

(c)

Aggregate contributions

5,000.

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

Person Payroll Noncash

Schodula	R	(Eam	gan	990-E7	or 990-PF	3 /2010
Scredule	0	1LOUL	ອອບ,	330-EZ.	01 990-PF	1(2010)

15 of 46 of Part | Name of organization Employer identification number TROUT UNLIMITED INC. 38-1612715 Part I Contributors (see instructions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 85 X Person **Payroll** 25,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 86 Person X. **Payroll** 5,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4No. **Aggregate contributions** Type of contribution 87 Person **Payroll** 5,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) No. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution 88 Person Payroll Noncash 10,000. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 89 Person Payroll Noncash 7,000. (Complete Part II if there is a noncash contribution.) (a) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 90 х Person **Payroll** Noncash 27,500. (Complete Part II if there

is a noncash contribution.)

Page 16 of 46 of Part I Name of organization Employer identification number TROUT UNLIMITED, INC. 38-1612715

i elite	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
91		\$\$	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
92		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
93		\$\$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
94		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
95		\$5,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
96		\$ 28,885.	Person X Payroll

Name of organization

Employer identification num
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TROUT UNLIMITED :	INC.

38-1612715

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
97		- \$ <u>20,000.</u>	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
98		- - \$\$8,826.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
99	· .	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
100		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
101		- - \$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
102		- \$\$,048.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Name of organization Employer identification number TROUT UNLIMITED, INC. 38-1612715

Part I	Contributors (see instructions)		•
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
103		\$\$	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
104		\$5,000 <u>.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
105		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
106		\$5,875	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
107		\$20,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
108		\$\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

TROUT	UNLIMITED,	INC
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38-1612715

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
109		\$11,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
110		\$ 7,500.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
111		\$ 12,185.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
112		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
113		\$ 18,500.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
114		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Page 20 of 46 of Part I Name of organization Employer identification number 38-1612715 TROUT UNLIMITED, INC.

Part	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
115		\$10,035.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
116		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
117		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
118		\$\$	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
119		\$\$0,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
120		\$	Person X Payroll  Noncash X (Complete Part II if there is a noncash contribution.)

Name of organization

Employer Identification number

TROUT UNLIMITED, INC. 38-1612715

Part I	Contributors (see instructions)		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution  Person X
		\$\$	Payroll Noncash
		_	(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
122		\$\$	Person X Payrol!  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
123		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
124		\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
125		\$575,000 <u>.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
125	· · · · · · · · · · · · · · · · · · ·	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) 22 of 46 of Part I Name of organization Employer Identification number TROUT UNLIMITED, INC. 38-1612715 Contributors (see instructions) (a) (b) (c) (d) Aggregate contributions Type of contribution No. Name, address, and ZIP + 4 127 Person Payroll Noncash 10,000. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 128 Person X Payroll Noncash 10,000. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 129 Person Payro!! Noncash 5,000. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 130 Person Payroli Noncash 10,250. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d)

132 Person X Payroll Payroll Noncash (Complete Part II if there

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Type of contribution

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

is a noncash contribution.)

Person Payroll Noncash

**Aggregate contributions** 

(c)

Aggregate contributions

20,800.

No.

131

(a)

No.

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Page 23 of 46 of Part I Name of organization Employer identification number 38-1612715 TROUT UNLIMITED, INC.

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
133		\$	Person X. Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
134	Name, audress, and zir + +	\$ 6,600.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
135		\$15,000.	Person X. Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
136		\$10,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
137		\$8,800.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
138		\$9,100.	Person X. Payroll Noncash (Complete Part II if there is a noncash contribution.)

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Name of organization		Employer identification number	
TROUT UNLIMITED, INC.	38-	1612715	
Part Contributors (see instructions)			
(6)	(a)	(-A	

Harri	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
139		\$\$	Person X Payroll (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
140		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
141		\$\$	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
142		\$\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
143		\$\$\$\$	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
144		\$\$	Person X Payroil  Noncash  (Complete Part II if there is a noncash contribution.)

Employer identification number

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TROUT UNLIMITED,	INC.	29-1015/12
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Part I	Contributors (see instructions)		·
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
145	· · · · · · · · · · · · · · · · · · ·	\$6,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
146	·	\$6,100.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
147		\$11,000.	Person X Payroll (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
148		\$13,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
149		\$111,500.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
150		\$10,000.	Person X Payroll

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Employer Identification number

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TROUT UNLIMITED, INC.	•	38-1612715

Part	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
151		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
152		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
153		\$\$.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
154		\$\$	Person X Payroll Noncash (Complete Part il if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
155		\$25,000.	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>156</u>		\$\$	Person X Payroll Complete Part II if there is a noncash contribution.)

Part I	Contributors (see instructions)		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
157		\$\$,	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
158		\$5,000.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u>159</u>		\$\$	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(ь)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
160		\$\$	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
161	raine, audiess, and eif the	\$ 50,000.	Person X Payroll Oncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP ÷ 4	(c) Aggregate contributions	(d) Type of contribution
162	raine, avdiess, and Air T4	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)  Name of organization		Em	Employer Identification number	
TROUT UNI	LIMITED, INC.		38-1612715	
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution	
<u>163</u>		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) S Type of contribution	
164		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution	
165		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	, (b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution	
166		\$ 9,90	Person Payroll Noncash X	

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(c)

Aggregate contributions

(c)

Aggregate contributions

6,500.

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

Lx\_

Person Payroll Noncash

Person Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

(a)

No.

167

(a)

No.

168

Employer identification number

TROUT	UNLIMITED,	INC.

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
169	· · · · · · · · · · · · · · · · · · ·	\$	Person X Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
170	· ·	\$12,350.	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
171		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
172		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
173		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
174		\$10,625.	Person X Payroll Oncash Complete Part II if there is a noncash contribution.)

Employer identification number

TROUT	UNLIMITED	INC.
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Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
175		\$15,200.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
176		\$209,430.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
177		\$ 34,786.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
178		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
179		\$10,000.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
180		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of org	om 990, 990-EZ, or 990-PF) (2010) ganization	Employ	yer identification number
TROUT UN	LIMITED, INC.	38-	-1612715
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
181		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
182		\$\$,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (c) Aggregate contributions	(d) Type of contribution
183	·	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
184		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) · No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
185		\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II if there

(b)

Name, address, and ZIP + 4

(a)

No.

186

Person

(c)

Aggregate contributions

is a noncash contribution.)

(d)

Type of contribution

Name of organization			Employer identification number
TROUT UNLIMITED, INC.	•	<u> </u>	 38-1612715

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
187			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
188		\$15,400.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
189		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
190		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
191		\$\$.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
192		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Page 33 of 46 of Part I Name of organization Employer identification number TROUT UNLIMITED, INC. 38-1612715 Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
193		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
194		\$5,035.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
195		\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(ď)  Type of contribution
196		\$\$,933.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
197		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
198		\$	Person X Payroll

Schedule B (Form 990, 990-FZ, or 990-PF) (201	п

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Name of orga	anization	En	ployer identification number
TROUT UNI			38-1612715
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
199	. 4	\$10,00	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution
200		\$5,00	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution
201		\$\$ 5,,00	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) S Type of contribution
202		\$ 5,800	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) S Type of contribution
203		\$\$5,913	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) S Type of contribution
204		\$13,287	Person X Payroll

Name of organization Employer identification number TROUT UNLIMITED, INC. 38-1612715

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
205		\$\$.	Person Payroli Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
206		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) .* Aggregate contributions	(d) Type of contribution
207		\$\$	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
208		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
209		\$\$,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
210	,	\$\$	Person X Payroll

Oshadula B /Es	000 000 F7 000 PD /0010		Page 36 of 46 of Part!
Name of org	om 990, 990-EZ, or 990-PF) (2010)   <b>anization</b>	Em	Page 36 of 46 of Part 1 ployer identification number
TROUT UN	LIMITED, INC.		38-1612715
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution
211		\$\$ \$234,95	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution
212		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution
213	· · · · · · · · · · · · · · · · · · ·	\$6,30	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No. 214	Name, address, and ZIP + 4	Aggregate contribution  \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution
215		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution
216	Name, address, and zit + 4	Aggregate contribution  \$ 20,00	Person X Payroli

(Complete Part II if there is a noncash contribution.)

20,000.

TROUT UNLIMITED, INC. 38-1612715	

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
217		\$ 33,500.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
218		\$ 10,295.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
219		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
220		\$\$.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
221		- \$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
222		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization		Employer identification number
	1	
TROUT UNLIMITED, INC.		38-1612715

Far.	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
223		.\$	Person X Payroll (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(o) Aggregate contributions	(d) Type of contribution
224		\$175,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) / Aggregate contributions	(d) Type of contribution
225		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
226		\$6,000.	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
227		\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
228		\$140,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization Employer identification number

TROUT UNLIMITED, INC. 38-1612715

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
229		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
230		\$8,260.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) ' ' Aggregate contributions	(d) Type of contribution
231		\$35,324.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
232		\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
233		\$17,375.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
234		\$10,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
TROUT UNLIMITED, INC.	38-1612715

Parti	Contributors (see instructions)	,	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
235		\$\$	Person x Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
236		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
237		\$\$	Person X Payroli  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
238		\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
239		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
240		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name or organization	•	Employer Identification number
TROUT UNLIMITED, INC.		38-1612715

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
241		\$\$	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
242		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
243		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
244		\$ 85,000.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
245		\$5,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
246		\$\$	Person X Payroll

Schedule B (Fo	m 990, 990-EZ, or 990-PF) (2010)			Page 42 of 46 of Part I
Name of org	anization		Employer	Identification number
TROUT UNI	Contributors (see instructions)	·	38-1	612715
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	ions	(d) Type of contribution
247		\$		Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	ions	(d) Type of contribution
248		\$5,		Person X Payroll  Noncash   (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut		(d) Type of contribution
249			000.	Person X Payroll

		· · · · · · · · · · · · · · · · · · ·	is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
251		\$\$	Person X Payrol!  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
252		\$62,500.	Person X Payroli Noncash

(b)

Name, address, and ZIP + 4

(a)

No.

250

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

(Complete Part II if there

Person Payroll Noncash

(c)

Aggregate contributions

250,000.

Employer Identification number

TROUT UNLIMITED, INC. 38-1612715

	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
253		\$10,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
254		\$350,000.	Person X Payroli  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
255		\$6,525.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
256		\$	Person x Payroti
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
257		\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
258		\$	Person X Payroll

Employer identification number

TROUT	UNLIMITED,	INC

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
259		\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
260		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) ' ' Aggregate contributions	(d) Type of contribution
261		\$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
262		\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
263		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
254		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number Name of organization TROUT UNLIMITED, INC. 38-1612715

Part I	Contributors (see instructions)	•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
265		\$\$1,500.	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No. 266	Name, address, and ZIP + 4	Aggregate contributions  \$ 95,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) ,	(d) Type of contribution
267		\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
268		\$7,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
269		\$100,868.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
270		\$5,000.	Person X Payroll

| Employer identification number

Manic VI VIYERIZERVII		Cimpidyer identingation ildniber
TROUT UNLIMITED	INC.	38-1612715_

нап	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(ď) Type of contribution
271	· · · · · · · · · · · · · · · · · · ·	\$33,769.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
272		\$ 630,000.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
273		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
274		\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
275		\$6,890.	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)

Page 1 of 2 of Employer identification number

TROUT UNLIMITED, INC.

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	STOCK		
102	4		
	·	—   <sub>5</sub>	10/17/10
	!	\$5,048.	12/17/10
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
Paili	STOCK		
108	DIOCK	·	
		\$ 24,808.	04/11/11
4.3	<del></del>	3 *	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
	STOCK		
120			
	1	—   <u> </u>	
		\$ 21,523.	12/16/10
(a)			
No.	(b)	(c) FMV (or estimate)	(ď)
from	Description of noncash property given	(see instructions)	Date received
Part I	СШОСТ		
126	STOCK	<u> </u>	
126		<del>-</del>	
	· ·	\$ 10,097.	06/21/11
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(see instructions)	Date received
	STOCK		
157			
.			
		\$	12/08/10
(-)			
(a) No.	, ma	(c)	(h
from	(b)  Description of noncash property given	FMV (or estimate)	(ď) Date received
Part I		(see instructions)	
	STOCK		
166			
		\$9,909.	06/16/11

Page 2 of 2 of Employer identification number

TROUT UNLIMITED, INC.

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	STOCK		.,,
176			04/22/11
	:		04/22/22
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I	STOCK		
196			01/19/11
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	STOCK	_ /	
205			
		\$	10/21/10
(a) No. from Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	STOCK		
207			
		\$10,206.	10/15/10
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			0 000 F7 av 000 BF) /00

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) of Part III Name of organization Employer identification number TROUT UNLIMITED 38-1612715 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating Part III more than \$1,000 for the year. 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 (e) Transfer of gift Transferee's name, address, and ZiP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

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

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

_	OCCUON O	v r(v)(+), (v), vr (v) vrgariiza	nons, complete t at r itt			
Nan	ne of orga	nization			Empi	oyer identification number
		TROUT UNLIN				38-1612715
2	art I-A	Complete if the org	anization is exempt un	der section 501(c)	or is a section 527 o	rganization.
2	Political	expenditures	ation's direct and indirect politi		<b></b> ▶\$	
	nt I-B	Complete if the ord	anization is exempt un	der section 501(c)	)(3).	
1			incurred by the organization ur			
2	Enter the	amount of any excise tax	incurred by organization mana	gers under section 495	5▶\$	
3			n 4955 tax, did it file Form 4720			
	-					
Ŀ	olf "Yes,"	describe in Part IV.				,
			anization is exempt un		· · · · · · · · · · · · · · · · · · ·	
1			d by the filing organization for s			
2			ization's funds contributed to c	<del>-</del>		i
						· · · · · · · · · · · · · · · · · · ·
3		•	. Add lines 1 and 2. Enter here			
4			1120-POL for this year?			
5			nployer identification number (E tion listed, enter the amount pa	•		
	•	•	omptly and directly delivered to			•
		•	additional space is needed, pro			io oogrogatoa laria (i. a
	•	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
						*
		120.1				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  $\ensuremath{\mathsf{LHA}}$ 

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010  Part II-A   Complete if the org	janization is exe	o, INC. mpt under sectio	n 501(c)(3) and fil	38-161 ed Form 5768	2715 Page 2
(election under sec	t <b>ion 501(h)).</b> tion belongs to an aff	liotod every	ı		
, <del>[</del> ]		mated group. nd "limited contro!" pro	wisions apply		•
Limi	ts on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (	(grass roots lobbying)		0.	
b Total lobbying expenditures to infli	•			274,915.	
c Total lobbying expenditures (add i	-			274,915.	
d Other exempt purpose expenditure				32,492,074.	
e Total exempt purpose expenditure				32,766,989.	
f Lobbying nontaxable amount. Enter				1,000,000.	
If the amount on line 1s, column (a) o		bying nontaxable am		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,00		00 plus 15% of the exc	·-··		
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc	1		
Over \$1,500,000 but not over \$17		00 plus 5% of the exce			
Over \$17,000,000	\$1,000,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		,-,-,-	·		
g Grassroots nontaxable amount (er	iter 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If zer				0.	
i Subtract line 1f from line 1c. If zero	•			0.	······································
j If there is an amount other than ze				3.*	
reporting section 4911 tax for this			•	Г	Yes No
(Some organiz	4-Year Averations that made a solumns below. See th	eraging Period Under section 501(h) election se instructions for line	Section 501(h) n do not have to comp es 2a through 2f on pa	plete all of the five	
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period	<i>•</i>	
Calendar year (or fiscal year beginning in)	(a) 2007	(ь) 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	434,017.	190,701.	277,460.	274,915.	1,177,093.
d. Grassroots postsychla america	250 000	250 000	250 000	250 000	1 000 000
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))	250,000.	250,000.	250,000.	250,000.	1,000,000.
	•				

f Grassroots lobbying expenditures

# Schedule C (Form 990 or 990-EZ) 2010 TROUT UNLIMITED, INC. 38-1612715 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	7	(a)		(b)		
		Yes	No	Amo	ount	
.1	During the year, did the filing organization attempt to influence foreign, national, state or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
	Volunteers?	A				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?		<u></u>			
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?		<u>.</u>			
_	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities? If "Yes," describe in Part IV					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- F01/a	VE\	atian		
	501(c)(6).	on avii(c)	no), or se	ection		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
•			·····			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<i>\$</i>	2			
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines III-A, lin	on 501(c)	2 3 (5), or se			
2 3 Par	Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c) rt III-A, li	2 3 (5), or se ne 3 is a			
2 3 Par	Did the organization agree to carryover lobbying and political expenditures from the prior year?	on 501(c) rt III-A, li	2 3 (5), or se ne 3 is a			
2 3 Par	Did the organization agree to carryover lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members	on 501(c) rt III-A, li	2 3 (5), or se ne 3 is a			
2 3 Par 1 2	Did the organization agree to carryover lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	on 501(c) rt III-A, li	2 3 I(5), or se ne 3 is a			
2 3 Par 1 2	Did the organization agree to carryover lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	on 501(c) rt III-A, li	2 3 )(5), or se ne 3 is a 1			
2 3 Par 1 2 a b	Did the organization agree to carryover lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	on 501(c) rt III-A, li	2 3 1(5), or se ne 3 is a 1 2 2 2b 2c			
2 3 Par 1 2 a b	Did the organization agree to carryover lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	on 501(c) rt III-A, li	2 3 1(5), or se ne 3 is a 1 2 2 2b 2c			
2 3 Par 1 2 a b c	Did the organization agree to carryover lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	on 501(c) rt III-A, li	2 3 1(5), or se ne 3 is a 1 2 2 2b 2c			
2 3 Par 1 2 a b c	Did the organization agree to carryover lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	on 501(c) rt III-A, li	2 3 1(5), or se ne 3 is a 1 2 2 2b 2c			
2 3 Pair 1 2 8 6 c 3 4	Did the organization agree to carryover lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?	on 501(c) rt III-A, li cal	2 3 1(5), or se ne 3 is a 1 2a 2b 2c 3			
1 2 a b c 3 4	Did the organization agree to carryover lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	on 501(c) rt III-A, li cal	2 3 1(5), or se ne 3 is a 1 2a 2b 2c 3			
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1 2 a b c 3 4 5 Par	Did the organization agree to carryover lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues lif notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information	on 501(c) rt III-A, li	2 3 1(5), or se ne 3 is a 1 2a 2b 2c 3	nswered		
1 2 a b c 3 4 5 Par	Did the organization agree to carryover lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and some prior of the provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and some prior of the prior year?	on 501(c) rt III-A, li	2 3 1(5), or se ne 3 is a 1 2a 2b 2c 3	nswered		
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1 2 a b c 3 4 5 Par	Did the organization agree to carryover lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and some prior of the provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and some prior of the prior year?	on 501(c) rt III-A, li	2 3 1(5), or se ne 3 is a 1 2a 2b 2c 3	nswered		
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(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** TROUT UNLIMITED INC. 38-1612715 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year ..... 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply).  $\square$  Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area X Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements b Total acreage restricted by conservation easements 1,865.00 Number of conservation easements on a certified historic structure included in (a) 0 d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 40 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XiV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Raw 期》Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part Vill; line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	dule D (Form 990) 2010 TROUT UNLIM	ITED, INC.				38-1612	715	P	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tro	easures, or Ot	her Simi	lar Asse	ts (con	inued	)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significan	t use of its	collectio	n item	18
	(check all that apply):								
а	Public exhibition	d	Loan or excl	hange programs					
b	Scholarly research	. е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	n how they further th	he organization's ex	xempt purp	ose in Pa	rt XIV.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical trea	sures, or other simi	lar assets				
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's co	lection?		<u> </u>	Yes		No_
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "Yes"	to Form 99	0, Part IV,	line 9, or	•	-
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets n	ot included	t			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIV								
	İ						Amoun	t	
C	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIV.				•				
Par	t V Endowment Funds. Complete if	the organization an	swered "Yes" to Fo	rm 990, Part IV, line	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance	6,149,846.	6,089,846.	5,979,346					
b	Contributions	10,000.	60,000.	110,500					
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	6,159,846.	6,149,846.	6,089,846					
2	Provide the estimated percentage of the year	end baiance held a	s:	•					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 100.00	%							
c	Term endowment ▶	₩							
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered fo	r the organ	ization			
	by:							Yes	No
	(i) unrelated organizations						. 3a(i)		x
	(ii) related organizations						. 3a(ii)		x
b	If "Yes" to 3a(ii), are the related organizations								<u> </u>
4	Describe in Part XIV the intended uses of the								
Pai	t VI Land, Buildings, and Equipm	ent. See Form 990	, Part X, line 10.						
	Description of investment	(a) Cost or of			Accumulat		(d) Boo	k valu	е
		basis (investr	nent) basis (	(other) c	depreciation	n			
1a	Land			7,801.		•		7	801.
b	Buildings								
	Leasehold improvements			35,029.	25	,967.		9	062.
d	Equipment								
	Other	ı	1	,560,895.	680	,433.		880	462.
T-1-1	Add fines to through to Column (d) must a	aval Farm 000 Park	V nakuma (0) K 1	0(-1.1				007	205

Schedule D (Form 990) 2010 TROUT UNLIMITE			-1612715 Page
Part VII Investments - Other Securities.	See Form 990, Part X, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
The state of the s		Cost of end-of-year in	airet value
(1) Financial derivatives			
(2) Closely-held equity interests(3) Other		<del> </del>	
(A)			<del></del> :-
(B)			<del></del> ,
(C)			
(D)		:	
(E) -	· · · · · · · · · · · · · · · · · · ·		
(F)			
(G)			
(H) '			
(I) F			
Fotal. (Col (b) must equal Form 990, Part X, col (B) line 12.)	<b>&gt;</b>		
Part VIII Investments - Program Related		13.	
(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)			
(2)			
(3)			
(4)			
(5)		* *	
(6)			
(7)			
(8)			
· <b>(9)</b>		*	
(10)	<u>'</u>	¥	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part X Other Assets. See Form 990, Part X,			(L) D L (
	(a) Description		(b) Book value
(1)			<u> </u>
(2)			
(3)	· · ·		<del></del>
(4)			.
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	None de l		
Total. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities. See Form 990, Par	+ V line 25.)		
1. (a) Description of liability	t A, iiile 25.	(b) Amount	
(1) Federal income taxes		(a) / a nochi	
(2) REFUNDABLE ADVANCES		159 720	
(3)	1	159,720.	
(4)			
(5)			
(6)		-	
(7)		<del></del>	
(8)		<del></del>	
(9)		<del></del>	
(27)	l l	[55]55355555555555555555555555555555555	atonoasonotestatabanaataban66595959595575950599760

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Sche	edule D (Form 990) 2010 TROUT UNLIMITED, INC.			38-1612715	Page 4
Pa	rt XI. Reconciliation of Change in Net Assets from Form 990 to A	<b>Audited Finan</b>	cial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		36,456,414.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		32,564,196.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		3,892,218.
4	Net unrealized gains (losses) on investments				-127,490,
5	Donated services and use of facilities			•	
6	Investment expenses				-
7	Prior period adjustments				
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				-127,490,
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and				3,764,728,
THE RESERVE AND ADDRESS.	*** XIII Reconciliation of Revenue per Audited Financial Statemen			Return	3,104,120.
**************************************	Total revenue, gains, and other support per audited financial statements				36,531,717.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			··	30,331,717.
		2a	197 40		
a			-127,49	<u>"-</u>	
þ		2b		-	
C		2c			
d			202,79		
e				· — — ·	75,303.
3	Subtract line 2e from line 1			3	36,456,414.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ı			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
þ	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b	•••••	3 -	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				36,456,414.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statemer	nts With Expe	enses p	er Return	
1	Total expenses and losses per audited financial statements			1	32,766,989.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		į.		
а	Donated services and use of facilities	2a	ž.		
b		2b			
С		2c			
d		2d	202.79	3.	
e				2e	202,793.
3	Subtract line 2e from line 1				32,564,196,
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			"	,,
а		4a			
h				$\dashv$	
_	A			40	0,
_					
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	32,564,196.
	N XIV Supplemental Information		- 15.4 11		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,				
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple		ovide any a	additional informa	ition.
PAR'	I II, LINE 5: ANNUALLY A TU REPRESENTATIVE VISITS THE PROPERTY AN	D			
SPE	AKS WITH THE LANDOWNER TO REVIEW THE PROPERTY AND IDENTIFY ANY NE	W		7	
ACT	IVITIES OR DAMAGES SINCE THE LAST INSPECTION THAT COULD AFFECT TH	E			
PROI	PERTY. THE REPRESENTATIVE DISCUSSES WITH THE LANDOWNER ANY POTEN	TIAL			
OR I	PLANNED ACTIVITIES CONCERNING THE LAND INCLUDING, BUT NOT LIMITED	TO,			
			<del></del>	<del></del>	·
THE	TRANSFER OF THE LAND, AGRICULTURAL ACTIVITIES, TIMBER HARVESTING	·			
WATI	ER DEVELOPMENT, ROAD CONSTRUCTION, AND COMMERCIAL ACTIVITIES.			;	

Schedule D (Form 990) 2010 TROOT UNLIMITED, INC.	38-1612715	Page 5
Par XIV Supplemental Information (continued)		
PART II, LINE 9: CONSERVATION EASEMENTS ARE NOT REPORTED IN THE		
REVENUE, EXPENSE OR BALANCE SHEET OF TU.		
PART V, LINE 4: CCF ENDOWMENT - THIS ENDOWMENT IS EXPECTED BY THE		
DONORS TO PRODUCE ANNUAL INVESTMENT INCOME THAT IS TO BE SPENT TO COVER		
THE SALARIES, BENEFITS, AND OPERATING BUDGET FOR TU'S SENIOR SCIENTIST AND		
CCF DIRECTOR, GIVEN THAT THESE EXPENSES EXCEED A REASONABLE EARNINGS RATE	· · · · · · · · · · · · · · · · · · ·	<del>-</del>
FOR THE SIZE OF THIS ENDOWMENT, THE SPENDING RATE OF 4% WAS SET FOR FISCAL		
YEARS ENDED SEPTEMBER 30, 2010 AND 2009.		
OTHER ENDOWMENTS - THE EARNINGS FROM THESE ENDOWMENTS ARE AVAILABLE IN		
	* **	
SUPPORT OF THE GENERAL OPERATIONS OF TU. THE BOARD OF TRUSTEES DETERMINES	4.	
ANNUALLY THE SPENDING RATE FOR THESE ENDOWMENTS, DUE TO THE CURRENT MARKET		
CONDITIONS, THE BOARD OF TRUSTEES AUTHORIZED A 0% SPENDING RATE FOR THE	·	
FISCAL YEARS ENDED SEPTEMBER 30, 2010 AND 2009.	·	
PART X, LINE 2: TU IS GENERALLY EXEMPT FROM FEDERAL INCOME TAX UNDER		
THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). IN		
ADDITION, TU QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAS BEEN		
CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME		
THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS		
SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. TU HAD NO UNRELATED		<del></del>
BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND		
2010, SINCE TU DID NOT HAVE SIGNIFICANT UNRELATED BUSINESS INCOME.		
MANAGEMENT EVALUATED TU'S TAX POSITIONS AND CONCLUDED THAT TU HAD TAKEN NO		
	,	
UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL		
STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE, GENERALLY, TU	Schedule D (For	m 990) 2010
032055 12-20-10	<b>(</b>	

Schedule D (Form 990) 2010 TROUT UNLIMITED, INC.	38-1612715 Page <b>5</b>
Part XIV Supplemental Information (continued)	
IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STAT	IE .
OR LOCAL TAX	
OR LOCAL TAX	
AUTHORITIES FOR YEARS BEFORE 2008.	
	- 
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EVENT EXPENSE REPORTED ON PART VIII, LINE 8B 202,79	3
AVE, 15	3.
	II
·	
EVENT EXPENSE REPORTED ON PART VIII, LINE 8B 202,79	3.
	**
	* .
	•
	*
	<i>\$</i>
	ė
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### **SCHEDULE G** (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 8a.

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

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2010

lame of the organization	•					Employer ide	ntification number
TROUT UNLIM	TED, INC.					38-1612715	
Fundraising Activities. required to complete this part.	Complete if the organization answe	red *Y	es" to	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether the organization raise	d funds through any of the followin	g activ	ities.	Check all that apply.			
a Mail solicitations				overnment grants			
<b>b</b> Internet and email solicitations	f Solicitat	ion of g	over	nment grants			•
c Phone solicitations	g 🔲 Special ·	fundrai	sing (	events			
d In-person solicitations							
2 a Did the organization have a written or	oral agreement with any individual	(includ	ing o	ficers, directors, trus	stees	or	
key employees listed in Form 990, Par	-			-		└─ Yes	
<b>b</b> If "Yes," list the ten highest paid indivi		uant to	agre	ements under which	the f	undraiser is to t	oe .
compensated at least \$5,000 by the c	organization.		,				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or cont contribu	Old iser stody rol of tions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					3.0		
							·-
							-
-							* 120 W
otal							
Stall states in which the organization or licensing.			itions	or has been notified	d it is	exempt from re	gistration
or most tong.	· · · · · · · · · · · · · · · · · · ·						
· · · · · · · · · · · · · · · · · · ·							
· · · · · · · · · · · · · · · · · · ·							
	·						
						;	
							· · ·

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Page 2

		of fundraising event contributions and gr		EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		•				(add col. (a) through
				DINNER	4	col. (c))
ile			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	367,983.	199,700.	147,595,	715,278.
	2	Less: Charitable contributions	98,778.	55,721.	49,901.	204,400.
	3	Gross income (line 1 minus line 2)	269,205.	143,979.	97,694.	510,878.
	4	Cash prizes		·		
Ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		56,605.	49,907.	202,793.
	10				**	( 202,793)
DESCRIPTION OF THE PERSON OF T	11	Net income summary. Combine line 3, colum	n (d), and line 10		<u> </u>	308,085.
	T.	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.			<del>,</del>	
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(-/g-	bingo/progressive bingo	(6) 5	col. (a) through col. (c))
æ						
	1	Gross revenue				
ses	2	Cash prizes		•		
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	1		Yes %	☐ Yes %	Yes %	
	8	Volunteer labor	□ No	☐ No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	()
	8	Net gaming income summary. Combine line	I, column d, and line 7		<b></b>	-
				•		
9		ter the state(s) in which the organization opera				
		the organization licensed to operate gaming ac		states?		. LYes No
ŧ	) If "	No," explain:				
			·			
40-					•	
		ere any of the organization's gaming licenses re Yes," explain:	-	<del>-</del>	year?	. L Yes L No
	r 11	res, explain:			· · ·	<del></del>
					· ·	
0320	82 0	1-13-11		•	Schedule G (For	rm 990 or 990-EZ) 2010

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2010 TROUT UNLIMITED, INC. 38-	1612	715		Page 3
11	Does the organization operate gaming activities with nonmembers?	[		Yes	No
12					
	to administer charitable gaming?	ſ		Yes	☐ No
13		···			
	a The organization's facility		13a	1	0/
	An outside facility		13b	<del> </del>	<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	∟	130	<u> </u>	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ►				
	Address -				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<u>l</u>		Yes	L No
	·				
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount				
	of gaming revenue retained by the third party > \$	-			
c	: If "Yes," enter name and address of the third party:				
	Name >				
	Address ►				
	Address -				
40	0				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	s the organization required under state law to make charitable distributions from the gaming proceeds to				
•		Г	$\neg$	Yes	☐ No
1.	retain the state gaming license?	۰۰۰۰۰۰ ۱		163	140
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	8			
<b>***</b>	organization's own exempt activities during the tax year > \$				
l.	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns				
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	tion (	see i	nstru	tions).
		4			
	;				
_				-	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No. 1545-0047 Open to Public 2010

Employer identification number ž ROGUE RIVER HOME RIVERS BRISTOL BAY INITIATIVE WATERSHED RESTORATION Inspection WATERSHED RESTORATION WATERSHED RESTORATION (h) Purpose of grant 38-1612715 GENERAL OPERATIONS or assistance X Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any INITIATIVE Enter total number of section 501(c)(3) and government organizations reciplent that received more than \$5,000. Check this box if no one reciplent received more than \$5,000. Part II can be duplicated if additional space is needed and address of organization (b) EIN (c) IRC section or government (c) IRC section if applicable cash grant assistance or government as government as government as government as government as government as government as government as government as government as government as government as government as government as government as gover Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ö 6 Ö ď Ö <u>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</u> 16,750, 10,000 10,000 800 10,000 8,000 501 (C)(3) 501 (C)(3) 501 (C)(3) 501 (C)(3) 501 (C)(3) 501 (C)(3) Enter total number of other organizations General Information on Grants and Assistance 510225096 237355308 311721762 237305963 237184515 237184494 criteria used to award the grants or assistance? TROUT UNLIMITED, UNLIMITED - 1204 OLD LYNCHBURG RD. UPPER GREEN RIVER CHAPTER OF TROUT 1 (a) Name and address of organization UNLIMITED - P.O. BOX 12274 - DES UNLIMITED - 159 WINEGLASS LOOPS SUITE 1400 - CHARLOTTESVILLE, VA 22903 JOE BROOKS CHAPTER OF TROUT NORTH BEAR CHAPTER OF TROUT VIRGINIA COUNCIL OF TROUT UNLIMITED - PO BOX 2261 WASHINGTON, DC 20005 DILLINGHAM, AR 99576 LIVINGSTON, MT 59047 Name of the organization PINEDALE, WY 82941 1101 14TH ST. NW. MOINES, IA 50312 NAWT LAND TRUST AMERICAN RIVERS P.O. BOX 1389 Part Partil a

032101 01-13-11

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I (Form 990) (2010)

Schedule ( Form 990) TROUT UNLIMITED, INC.  Part  Continuation of Grants and Other Assistance to Governments and	ED INC. Assistance to G	overnments and Organ	nizations in the Ur	nited States (Sche	Organizations in the United States (Schedule   (Form 990), Part II.)		38-1612715 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALDO LEOPOLD CHAPTER OF TROUT UNLIMITED - 805 S. CENTER ST BEAVER DAM, WI 53916	521269888	501 (C)(3)	°000'8	.0			WATERSHED RESTORATION
MADISON COUNTY CHAPTER OF TROUT UNLIMITED - 4979 TEMPERANCE HILL RD CAZENOVIA, NY 13035	161523555	501 (C)(3)	7,500.	0			WATERSHED RESTORATION
UPPER BEAR RIVER CHAPTER OF TROUT UNLIMITED - P.O. BOX 947 - EVANSTON, WY 82931	521766254	501 (C)(3)	7,500.	0			WATERSHED RESTORATION
CENTRAL WISCONSIN CHAPTER OF TROUT UNLIMITED - 160 W 19TH AVE - OSHKOSH, WI 54902	237184511	501 (C)(3)	6,000,	0.		,	WATERSHED RESTORATION
SHENANDOAH VALLEY CHAPTER OF TROUT UNLIMITED - P.O. BOX 897 - NEW MARKET, VA 22844	237355305	501 (C)(3)	5,700.	0			WATERSHED RESTORATION
SPOKANE FALLS CHAPTER OF TROUT UNLIMITED - P.O. BOX 30185 - SPOKANE, WA 99223	911669811	501 (C)(3)	5,300,	0			WATERSHED RESTORATION
			į.			į	

Schedule I (Form 990)

H

(f) Description of non-cash assistance (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance j. (c) Amount of cash grant OUTSIDE ORGANIZATIONS, THOSE ARE TYPICALLY PART OF A LARGER GRANT AGREEMENT THAT DICTATES THE TERM OF THE ARRANGEMENTS WITH THE APPROPRIATE TU EMPLOYEE SCHEDULE I, PART I, LINE 2: THE MAJORITY OF THE GRANTS ARE GIVEN OUT TO TU CHAPTERS AND COUNCILS AND ARE MONITORED BY THE EMBRACE-A-STREAM COMMITTEE FOR COMPLIANCE WITH THEIR GRANT AGREEMENT. FOR THOSE GRANTS ISSUED TO (b) Number of recipients (a) Type of grant or assistance MONITORING COMPLIANCE

Schedule I (Form 990) (2010)

83

032102 01-13-11

Page 2

38-1612715

TROUT UNLIMITED, INC.

Schedule I (Form 990) (2010)

III Pad

## **SCHEDULE J** (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. See separate instructions.

**Employer identification number** TROUT UNLIMITED, INC. 38-1612715

8.80	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		********
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	X Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations   X Approval by the board or compensation committee			
	The rolling of the ro			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b	v	x
	Participate in, or receive payment from, an equity-based compensation arrangement?		Х	-
•	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	********	X
	Tes to any or lines 420, list the persons and provide the applicable amounts for each term in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of:			
•				/*************************************
	The organization?	5a		<u>x</u>
•	Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.	5b	*******	X
_				
U	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:			******
	The organization?	6a		X
D	Any related organization?	6b		X
_	If "Yes" to line 6a or 6b, describe in Part III.			
1	to persons listed in Form 990, Fart VII, Section A, line 1a, did the organization provide any non-fixed payments			
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		_X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

TROUT UNLIMITED, INC.

Schedule J (Form 990) 2010

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

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	1	io i monvenio (a)	W-E allowor 10 age 141	oo compansation	Betirement and	Nontachio	Total of columns	(r)
(A) Name		(f) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
	6	226,600.	0,	0	19,061,	17,061.	262,722.	0
1 CHRISTOPHER WOOD	8	0.	0	0	0	0	0	0
	(i)	210,463.	0.	.0	18,941.	17,061.	246,465.	0.
2 CHARLES GAUVIN	(m)	0,	0.	0.	0	0		0
	(1)	164,300.	7,750.	0.	14,557.	17,061.	203,668.	0
3 HILLARY COLEY	8	0.	0	.0	0	0.0	.0	0.
•	€	144,486.	.0	0.	12,594.	16,061.	173,141.	0.
4 STEVEN MOYER	<b>(ii)</b>	0.	0.	0.	°0	0	0	0
	8							
5	€							
	(0)							
9	€							
	ε							
7	<b>6</b>							
	(1)							
8	(ii)							
	8							
6	€							
	8							
10	€	,						
	Ξ							
<b>1</b>	€							
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14	<b>(E)</b>							
	Ξ							
15	€							
	8							
16	€							

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010 TROUT UNLIMITED, INC.	38-1612715	Page 3
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.	rt for any additional information.	
PART I, LINE 4B; TU IS CURRENTLY PAYING INTO AN UNQUALIFIED PLAN (457F)		
FOR ITS OFFICERS AND KEY EMPLOYEES IN WHICH NONE OF THE OFFICERS OR KEY		
EMPLOYEES VEST IN UNTIL JANUARY OF 2012.		
THE PURPOSE OF THE SUPPLEMENTAL BENEFIT PLAN IS TO PROVIDE THE EXECUTIVE		
WITH A LUMP SUM CASH BENEFIT UPON THE TERMINATION OF HIS OR HER EMPLOYMENT		
OR UPON HIS OR HER DEATH IF HIS OR HER EMPLOYMENT IS TERMINATED ON ACCOUNT		
OF DEATH, IF A BENEFIT IS PAYABLE UNDER THE PLAN.		
FOR THE FIRST FISCAL YEAR DURING WHICH AN EXECUTIVE PARTICIPATES IN THE		
PLAN, THE EMPLOYER SHALL CREDIT 5% OF SUCH EXECUTIVE'S COMPENSATION EARNED		
DURING SUCH FISCAL YEAR, BUT AFTER SUCH EXECUTIVE'S ENTRY DATE, TO SUCH		
EXECUTIVE'S DEFERRED BENEFIT ACCOUNT (IF SUCH EXECUTIVE IS CONTINUOUSLY		
EMPLOYED BY THE EMPLOYER ON A FULL-TIME BASIS FROM HIS ENTRY DATE UNTIL THE		
END OF THE FISCAL YEAR WHICH INCLUDES SUCH EXECUTIVE'S ENTRY DATE). ANY	: 4	
AMOUNTS CREDITED TO AN EXECUTIVE'S DEFERRED BENEFIT ACCOUNT SHALL BE		
CREDITED ON THE FIRST DAY OF THE FISCAL YEAR FOLLOWING THE FISCAL YEAR FOR		
WHICH SUCH CREDIT IS TO BE MADE. ANY DISTRIBUTION MADE TO AN EXECUTIVE OR		
HIS BENEFICIARY PURSUANT TO THE PLAN SHALL BE DEDUCTED FROM SUCH		
	Schedule J (Form 980) 2010	90) 2010

Schedule J (Form 990) 2010 TROUT UNLIMITED, INC.	38-1612715 Page 3
Part III Supplemental Information	
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.	art for any additional information.
EXECUTIVE'S DEFERRED BENEFIT ACCOUNT AS OF THE DATE ON WHICH SUCH	
DISTRIBUTION IS MADE,	
DURING EACH FISCAL YEAR, EACH EXECUTIVE'S DEFERRED BENEFIT ACCOUNT SHALL BE	
CREDITED WITH INTEREST AS OF THE LAST DAY OF SUCH FISCAL YEAR, INTEREST	
SHALL BE CREDITED ON THE AMOUNT THAT WAS IN THE ACCOUNT AS OF THE FIRST DAY	
OF SUCH FISCAL YEAR, THE INTEREST RATE PER ANNUM WHICH SHALL BE CREDITED	
TO EACH EXECUTIVE'S DEPERRED BENEFIT ACCOUNT FOR EACH FISCAL YEAR SHALL BE	
THE RATE OR RATES SPECIFIED BY THE BOARD OF DIRECTORS OF THE CORPORATION	
FOR SUCH YEAR.	
IF THE EXECUTIVE IS ACTIVELY AND CONTINUOUSLY EMPLOYED BY THE EMPLOYER ON A	
FULL-TIME BASIS FROM HIS OR HER ENTRY DATE UNTIL HE OR SHE ATTAINS HIS	
NORMAL RETIREMENT AGE, THEN THE EMPLOYER WILL MAKE A LUMP SUM CASH PAYMENT	
TO THE EXECUTIVE ON HIS NORMAL RETIREMENT DATE, THE AMOUNT OF SUCH LUMP	: 1
SUM PAYMENT SHALL BE EQUAL TO THE VALUE OF THE EXECUTIVE'S DEFERRED	
BENEFIT. IF THE ENPLOYEE TERMINATES HIS OR HER EMPLOYMENT FOR ANY REASON	
OTHER THAN DEATH, PRIOR TO THE NORMAL RETIREMENT AGE, HIS OR HER BENEFIT	
UNDER THIS PLAN SHALL BE FORFEITED.	
	Schedule J (Form 990) 2010

Schedule J (Form 990) 2010 TROUT UNLIMITED, INC.	38-1612715	Page 3
Patt III Supplemental Information		
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 8b, 7, and 8. Also complete this part for any additional information.	this part for any additional information.	
IF THE EXECUTIVE S EMPLOYMENT WITH THE EMPLOYER IS TERMINATED ON ACCOUNT OF		
HIS DEATH BEFORE HE OR SHE ATTAINS HIS OR HER NORMAL RETIREMENT AGE, THEN		
THE EMPLOYER SHALL MAKE A LUMP SUM PAYMENT TO THE EXECUTIVE'S BENEPICIARY.		
THE AMOUNT OF SUCH LUMP SUM PAYMENT SHALL BE EQUAL TO THE EXECUTIVES DEATH		
BENEFIT. SUCH PAYMENT SHALL BE MADE NO LATER THAN THE DATE THAT IS SIXTY		
(60) DAYS AFTER THE DATE OF THE EXECUTIVE'S DEATH.		
		:
IF, AT THE DEATH OF THE EXECUTIVE, THERE IS NO PROPERLY DESIGNATED LIVING		
BENEFICIARY, THEN ANY PAYMENT DUE UNDER SECTION ABOVE SHALL BE MADE TO THE		
PERSONAL REPRESENTATIVE OF THE EXECUTIVE'S ESTATE.		
CHRISTOPHER WOOD: \$7,990		
HILLARY COLEY: \$7,555		
STEVEN MOYER: \$6,815		
	Schedule J (Form 990) 2010	990) 2010

## SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

## Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV. lines 29 or 30. Attach to Form 990.

OMB No. 1545-0047

Inspection

Name of the organization

TROUT UNLIMITED, INC.

Employer identification number

38-1612715 Types of Property (a) (b) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on: applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 2 Art - Historical treasures Art - Fractional interests 3 Books and publications ..... Clothing and household goods ..... 5 Cars and other vehicles 6 7 Boats and planes ..... 8 intellectual property ..... Securities - Publicly traded 9 х 325,950. Securities - Closely held stock ..... 10 Securities - Partnership, LLC, or 11 trust interests ..... Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 Collectibles 18 19 Food inventory Drugs and medical supplies ..... 20 21 Taxidermy ..... Historical artifacts 22 Scientific specimens ..... 23 Archeological artifacts ..... 24 25 Other 26 Other Other 27 28 Other -Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ...... Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990,

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2010)

33

b If "Yes," describe in Part II.

describe in Part II.

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

## 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 990-EZ.

2010 Open to Public

Department of the Treasury ► Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Name of the organization **Employer identification number** TROUT UNLIMITED, INC. 38-1612715 FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: DECISION BY THE MONTANA WATER COURT DENYING TU'S PARTICIPATION IN THE STATE-WIDE WATER RIGHTS ADJUDICATION. THE RULING CLEARS THE WAY FOR TU TO DO WHAT IT DOES BEST: COLLABORATE WITH IRRIGATORS. ANGLERS AND OTHER STEWARDS TO RESTORE TROUT STREAMS WHILE RESPECTING THE WATER NEEDS OF AGRICULTURE, IN CA, THROUGH GRASSROOTS AND SPORTSMEN ORGANIZING, TU HELPED STOP THE MONO COUNTY BOARD OF SUPERVISORS FROM ADOPTING RESOLUTIONS THAT WOULD FACILITATE A PROPOSED GOLD MINING OPERATION AND "RELEASE" WILDERNESS STUDY AREAS IN THE BODIE HILLS. TU'S ROADLESS PROTECTION EFFORTS GREW WITH A NEW CONSERVATION PARTNERSHIP WITH THE VET VOICE FOUNDATION; WHICH PRODUCED A JOINT PRESS CONFERENCE IN BAKERSFIELD OPPOSING HR 1581 AT WHICH TU DELIVERED A PETITION SIGNED BY 1,900 SERVICE VETERANS. TU'S CA FIELD DIRECTOR ALSO TESTIFIED AT A CONGRESSIONAL FIELD HEARING OF THE HOUSE SUBCOMMITTEE ON NATIONAL PARKS, FORESTS, AND PUBLIC LANDS IN SUPPORT OF THE FS'S TRAVEL MANAGEMENT PROCESS AND THEIR EFFORTS TO BETTER MANAGE MOTORIZED USE. TU ALSO ACHIEVED MAJOR POLICY REFORM WHEN THE STATE BOARD ADOPTED A NEW REGULATION TO REDUCE THE IMPACTS ON SALMON AND STEELHEAD FROM WATER DIVERSIONS FOR FROST PROTECTION OF CROPS IN MENDOCINO AND SONOMA COUNTIES. TU ALSO WORKED WITH THE WINE INDUSTRY TO CRAFT LEGISLATION? SIGNED INTO LAW IN 2011, WHICH WILL IMPROVE AND EXPEDITE PERMITTING FOR SMALL OFF-STREAM STORAGE PONDS FOR FROST PROTECTION AND CREATE FAR-REACHING BENEFITS IN WATERSHEDS

CRITICAL TO STEELHEAD AND SALMON.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization TROUT UNLIMITED, INC.	Employer identification number 38-1612715
TU'S EASTERN LAND PROTECTION PROJECT RECEIVED FUNDING TO INITIATE THE	
COLDWATER LAND CONSERVANCY FUND TO PROTECT VITAL BROOK TROUT HABITAT IN	
VA, PA, AND NY. THE FUND WILL ENABLE TU TO ASSIST LAND TRUSTS AND	
OTHER PARTNERS WITH THE TRANSACTION COSTS ASSOCIATED WITH CONSERVATION	
EASEMENTS AND FEE SIMPLE ACQUISITION PROJECTS.	
· · · · · · · · · · · · · · · · · · ·	
IN MY, TU'S EASTERN WATER PROJECT HELPED PASS WATER WITHDRAWAL	
LEGISLATION THAT REQUIRES ANY USER SEEKING TO WITHDRAW 100,000 GALLONS	
PER DAY OR MORE TO RECEIVE A PERMIT FROM THE STATE DEC.	
RECONNECT/RESTORE	a ÷
TU'S HOME RIVERS INITIATIVES (HRIS) HAD A VERY SUCCESSFUL YEAR. THE	* *
NEWEST HRI PROJECT WAS INITIATED ON IDAHO'S BLACKFOOT RIVER TO RESTORE	
FISH PASSAGE, HABITAT, AND WATER QUALITY TO BENEFIT NATIVE YELLOWSTONE	
CUTTHROAT TROUT. THE ROGUE RIVER HRI COMPLETED WATERSHED-WIDE HABITAT	
MAPPING AND ROAD-STREAM CROSSING INVENTORIES AT OVER 150 SITES TO	
IDENTIFY AND PRIORITIZE RESTORATION OPPORTUNITIES. TU CAPITALIZED ON	
THE SUCCESSES OF ITS MIDDLE CLARK FORK HRI TO EXPAND RESTORATION	
EFFORTS INTO THE UPPER CLARK FORK. TU'S BEAR RIVER HRI WORKED CLOSELY	
WITH UTAH BLM AND OTHER PARTNERS TO RESTORE FISH PASSAGE AT 14	
LOCATIONS AND RECONNECT 13.8 MILES OF STREAM FOR BONNEVILLE CUTTHROAT	
TROUT IN RICH COUNTY, UT-AN EFFORT FOR WHICH TU'S BEAR RIVER PROJECT	7
MANAGER (KIRK DAHLE) WAS AWARDED THE BLM'S 2011 PARTNERS IN	
CONSERVATION AWARD. IN WV, TU'S POTOMAC HEADWATERS HRI INSTALLED OVER	
125,000 FEET OF FENCING TO KEEP CATTLE OUT OF STREAMS IN ORDER TO	
PROTECT AND RESTORE EASTERN BROOK TROUT HABITAT.	ı
MIL'S DETENTINGS ADDA DESMODANTON DESCOUND DUM OFFED \$2 5 MILITON ON MILE	

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization TROUT UNLIMITED, INC.	Employer identification number 38-1612715
RIPARIAN RESTORATION PROJECTS ON NATIVE FISH LIMITING FACTORS. TU	
PUBLISHED ARTICLES ON THE GENETIC INTEGRITY OF FISH POPULATIONS THAT	
ARE IMPORTANT TO SPORT FISHING, SUCH AS THE SOUTH FORE OF THE BOISE	<u></u>
RIVER IN IDAHO, AND DEVELOPED A HANDBOOK ON STREAM MANAGEMENT FOR	:
PRIVATE LANDOWNERS.	
TU APPLIED ITS CONSERVATION PORTFOLIO PLANNING PROCESS TO RIO GRANDE	·
CUTTHROAT TROUT, YELLOWSTONE CUTTHROAT TROUT, COLORADO RIVER CUTTHROAT	
TROUT, AND BONNEVILLE CUTTHROAT TROUT. MAPS SHOWING THE RESULTS OF OUR	
ANALYSIS MAY BE FOUND ON THE TU WEBSITE	
(WWW.TU.ORG/SCIENCE/CONSERVATION-SUCCESS-INDEX/).	1.
	•
THE CSI WAS EXPANDED TO HELP IDENTIFY SALMON AND STEELHEAD STRONGHOLDS	· · · · · · · · · · · · · · · · · · ·
ON THE PACIFIC COAST AND NATIVE FISH CONSERVATION AREAS IN THE COLORADO	×
RIVER BASIN AND THE ATLANTIC COAST. CSI ANALYSES HAVE BEEN COMPLETED	
FOR WINTER AND SUMMER STEELHEAD, COHO SALMON, CHINOOK SALMON, CHUM	
SALMON AND PINK SALMON ON THE WEST COAST, AS WELL AS ATLANTIC SALMON ON	
THE EAST COAST.	
	•
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
GOVERNMENT AFFAIRS	
BIPARTISAN RENEWABLE ENERGY LEGISLATION - THE PUBLIC LANDS RENEWABLE	4
ENERGY DEVELOPMENT ACT - WAS INTRODUCED IN NOVEMBER 2010, WHICH WOULD	
BEGIN A TRANSITION TO A LEASING PROGRAM FOR WIND AND SOLAR ENERGY	
DEVELOPMENT ON PUBLIC LANDS, INSTITUTE A ROYALTY, AND DEDICATE A LARGE	
PORTION OF THE PROCEEDS TO FISH AND WILDLIFE HABITAT CONSERVATION, IT	<u> </u>
WOULD BE A HUGE STEP TOWARD BALANCING ENERGY DEVELOPMENT AND FISHING	
AND HUNTING OPPORTUNITIES, AS WIND AND SOLAR PROJECTS ARE BUILT ON 032212 01-24-11	Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization TROUT UNLIMITED, INC.	Employer identification number 38-1612715
FEDERAL LANDS.	
THE KLAMATH BASIN ECONOMIC RESTORATION ACT WAS INTRODUCED IN THE HOUSE	
	-
KLAMATH AGREEMENTS, WHICH WILL LEAD TO DAM REMOVAL THAT OPENS UP	
HUNDREDS OF MILES OF SALMON AND STEELHEAD HABITAT, AND MUCH-NEEDED	
RESTORATION WORK IN THE KLAMATH BASIN. THE LEGISLATION RESULTED FROM	
MORE THAN A DECADE OF WORK IN THE KLAMATH RIVER BASIN OF CALIFORNIA AND	
OREGON.	
AS A RESULT OF THE COLLABORATIVE WORK OF THE PINE FOREST WORKING GROUP,	ş é
A GROUP OF LOCAL CITIZENS FROM NORTHERN NEVADA, THE PINE FOREST	2
RECREATION ENHANCEMENT ACT OF 2011 WAS INTRODUCED. IT WOULD CREATE A	
NEW 26,000-ACRE OFFICIAL WILDERNESS AREA IN THE NORTHWESTERN PART OF	
THE STATE FROM TWO EXISTING WILDERNESS AREA STUDY AREAS THROUGH A	
UNIQUE SERIES OF LAND EXCHANGES AND CREATIVE COMPROMISES.	,
EXPENSES \$ 661,421. INCLUDING GRANTS OF \$ 3,445. REVENUE \$ 0.	
FORM 990, PART VI, SECTION A, LINE 6: SOMEONE BECOMES A MEMBER OF TU BY	
PAYING AT LEAST THE REGULAR ANNUAL MEMBERSHIP PRICE, WHICH GIVES THEM ONE	
VOTE AT THE ANNUAL MEETING. TU DOES NOT HAVE ANY STOCKHOLDERS. THE	
CLASSES OF MEMBERSHIPS ARE AT THE DISCRETION OF THE ORGANIZATION AND CAN BE	4
CHANGED AT ANYTIME.	
COMMOND AT ANTITED,	
FORM 990, PART VI, SECTION A, LINE 7A: THE NOMINATING COMMITTEE OF THE	
BOARD PRESENTS THE SLATE OF BOARD MEMBERS AT THE ANNUAL MEETING OF TU FOR	· ·
APPROVAL BY THE MEMBERSHIP. ANY MEMBER IN GOOD STANDING THAT IS PRESENT OR	
WHO HAS SUBMITTED A PROXY IN ADVANCE OF THE MEETING IS ALLOWED TO VOTE ON 122212 11-24-11	
N-24-11 Sc	chedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization TROUT UNLIMITED, INC.	Employer identification number 38-1612715
THE SLATE.	
FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERSHIP ONLY APPROVES THE	:
SLATE OF BOARD MEMBERS AND CHANGES TO THE BYLAWS AS PRESENTED AT THE ANNUAL	3
MEETING.	
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS MADE	
ELECTRONICALLY AVAILABLE TO ALL BOARD MEMBERS PRIOR TO SUBMITTAL.	·
	·
FORM 990, PART VI, SECTION B, LINE 12C: A COPY OF THE CONFLICT OF INTEREST	
POLICY AND A QUESTIONNAIRE CONCERNING BUSINESS RELATIONSHIPS IS SENT TO ALL	3 ÷
BOARD NEMBERS EACH FISCAL YEAR. THE BOARD MEMBERS RETURN THE COMPLETED	
QUESTIONNAIRE TO THE NOMINATING AND GOVERNANCE COMMITTEE OF THE BOARD OF	
TRUSTEES, WHO MONITORS COMPLIANCE WITH THE POLICY.	
FORM 990, PART VI, SECTION B, LINE 15: THE CHAIRMAN OF THE BOARD APPOINTS	
A COMPENSATION COMMITTEE THAT CONSISTS OF NON-COMPENSATED BOARD MEMBERS,	
INCLUDING THE CHAIRMAN. THIS COMMITTEE MEETS AT LEAST ANNUALLY WITH AN	
INDEPENDENT SALARY CONSULTANT TO REVIEW THE COMPENSATION PACKAGES FOR THE	
CEO AND OTHER KEY EMPLOYEES, AND COMPARE THE PACKAGES TO THE GENERAL MARKET	
AND SIMILAR NON-PROFIT ORGANIZATIONS. THEY ALSO REVIEW THE WORK PLANS AND	
ACCOMPLISHMENTS OF THE STAFF AND TAKE INTO CONSIDERATION THE EVALUATIONS OF	
KEY EMPLOYEES BY THE CEO WHEN DETERMINING THE FINAL COMPENSATION.	
COMPENSATION REVIEWS FOR THE CEO AND OTHER KEY EMPLOYEES ARE DONE IN	
CONJUNCTION WITH THE COMPLETION OF THE ANNUAL AUDIT.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	:
AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND 032212 01-24-11	Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	Page:
Name of the organization  TROUT UNLIMITED, INC.	Employer identification number 38-1612715
OH,OK,OR,PA,RI,SC,TW,UT,VA,WA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19: TU POSTS ITS GOVERNING DOCUMENTS,	
CONFLICT OF INTEREST POLICY, TAX RETURNS AND FINANCIAL STATEMENTS ON ITS	: 
WEBSITE AND WILL MAKE COPIES OF THE DOCUMENTS AVAILABLE UPON REQUEST.	
,	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS: -127,490.	
-121,450.	
FORM 990, PART XII, LINE 2C	
THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND	3 *
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL	ę ·
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.	
	g
	-
	í

Form	990-T	E	xempt Organization Bus			ax Return	ا ا	2010				
Depart	ment of the Treasury il Revenue Service		(and proxy tax und alendar year 2010 or other tax year beginning OCT 1,			ED 20 2011	İ	Open to Public Inspection for				
A	Check box if address changed	Forc	For calendar year 2010 or other tax year beginning OCT 1, 2010 and ending SEP 30, 2011 501(c)(3) Organizations Only  Name of organization ( Check box if name changed and see instructions.)  Demployer Identification number (Employees' trust, see Instructions.)									
D E		Delné										
	cempt under section  501(c )(3 )	or or	Print TROUT UNLIMITED, INC. 38-1612715  Or Number, street, and room or suite no. If a P.O. box, see instructions.									
<u> </u>	408(e) 220(e)	Turn	1	x, 500 III	structions.		(See l	nstructions.)				
	408A 530(a)	1300 17TH ST M, NO. 500										
	]529(a)		ARLINGTON, VA 22209-3311		•		5418¢	nn				
C Bo	<del> </del>	F Groun	exemption number (See instructions.)	<b>&gt;</b>			DATO	<u> </u>				
			corganization type  x 501(c) corporation	n [	501(c) trust	401(a) trust		Other trust				
H De		n'e nóm	ary unrelated business activity. > ADVERTISING	G TNC	OMP							
			poration a subsidiary in an affiliated group or a pare			<b>b</b> [	Y	es 🗶 No				
			tifying number of the parent corporation.	iit aubai	dialy controlled group:			3 La_INU				
			ILLARY P. COLEY, CPA		Teienh	one number 🕨 🤾	703)	522-0200				
			le or Business Income		(A) Income	(B) Expenses		(C) Net				
	Gross receipts or sale											
	Less returns and allo		c Balance	1c								
2	Cost of goods sold (S	Schedule	A, line 7)	2								
			om line 1c	3								
			h Schedule D)	4a								
			art II, line 17) (attach Form 4797)	4b								
			sts	4c								
			ips and S corporations (attach statement)	5								
				6			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
			ne (Schedule E)	7								
			and rents from controlled organizations (Sch. F)	8		*						
			on 501(c)(7), (9), or (17) organization			*						
				9								
			me (Schedule I)	10								
			ı J) `	11	58,313.	45	642.	12,671.				
			s; attach schedule.)	12								
			gh 12	13	58 313.	45	642.	12,671.				
Pa			ot Taken Elsewhere (See instructions for utions, deductions must be directly connected									
11			· · · · · · · · · · · · · · · · · · ·			·						
14			rectors, and trustees (Schedule K)				14					
15 18							15					
16							16	, я				
17 18							17					
19							18 19					
20	Charitable contributi	ione /Sac	a inetrustione for limitation rules \				_					
21			e instructions for limitation rules.)				20	- ·-				
22			s Schedule A and elsewhere on return				22b	4				
23							23					
24	Contributions to def	errod on	mpensation plans				24					
25							25					
26			chedule I)				26					
20 27			hedule J)				27	12,671.				
28	Other deductions /st	tach ech	edule)				28	12,011.				
29			es 14 through 28				29	12,671.				
29 30			es 14 through 20 ncome before net operating loss deduction. Subtrac				30	· · · · · · · · · · · · · · · · · · ·				
31			(limited to the amount on line 30)					0. 0.				
31 32			come before specific deduction. Subtract line 31 fr				31 32	0.				
32 33			#\$1,000, but see instructions for exceptions.)				33	1,000.				
34			ble income. Subtract line 33 from line 32. If line				- 00	1,000.				
			ible income. Subtract file 53 from line 52. If file				34	0.				

Part I	1	ax Computation										
35	Organ	izations Taxable as Corporat	tions. See inst	ructions for tax co	omputation.							
	Contr	olled group members (section	ns 1561 and 15	63) check here	► 🔲 See i	nstructions an	d:					
а		your share of the \$50,000, \$2		•								
_		\$				-	٠,,.					
h	h Enter a manination to show of fd) Additional EO/ tou /not many than 614 750)											
		Iditional 3% tax (not more tha						_J 				
									06-			
li ne	Truck	e tax on the amount on line 3				- M			> 35c			0,
36		Taxable at Trust Rates. See										
		Tax rate schedule or										
		tax. See instructions										
		ative minimum tax										
		Add lines 37 and 38 to line 3	<u>5c or 36, which</u>	iever applies	•••••				39			0.
		ax and Payments					<del></del>		[0000000000]			
		n tax credit (corporations atta					40a		_			
		credits (see instructions)					40b					
C	Gener	al business credit. Attach For	m 3800				40c					
d	Credit	for prior year minimum tax (a	attach Form 88	01 or 8827)		******************	40d					
e		<b>credits</b> . Add lines 40a througi							40e			
41		act line 40e from line 39										0.
42	Other	taxes. Check if from: Fo	rm 4255	Form 8611	Form 8697	Form 88	66 🔲 C	Ther (attach schedule	9) 42			
43		tax. Add lines 41 and 42						•				0.
		ents: A 2009 overpayment cr						***************************************				
		estimated tax payments						ÿ ė			~	
		posited with Form 8868										
		n organizations: Tax paid or v							-			
		p withholding (see instruction							-			
		for small employer health ins					441	*	-			
		credits and payments:		ins (Audun Funn orm 2420	0941)		1441	#	-			
y		Form 4136		orm 2439	<del></del>	Total	,,_					
45				Other								
45	10121	payments. Add lines 44a thro	ugn 44g						. 45			
		ated tax penalty (see instruction										
		ue. If line 45 is less than the to										0.
48		ayment. If line 45 is larger tha				erpaid			48	•		0.
		the amount of line 48 you war Statements Regardir				Informati	<b>an</b> (aca i-	Refunded	<b>49</b>			
											1	
		during the 2010 calendar year									Yes	No
		urities, or other) in a foreign c						port of Foreign Bai	nk and			
2 Fina	ncial A	ccounts. If YES, enter the nar ax year, did the organization receive astructions for other forms the orga	me of the foreig	in country here	tor of, or transfer	orto, a foreign to	ist?					X
_												X
		mount of tax-exempt interest							<del> </del>	<del></del>		
		A - Cost of Goods S		ethod of invent								
		at beginning of year	1		1	•			2000000000			
	chases	***************************************	2		1	go <mark>ods s</mark> old. S				_		
		or	3		1			t I, line 2		·	<del>,</del>	
4a Add	itional	section 263A costs	4a		8 Dother	ules of section	263A (wit	h respect to			Yes	No
b Othe	er cost	s (attach schedule)	4b		property	produced or	acquired fo	or resale) apply to				
5 Tota		lines 1 through 4b	5			nization?						х
•	Un	der penaltes of perjury, I declare th rect, ayld complete. Declaration of	nat I have examine overparer (other tha	ed this return, includi	ing accompanying	schedulee and one of which prepare	etatements, a rer has env k	and to the best of my k	nowledge a	nd belief, it is	true,	
Sign		Men 10		6/1	1,-			<b>]</b>		S discuss thi		with
Here		, , , , , ,	~ ~	ا دا ه		HIEF FINA	NCIAL O	FFICER	the prepare	r shown belo	w (see	_
		Signature of officer		Date	Tit	le			instructions	)? X Y	es	No
		Print/Type preparer's name		Preparer's sign	nature	Da	te ,	Check	if PTII	N		
Paid Sold Sold Sold Sold Sold Sold Sold Sol							ed					
Prepa	rer	YONG ZHANG, CPA		1000	MULT	1 09	<u> ון טיין ז</u>	2	P0	1249785	,	
Use C		Firm's name MCGLADRE	EX LLP		U	<i>'</i>		Firm's EIN	42	-071432	5	
UJE V	**** <b>*</b>			ESCENT DR. S	STE 500		::				-	
		Firm's address > VIENN						Phone no.		36-6400		

 line 8, column (A).

line 8, column (B).

Form 990-T (2010)

## Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2011)

• If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		▶ 🔲
● If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).	
Do not co	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Form 8868.	
	c filing (e-file). You can electronically file Form 8868 if y			•	•
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 8868 to request	an extension
of time to	file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for Trans	sfers Associated With	r Certain
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on t	he electronic filing of t	his form,
visit www	irs.gov/efile and click on e-file for Charities & Nonprofits				
Part I	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed).		
A corpora	ition required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and con	plete	
Part I only	/ <u></u>		***************************************	***************************************	▶ X
	corporations (including 1120-C filers), partnerships, REM orne tax returns.	IICs, and t	rusts must use Form 7004 to request ar	extension of time	
Type or	Name of exempt organization			Employer identifica	tion number
print					
File by the	TROUT UNLIMITED, INC.	· · · · · · · · · · · · · · · · · · ·		38-161271	L <u>5</u>
due date for filing your return, See	Number, street, and room or suite no. If a P.O. box, s 1300 17TH ST N, NO. 500	ee instruc	tions.		
instructions.	City, town or post office, state, and ZiP code. For a for ARLINGTON, VA 22209-3311	oreign add	lress, see instructions.	-	
Enter the	Return code for the return that this application is for (file	e a senara	te application for each return)		0 7
		· T			
Applicati	on	Return	Application		Return
ls For		Code	is For		Code
Form 990		01	Form 990-T (corporation)		07
Form 990		02	Form 1041-A		08
Form 990		03	Form 4720		09
Form 990		04	Form 5227		10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990	-T (trust other than above) HILLARY P. COL	06   V C	Form 8870		1 12
a 75 t	books are in the care of > 1300 N. 17TH St	-	· · · · · · · · · · · · · · · · · · ·	22200	
	cone No. $\triangleright$ (703) 522-0200	1 + , #	FAX No. ►	22209	
					<b>.</b> —
	organization does not have an office or place of business				1 1
box 🕨	is for a Group Return, enter the organization's four digit				
	quest an automatic 3-month (6 months for a corporation				on is for.
		•	tion return for the organization named a		
ie f	or the organization's return for:	r organiza	de la la la la la la la la la la la la la	LOCAC: THE CALCHSON	
	calendar year or				
	X tax year beginning OCT 1, 2010	an	dending SEP 30, 2011	*	
	(ax)ou bogining	,	d of talling	<u> </u>	
2 If th	ne tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return	al return	
	Change in accounting period				
3a If ti	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any		
	refundable credits. See instructions.			3a \$	0.
b if ti	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	·	
	imated tax payments made. Include any prior year over			3b \$	0.
	lance due. Subtract line 3b from line 3a. Include your pa	-			0.
	using EFTPS (Electronic Federal Tax Payment System).			3c   \$	
vaution.	If you are going to make an electronic fund withdrawal	with this Fo	omi oboo, see Form 8453-EO and Form	oo / 9-EO for payment	instructions.

LHA

For Paperwork Reduction Act Notice, see Instructions.

Form 88	168 (Rev. 1-2011)		<u> </u>	-		Page 2			
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, e	complete only Part II and check this bo	×		X			
Note. C	nly complete Part il if you have already been granted an a	automatic	3-month extension on a previously filed	Form 88	168.				
<ul><li>If you</li></ul>	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).						
Part	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no co	opies nec	eded).				
Type or	Name of exempt organization			Employ	yer identification	number			
print File by the	TROUT UNLIMITED, INC.	• • • • • • • • • • • • • • • • • • • •		38	-1612715				
extended	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.						
due date f	1300 1711 BI M, MO. 300		:						
return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.  ARLINGTON, VA 22209-3311									
Enter th	e Return code for the return that this application is for (file		to an limiting for some hours						
	o return obde for the return that this application is for (like	a separa	te application for each return)	***************************************	***************************************	0 1			
Applica	tion $^{\lambda}$	Return	Application			Return			
ls For		Code	Is For			Code			
Form 99		01	计图像 医乳腺管理 医乳性病毒						
Form 99		02	Form 1041-A			80			
Form 99		01	Form 4720			09			
Form 99		04	Form 5227		10				
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11			
	0-T (trust other than above)	06	Form 8870	<del></del> -		12			
STOPLI	Oo not complete Part II if you were not already granted	an auton	natic 3-month extension on a previous	sly filed	Form 8868.				
a The l	HILLARY P. COLI								
T-I	books are in the care of $\triangleright$ 1300 N. 17TH S	l'., #		222	09				
	phone No. ► (703) 522-0200		FAX No. >		···				
• if this	organization does not have an office or place of business	s in the Ur	ilted States, check this box						
box >	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If thi	s is for th	ne whole group, ch	eck this			
	. If it is for part of the group, check this box equest an additional 3-month extension of time until	and atta	ICH a list with the names and EINs of all	members	s the extension is f	or.			
	or calendar year, or other tax year beginning			ann	20 2014				
	the tax year entered in line 5 is for less than 12 months, c								
Ï	Change in accounting period	neck reas	on initial return	Final retu	um				
7 S	tate in detail why you need the extension								
	DDITIONAL TIME IS NEEDED IN (	RHER	TO ETTE AN ACCIDANG	Z ATT)	COMPT ROLE				
R	ETURN.	OKDINI.	TO FILE AN ACCURATE	- WIND	COMPLETE	<del></del>			
===									
8a lf	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	nter the tentative tax lose any			·····			
	onrefundable credits. See instructions.	o. 0000, o	mor and content to tax, 1003 any	8a 5	· \$	0.			
	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	oa s	<b>.</b>	<u> </u>			
	x payments made. Include any prior year overpayment all					•			
	reviously with Form 8868.		and any amount paid	8b 8	\$	0.			
	alance due. Subtract line 8b from line 8a. Include your pa	vment wit	th this form if required by using	OD C	<b>9</b>	<u> </u>			
E	TPS (Electronic Federal Tax Payment System). See instru	uctions.	/ a required; by daining	8c 5	<b>s</b> .	0.			
			d Verification	<u> </u>	·	<u> </u>			
Under pe it is true,	nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	ing accomi		best of m	ny knowledge and be	lief,			
Signatur	MMM	ACCOU	ለተጥ አ እተጥ	Dat- N	04/18/	/>_			
	1106		14 T 2774 T	DATE	10/1	-			

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

benefit trust or private foundation) Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For the 2011 calendar year, or tax year beginning and ending OCT 1, 2011 SEP 30, 2012 D Employer identification number Check if applicable: C Name of organization Addres TROUT UNLIMITED, INC. Name Doing Business As 38-1612715 Initial retur Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Termin-ated 500 1300 17TH ST N (703) 522-0200 Amended 36,754,207. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending ARLINGTON, VA 22209-3311 H(a) Is this a group return Yes X No F Name and address of principal officer; CHRISTOPHER WOOD for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? L Yes Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.TU.ORG H(c) Group exemption number ▶ Other > K Form of organization: X Corporation Trust Association L Year of formation: 1959 M State of legal domicile: MI Part | Summary Briefly describe the organization's mission or most significant activities: TO COMSERVE, PROTECT, AND Activities & Governance RESTORE MORTH AMERICA'S COLDWATER FISHERIES AND THEIR WATERSHEDS 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 28 4 27 Number of independent voting members of the governing body (Part VI, line 1b) 5 223 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 6 12985 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 57,128. 7b b Net unrelated business taxable income from Form 990-T, line 34 ٥.

ļ			Prior Year	Current Year
9	8	Contributions and grants (Part VIII, line 1h)	31,368,573.	29,116,838.
Revenue	9	Program service revenue (Part VIII, line 2g)	4,523,944.	4,535,432.
8	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	220,712.	326,333.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	343,185.	32,919.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,456,414.	34,011,522.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	491,867.	598,389.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	. 0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,701,003.	13,444,838.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	18,823.
	þ	Total fundraising expenses (Part IX, column (D), line 25) 2,646,897.		
Ű	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,371,326.	20,173,904.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,564,196.	34,235,954.
	19	Revenue less expenses. Subtract line 18 from line 12	3,892,218.	-224,432.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sets again	20	Total assets (Part X, line 16)	25,095,667.	26,183,847.
EAS PER PER PER PER PER PER PER PER PER PER	21	Total liabilities (Part X, line 26)	3,063,911.	3,475,679.
캺	22	Net assets or fund balances. Subtract line 21 from line 20	22,031,756.	22,708,168.
		Signature Block		
Unde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of m	knowledge and belief, it is

Form 9	990 (2011) TROUT UNLIMITED, INC.	38-1 <u>612715</u>	Page 2
Part	Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response to any question in this Part III		ж
1	Briefly describe the organization's mission:		
	TO CONSERVE, PROTECT, AND RESTORE NORTH AMERICA'S COLDWATER FISHERIES		
	AND THEIR WATERSHEDS.		
2	Did the organization undertake any significant program services during the year which were not listed on		
1	the prior Form 990 or 990-EZ?	[	Yes X No
	f "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	?[	Yes X No
	if "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by e	expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount c	of grants and allo	cations to
	others, the total expenses, and revenue, if any, for each program service reported.		
4a .	(Code:) (Expenses \$23,617,771. Including grants of \$270,076.	enue \$	<b>4</b> ,090, <b>495.</b> )
	PROTECT:		
	IN ALASKA'S BRISTOL BAY, TU SUBMITTED COMMENTS ON THE EPA'S DRAFT		
	BRISTOL BAY WATERSHED ASSESSMENT, FINDINGS OF THE ASSESSMENT SUPPORT		
	WHAT TU HAS SAID FOR YEARS-PEBBLE MINE AND FISH DON'T MIX. MORE THAN		
	2,200 PUBLIC TESTIMONIES WERE GIVEN, WITH OVERWHELMING SUPPORT FOR EPA		
	TAKING ACTION TO PREVENT PEBBLE MINE, 98 PERCENT OF 200,000 COMMENTS		
	SUBMITTED TO THE EPA ON THE ASSESSMENT SUPPORT FEDERAL ACTION UNDER THE		
!	CLEAN WATER ACT TO PREVENT PEBBLE MINE'S CONSTRUCTION.		
	IN THE MARCELLUS REGION, TU CONTINUED ITS EFFORTS TO PROTECT KEY TROUT		
	HABITAT FROM NATURAL GAS DRILLING, TO DATE, 347 VOLUNTEERS HAVE BEEN		
	TRAINED TO CONDUCT STREAM SURVEILLANCE ON COLDWATER STREAMS THAT MAY BE		
	(Code:) (Expenses \$4,387,391. including grants of \$328,313. ) (Revo	enue \$	387,809.
	SUSTAIN:		
	TU GRASSROOTS VOLUNTEERS DONATED MORE THAN 675,807 VOLUNTEER HOURS IN		
	2012, AND BROUGHT IN CLOSE TO \$10 MILLION IN REVENUE. IN 2012, THE		
	ORGANIZATION MADE GREAT STRIDES IN IMPROVING EFFORTS TO TRAIN THE		
	TRAINERS,' AND HAVE REACHED MANY MORE VOLUNTEER LEADERS BECAUSE OF IT. THE MOST PROMINENT EXAMPLE HAS BEEN THE ESTABLISHMENT OF NEW REGIONAL		
	MEETINGS AND THE REINVIGORATION OF OLD ONES, THESE MEETINGS CONTINUE TO		
	GROW IN SIZE, SCOPE AND MAGNITUDE, IN ADDITION, TU HAS CONTINUED A		
	GREAT SUITE OF ONLINE CONSERVATION-BASED AND ENGAGEMENT-FOCUSED		
	TRAININGS THAT HAVE PROVEN QUITE POPULAR WITH GRASSROOTS LEADERS.		
	The state of the s		
	TU EXPANDED ITS VETERANS SERVICES PROGRAM BY INCREASING THE NUMBER OF		
	(Code:) (Expenses \$ 1,792,860. Including grants of \$) (Rev	enue \$	57,128.)
	BCIENCE:	-	<del></del> .
	THE TU SCIENCE TEAM WORKED IN FOUR PRIMARY AREAS THAT HELP INFORM THE		
	"HOW" AND "WHERE" OF OUR EFFORTS TO PROTECT, RECONNECT, RESTORE AND		
	SUSTAIN AMERICA'S TROUT AND SALMON WATERSHEDS:		
	CONSERVATION PLANNING: TU IS BUILDING ON ITS CONSERVATION SUCCESS INDEX		
	TO DESCRIBE THE CONSERVATION PORTFOLIO OF NATIVE TROUT IN WAYS THAT ARE		
	SIMILAR TO FINANCIAL STOCK PORTFOLIOS. SCIENCE TEAM STAFF DESCRIBES		
	GAPS IN THE CONSERVATION PORTFOLIOS FOR TROUT AROUND THE COUNTRY AND		
	PROVIDE SOLUTIONS ON HOW TO FILL THEM.		
	RESTORATION DESIGN: DROUGHT AND WILDFIRE HAVE BEEN A NASTY ONE-TWO		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 620,029. Including grants of \$ ) (Revenue \$		)
	Total program service expenses 30,418,051.		
			Form <b>990</b> (2011)

38-1612715

Form 990 (2011) TROUT UNLIMITED INC.

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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_		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	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_		x
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	Х	<del></del>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	X	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	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 assete 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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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 46 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tex year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	x	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.44		<b>.</b>
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	10		_
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
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	17	x	
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	x	
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		x_
20a		20a		x
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2011) TROUT UNLIMITED, INC.

Part V Checklist of Required Schedules (continued)

			Yes	No			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the						
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x				
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,						
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			,			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	Schedule J	23	X				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
	Schedule K. If "No", go to line 25	24a		X			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
C	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	<u> </u>				
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a						
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X			
þ	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		İ				
	Schedule L, Part I	25b		x			
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified						
	person outstanding as of the end of the organization's tex year? If "Yes," complete Schedule L, Part II	26		х			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial						
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member						
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x			
26	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV						
	instructions for applicable filing thresholds, conditions, and exceptions):						
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	x			
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,						
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x			
29	Did the organization receive more than \$25,000 in non-cash 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			
31	Did the organization liquidate, terminate, or dissolve and cease operations?						
	If "Yes," complete Schedule N, Part I	31	L	x			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
	Schedule N, Part II	32		х			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33	Ľ.	х			
34	Was the organization related to any tex-exempt or taxable entity?						
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	x			
b	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		x			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?						
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		x			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197						
	Note. All Form 990 filers are required to complete Schedule O	38	x				
		_	000	~~~			

Statements Regarding Other IRS Fillings and Tex Compliance Check If Schedula O contains a response to any question in this Part V  Test IN Text In the number of Forms WCS included in line 1s. Enter 0- If not applicable 1s	<u>Form</u>	990 (2011) TROUT UNLIMITED, INC.		38-1612715		P	age 5		
The Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable	Pa								
1a Enter the number reported in Box 3 of From 1098. Enter 0-th not applicable 16 10 0 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamiling) winnings to prize winners?  2a Enter the number of remptives reported on Form W-3, Transmittal of Wage and Tax Statements, limited for the calendar year ording with or within the year covered by this return.  2b If at least one is reported on line 2s, add the organization file all required federal employment tax returns?  2b If at least one is reported on line 2s, add the organization file all required federal employment tax returns?  2b If at least one is reported on line 2s, add the organization file all required federal employment tax returns?  3b If Yes, *he it file as form 990-T for this year? If Yes, *provide an explanation in Schedule O  3b If Yes, *he it file as form 990-T for this year? If Yes, *provide an explanation in Schedule O  3c At any time of the name of the foreign country; yeuch as a bank account, escutifies account, or other filtenancial account)?  3b If Yes, *he it file as foreign country (such as a bank account, escutifies account, or other filtenancial account)?  3c If Yes, *to line 5 or 55, clid the organization that it was or is a party to a prohibited tax shaller transaction?  3c If Yes, *to line 5 or 55, clid the organization that it was or is a party to a prohibited tax shaller transaction?  5c If Yes, *to line 5 or 55, clid the organization that it was or is a party to a prohibited tax shaller transaction?  5c If Yes, *to line 5 or 55, clid the organization that it was or is a party to a prohibited tax shaller transaction?  5c If Yes, *to line 5 or 55, clid the organization that it was or is a party to a prohibited tax shaller transaction?  5c If Yes, *to line 5 or 55, clid the organization that it was or is a party to a prohibited tax shaller transaction?  5c If Yes, *to line 5 or 55, clid the organization that it was or is a party to a prohibited tax shaller transact		Check if Schedule O contains a response to any question in this Part V							
b Enter the number of Forms W-25 included in line 1a. Enter 0-If not applicable						Yes	No		
b Enter the number of Forms W-25 included in line 1a. Enter 0-If not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	74					
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining gamining winnings to prote winners?  2s Enter the number of employees reported on Form W-3, Transmitted of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return.  2s First the number of employees reported on Form W-3, Transmitted of Wage and Tax Statements, fled for the calendar year of the mine 2s and the reportation fled from the 2s due the reportation fled from the 2s due to the reportation fled from the 2s due to the reportation fled from the 2s due to the reportation fled from the 2s due to the reportation fled from the 2s due to the reportation fled from the 2s due to the reportation fled from the 2s due to the reportation fled from the 2s due to the 2s du	_	•	1b	0					
gentbling) winnings to prize winners?  2. Enter the number of employees reported on Form WS, Transmittal of Wage and Tex Statements, flied for the calendar year anding with or within the year covered by this return  3. If it wast one is reported on line 2a, did the organization file all required federal employment tex returns?  3. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3. Did the organization have unrelated business gross income of \$1,000 or more during the year?  4. At any time during the calendar year, did the organization have an interest in, or a eignature or other authority over, a financial account in a foreign country give he a bank account, securities account, or other financial account?  4. If Yes, enter the name of the foreign country: ▶  5. Se instructions for filing nequirements for Form 1D F 90/22.1, Report of Foreign Bank and Financial Accounts.  5. Se instructions for filing nequirements for Form 1D F 90/22.1, Report of Foreign Bank and Financial Accounts.  5. Se instructions for filing nequirements for Form 1D F 90/22.1, Report of Foreign Bank and Financial Accounts.  5. Se in If Yes, in the second property for published tax sheller transaction?  5. Se in If Yes, in the second property for published tax sheller transaction?  5. Se in If Yes, in the second property for published tax sheller transaction?  5. Se in Yes, it did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  5. If Yes, it did the organization more tax deductible?  5. Se in Yes, it did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  6. Se in Yes, it did the organization include with every solicitation an express statement that	c	· ·	portabl	e gaming					
2a Enter the number of employees reported on Form WS, Transmittal of Waps and Ties Statements, filled for the celendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  **Description**  Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see instructions)  B Did the organization have unrelated business gross income of \$1 100 or more during the year?  \$\frac{3a}{2}\$ X  \$\frac{3}{2}\$ X  At any time during the calendar year, cild the organization in Schedule O.  \$\frac{3a}{2}\$ X  At any time during the calendar year, cild the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, escurities escount, or other financial accounts)  \$\frac{3a}{2}\$ X  \$\frac{3a}{2}\$ X Has the organization for form 10 F 90 C21, Report of Foreign Bank and Financial Accounts.  \$\frac{3a}{2}\$ Was the organization a party to a prohibited tax shelter transaction or any time during the tax year?  \$\frac{3a}{2}\$ If Yes, it calls not party to a prohibited tax shelter transaction at any time during the tax year?  \$\frac{3a}{2}\$ If Yes, it calls not yet the organization that it was or is a party to a prohibited tax shelter transaction?  \$\frac{3a}{2}\$ If Yes, it calls not yet the organization in half was or is a party to a prohibited tax shelter transaction?  \$\frac{3a}{2}\$ If Yes, it calls not expend yet the development of the organization social any contributions unlarged exception that it was or is a party to a prohibited tax shelter transaction?  \$\frac{3a}{2}\$ If Yes, it calls not yet the very social tax or is a party to a prohibited tax shelter transaction?  \$\frac{3a}{2}\$ If Yes, it calls not yet were party in the organization social tax or yet calls the organization second to receive any funds, directly or indirectly, to personal property for which it was required  \$\frac{7a}{2}\$ If Yes, it was	•				1c	x	2022200000		
the fact has calendary year ending with or within the year covered by this return	2a	· · · · · · · · · · · · · · · · · · ·							
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more untiling the year?  3a X  b If "Yes," he if filed a Form 990-T for this year" If "No." provide an explanation in Scheduble 0  3b A At any time during the celendary 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 At a Y time during the celendary 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 accounts.  5b If "Yes," enter the name of the foreign country: ■  See Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax yeer?  5c Was the organization as party to a prohibited tax shelter transaction at a party to a prohibited tax shelter transaction?  5c Was the organization or \$50, did the organization file Form 8886*T?  5c Does the organization file and that it was or is a party to a prohibited tax shelter transaction and yee any contributions that were not tax deductible?  5c Did the organization state are any receive doductible contributions under section 170(c).  6d Did the organization state are apprent in excess of \$57\$ male party is a contribution and party for goods and services provided to the payor?  7c If Yes, did the organization notify the donor of the value of the goods or services provided?  7c Did the organization service any payment in excess of \$57\$ male party is a contribution and party for goods and services provided to the payor.  7c If Yes, Indicate the		· · · · · · · · · · · · · · · · · · ·	2a	223					
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  3	ь	• • • • • • • • • • • • • • • • • • • •				X	200200000		
3a Dd the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, 'has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O  3b X  At any time during the calendar year, did the organization have an interest in, or a signature or other authority ower, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5c H 'Yes,' erret the name of the foreign country (such as a bank account, securities account, or other financial account)?  5c H 'Yes,' erret the name of the foreign country: ▶  5c Se instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts.  5c Was the organization such set whether transaction at any time during the tax year?  5d Was the organization transport to a prohibited tax whether transaction?  5d Was the organization such a such whether transaction at any time during the tax year?  5d Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  5d Did the organization include with every solicitation an express statement that such contributions oscillation any contributions that were not tax deductible?  6d Did the organization state that may receive deductible contributions under section 170(c).  6d Did the organization received a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7e X  7e Did the organization received a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7e Did the organization received any funds, directly or indirectly, to pay premiums on a personal brenefit contract?  7b X  7c Did the organization received any funds, directly or indirectly, to pay premiums on a personal brenefit contract?  7c X  7d Did the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file a Form 1996.  7c Spon	_	·							
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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)?  See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  By Mas the organization a party to a prohibited tax shaller transaction of Foreign Bank and Financial Accounts.  By Did any taxable party notify the organization that it was or is a party to a prohibited tax shaller transaction?  By Did any taxable party notify the organization that it was or is a party to a prohibited tax shaller transaction?  By Did any taxable party notify the organization that it was or is a party to a prohibited tax shaller transaction?  By Did any taxable party notify the organization file Form 888-77  By Did the organization shall was a not shall any contributions of that were not tax deductible?  By If Yes, 'did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?  Cy Did the organization shall person that may receive deductible contributions under section 170(c).  By If Yes, 'did the organization notify the donor of the value of the goods or services provided?  By If Yes, 'Indicate the number of Forms 8282 filed during the year old the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization file Form 889 as required?  By Did the organization received a contribution of cars, botas, siphness, or cher vehicles, did the organization shall not a during the year and the property of the organization file Form 8899 as required?  By Did the organization make any taxable distributions under section 49897.  By By By By By By By By By By By By By B									
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g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7  \$ ponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  \$ ponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 49667.  b Did the organization make a distribution to a donor, donor advisor, or related person?  5 pontion 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12.  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  10b  11 Saction 501(c)(12) organizations. Enter:  a Gross income from members or shareholders.  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  11a  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b if "Yes," enter the amount of tax-exempt interest received or accrued during the year.  12b  13a  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the atates in which the organization is licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves on hand.  13b  c Enter the amount of reserves on hand.	_								
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 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  11 Saction 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the atates in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?									
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make a diatribution to a donor, donor advisor, or related person?  Initiation fees and capital contributions included on Part VIII, line 12  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  12a  Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?  13 Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the atates in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  C Enter the amount of reserves on hand  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a  X				-					
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9	_				/n	*******	******		
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a diatribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders 11 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the atates in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	8						333333		
a Did the organization make any taxable distributions under section 4966?  b Did the organization make a diatribution to a donor, donor advisor, or related person?  9b  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Saction 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  11a  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the atates in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a Z		•	any time	during the year?	8				
b Did the organization make a diatribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12	y						*****		
Initiation fees and capital contributions included on Part VIII, line 12	a								
a Initiation fees and capital contributions included on Part VIII, line 12	b		·		9b		******		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  11 Saction 501(c)(12) organizations. Enter:  a Gross income from members or shareholders 11a  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a  b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a  Note. See the instructions for additional information the organization must report on Schedule O. 13a  Note See the instructions for additional information the organization must report on Schedule O. 13b  Enter the amount of reserves the organization is required to maintain by the atates in which the organization is licensed to issue qualified health plans 13b  c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	10		l l <sup>.</sup>	:					
11 Saction 501(c)(12) organizations. Enter:  a Gross income from members or shareholders	9								
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the atates in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b		10b						
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the atates in which the organization is licensed to issue qualified health plans  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14b  17c	11		11						
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state? 13a  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the atates in which the organization is licensed to issue qualified health plans 13b  c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	a		11a						
12a   12a	ь								
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the atates in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X			I I		12a				
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the atates in which the organization is licensed to issue qualified health plans  e Enter the amount of reserves on hand  13b  13c  14a X	b		12b						
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the atates in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X	13	-							
b Enter the amount of reserves the organization is required to maintain by the atates in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X	a				13a	0.0000000000000000000000000000000000000	9050000000		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X		Note. See the instructions for additional information the organization must report on Schedule O.							
c Enter the amount of reserves on hand	b	Enter the amount of reserves the organization is required to maintain by the atates in which the							
14a Did the organization receive any payments for indoor tanning services during the tax year?		organization is licensed to issue qualified health plans	13b						
	c								
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	-				14a		X_		
	<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b				

Form 990 (2011) TROUT UNLIMITED, INC. 38-1612715 Page
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 in Schedule O.	See i	nstructions.					
	Check if Schedule O contains a response to any question in this Part VI					x		
Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	28					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	27					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		anv other					
_	officer, director, trustee, or key employee?		,	2	***********	X		
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision					
•	of officers, directors, or trustees, or key employees to a management company or other person?		-	3		x		
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		x		
5	Did the organization become aware during the year of a significant diversion of the organization's asse			5		x		
6	Did the organization have members or stockholders?			6	x			
_	Did the organization have members, stockholders, or other persons who had the power to elect or ap			Ť				
74	more members of the governing body?			7a	x			
	Are any governance decisions of the organization reserved to (or subject to approval by) members, st							
	persons other than the governing body?			7b	x			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea							
_	The governing body?		-	8a	X	85000;8600;		
	Each committee with authority to act on behalf of the governing body?			8b	x			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			- 00				
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x		
Soc	tion B. Policies (This Section B requests information about policies not required by the Internal Re							
Sec	tion B. Folicies (This Section B requests information about policies not required by the internal he	V <del>O</del> I IU	a Gode./		Yes	No		
100	Did the emeritation have lead charters branches or offiliates?			10a	X	140		
	Did the organization have local chapters, branches, or affiliates?			IVa				
D		•		10b	x			
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	<ul> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>2a Did the organization have a written conflict of interest policy? If "No," go to line 13</li> </ul>							
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a 12b	X X			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			120				
·	in Schedule O how this was done			12c	x			
13	Did the organization have a written whistleblower policy?			13	x			
	Did the organization have a written document retention and destruction policy?			14	x			
14 15	Did the process for determining compensation of the following persons include a review and approva							
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	_	Idependent					
_	The organization's CEO, Executive Director, or top management official			15a	x	*******		
	Other officers or key employees of the organization			15b	x			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				•			
16.	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	ant v	sith a					
100	taxable entity during the year?			16a	80000000	×		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			102		*		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	_	•					
	exempt status with respect to such arrangements?			16b		800000000		
500	tion C. Disclosure			100				
	List the states with which a copy of this Form 990 is required to be filed ►SEE BCHEDULE O							
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)s only)	availah	le .			
10	for public inspection. Indicate how you made these available. Check all that apply.	(COOL)	ion our (c/(c/s only)	IICIL				
	X Own website Another's website X Upon request							
40		nfli-4	of interest nelless	d fina-	lejor			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	mict	or interest policy, an	o mar	(CIZI			
00	statements available to the public during the tax year.	.d	anda of the amesi-	tion:				
20	State the name, physical address, and telephone number of the person who possesses the books and	io rec	ords or the organize	LIOI I:	_			
	HILLARY P. COLEY, CPA - (703) 522-0200							
	1300 N. 17TH ST., # 500, ARLINGTON, VA 22209							

38-1612715

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

Check if Schedule O contains a response to any question 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	(C) Position (do not check more then one box, unless person is both an officer and a director/trustee)				then Is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JON CHRISTIANSEN								_	_	_
CHAIRMAN	5.00	×		x				0.	0.	0.
(2) LARRY HARRIS	F 00	,,		٠,						•
VICE CHAIR & CHAIR OF N.L.  (3) MARK GATES	5.00	<u> </u>		X				0.	0.	0.
SECRETARY	5.00	_		x				0.	0.	0.
(4) HARRIS HYMAN IV	3.00	1		-		-			· ·	
TREASURER	5.00	x		x				0.	0.	0.
(5) TOM ANACKER		<u> </u>				<b></b>			- •	
SECRETARY OF NATIONAL LEAD	5,00	x						0.	0.	0.
(6) JIM ASSELSTINE										
TRUSTEE	5,00	x						0.	0.	0.
(7) MATT CLIFFORD										
TRUSTEE	5,00	x				L		0.	0.	0.
(8) VALERIE OHRSTROM										
TRUSTEE	5,00	x							0.	0.
(9) CHARLES CONN										
TRUSTEE	5,00	X				ļ		0,	0.	0.
(10) PAUL DOSCHER						1				
TRUSTEE	5,00	X						0.	0.	0.
(11) BILL EGAN										
TRUSTEE	5,00	X						0.	0.	0.
(12) SHARON LANCE										
TRUSTEE	5.00	<del> X</del>			_		-		0.	0.
(13) NANCY MACKINNON	5.00						1		_	^
TRUSTEE (14) KEVIN REILLY	5.00	<del>  ^</del>	-			-	-	0.	0.	0.
TRUSTEE	5.00	.						0.	0.	0.
(15) STEVE STRAINBURG	3.00	┢	-			$\vdash$	-		<b>.</b>	<u>.</u>
TRUSTEE	5.00	×						0.	0.	0.
(16) KAI ANDERSON	3.00	<u> </u>						1		
TRUSTEE	5.00	x						0.	0_	0.
(17) CHARLIE BREITHAUPT	1	T							1	
TRUSTEE	5.00	x						0.	0.	0.
		_	•			•	•	·		

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Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	npk	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	2)			(D)	(E)	(F)
Name and title	Average	fdo	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	ceran	aza	recu	II/Bus	100)	from	from related	other
	(describe hours for	뒬				L		the	organizations	compensation from the
	related	0.00	B			SZ ZZ		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations		Institutional trustee		8	E E		(11 22 1000 141100)		and related
	in Schedule	Individual	ntion	<b>5</b>	Kayemployee	Stco	   53			organizations
	O)	Ng.			Kaye	Highest compensated employee	Former			
(18) STONEY BURKE										
TRUSTEE	5.00	x						0,	0.	. 0.
(19) MIKE DOMBECK										
TRUSTEE	5,00	x						0.	0.	0.
(20) WALLACE C HENDERSON										
TRUSTEE	5,00	X		L				0.	0.	0.
(21) RICHARD JOHNSON										
TRUSTEE	5.00	X			<u>L</u>			0.	0.	0.
(22) HOWARD KERN										
TRUSTEE	5,00	X				L		0.	0,	0.
(23) WALT MINNICK			l							
TRUSTEE	5,00	X	L		_	ㄴ		0.	0,	0.
(24) THOMAS D STODDARD										
TRUSTEE	5.00	X	<u> </u>	L_		╙		0.	0.	0.
(25) JOHN WILLIS										
TRUSTEE	5.00	X	_			_		0.	0.	C.
(26) DAN VERMILLION										
TRUSTEE	5.00	X				L		0,	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part V	II, Section A							957,365.	0.	152,994.
d Total (add lines 1b and 1c)						<u> </u>		957,365.	0.	152,994.
2 Total number of individuals (including but r	not limited to th	ose	liste	ed a	bov	e) w	ho re	eceived more than \$100	,000 of reportable	

compensation from the organization

Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual For any individual liated on line 1a, is the sum of reportable compensation and other compensation from the organization X and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person

### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
PACIFIC WATERSHED ASSOCIATES	WATERSHED RESTORATION	
PO BOX 4433, ARCATA, CA 95518	ENGINEERING & COMB	562,393.
PRODUCTION SOLUTIONS, 1953 GALLOWS ROAD,	DIRECT MAIL PRODUCTION AND	
SUITE 600, VIENNA, VA 22182	MAILING	537,496.
MERKLE RESPONSE	PREMIUM FULFILLMENT AND	
100 JAMISON COURT, HAGERSTOWN, ND 21740	CUSTOMER SERVICE	516,254.
MCMILLEN ENGINEERING LLC	WATERSHED RESTORATION	
910 MAIN STREET, SUITE 258, BOISE, ID 83702	engineering & Cons	506,665.
STRATEGIES 360, 1505 WESTLAKE AVENUE N,		
SUITE 1000, SEATTLE, WA 98109	PUBLIC RELATIONS	456,264.
2 Total number of independent contractors (including but not limited to those list		
\$100,000 of compensation from the organization 29		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (A) (B) (C) (D) Œ) Position Reportable Reportable **Estimated** Name and title Average compensation (check all that apply) compensation amount of hours from related other from рег organizations the compensation week Highest compensated employe organization (W-2/1099-MISC) from the individual frustee or director (W-2/1099-MISC) organization Institutional trustee and related organizations g ga (27) KEN OLIVIER 0 ٥. ٥. TRUSTEE 5.00 X (28) CHRISTOPHER WOOD 40.00 X 0 36,199. X 228,537 PRESIDENT AND CEO (29) HILLARY COLEY 0. 40.00 174,494 31,716. VICE PRESIDENT/CFO/CAO X (30) CHARLES GAUVIN 0 24,098. PRESIDENT EMERITUS 40.00 X 175,925 (31) STEVEN MOYER 0 VICE PRESIDENT OF GOVERNME 40,00 X 150,385 28,891. (32) ROBERT MASONIS 11,538. VP OF WESTERN CONSERVATION 40,00 115,759. 0 (33) JACK WILLIAMS 112,265. 0. 20,552. SENIOR SCIENTIST 40.00 x m /2 mr 152,994. 957,365, Total to Part VII, Section A, line 1c

Pa	rt 1	V 181	Statement of Rever	iue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1	а	Federated campaigns		1a					
悥		b	Membership dues		1b					
S, C		c	Fundraising events		629,637. 10,518,252.					
Contributions, Gifts, Grants and Other Similar Amounts		d								
			All other contributions, gifts, gran							
			similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$			17,968,949.	17,968,949.			
		а				177,710.				
a Co		_	Total. Add lines 1a-1f				29,116,838.			
						Business Code				
gy	2	а	MEMBERSHIP DUES			900099	4,478,304.	4,478,304.		
Program Service Revenue		ь	PUBLICATIONS			541800	57,128.		57,128.	
		c								
e a		d								
ğ		e						,		
됩		ť	All other program service reve	enue						
_			Total. Add lines 2a-2f				4,535,432.			
	3		Investment income (including				•			
	•		other similar amounts)				213,382.			213,382.
	4		Income from investment of ta				,			•
	5		Royalties				285.			285.
	•		,		Real	(ii) Personal				
	A	а	Gross rents		144	(1) 1 21221121				
	•		Less: rental expenses							
			Rental income or (loss)							
			Net rental income or (loss)			<b>•</b>	***************************************			\$95050000000000000000000000000000000000
	7		Gross amount from sales of		curities	(ii) Other				
	•	-	assets other than inventory	14	4,513	<del></del>				
			Less: cost or other basis		,,,,,,,,	<del>' </del>				
		•	and sales expenses	2 54	1,562					
ì		_	Gain or (loss)		2,951					
			Net gain or (loss)				112,951.	***********	***************************************	112,951.
			Gross income from fundraisin				112,551.			,
Other Revenue	•		including \$ 629							
Ş			contributions reported on line							
훅			Part IV, line 18			166,725.				
			Less: direct expenses			201,123.				
ಕ			Net income or (loss) from fund				-34,398.			-34,398,
			Gross income from gaming a				32,350.			,
					,					
			Part IV, line 19 a b							
			-							********************
	40		Net income or (loss) from gaming activities							
	10	, a	and allowances							
			Less: cost of goods sold							
			-							******************
		C	Net income or (loss) from sale		ontory .					
			Miscellaneous Revenu	Je		Business Code 900099				67,032.
	11	_	MAILING LIST RENTAL		300033	67,032.		-	07,032.	
		b								
		C	All all an access to							
			All other revenue				£7 A3A			
			Total. Add lines 11a-11d				67,032. 34,011,522.	***************************************	57,128,	359,252,
	12	,	Total revenue. See instructions.				1 34 ULL 522.	4 4/8 304	57.128 <sub>-</sub>	359.252.

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon			(A)	1-4
	not include amounts reported on lines 6b, 8b, 9b, and t0b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		•		
	organizations in the United States. See Part IV, line 21	598,389.	598,389.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	443,660.	102,365.	218,598.	122,697.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	10,148,978.	9,103,450.	408,481.	637,047.
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	344,624.	305,051.	17,855.	21,718,
9	Other employee benefits	1,554,238.	1,375,768.	80,524.	97,946.
10	Payroli taxes	953,338.	843,868.	49,392.	60,078.
11	Fees for services (non-employees):				
a	Management				
b	Legal	62,531.	44,498.	18,033.	
c	Accounting	62,977.		62,977.	
d	Lobbying	72,500.	72,500.		
Θ	Professional fundraising services. See Part IV, line 17	18,823.			18,823,
f	Investment management fees				
g	Other	10,641,640.	10,598,892.	15,580.	27,168.
12	Advertising and promotion	159,432.	157,649.	1,758.	25
13	Office expenses	1,758,455.	1,240,081.	40,770.	477,604
14	Information technology	1,021,415.	925,629.	49,182.	46,604
15	Royalties				
16	Occupancy	676,023.	608,368.	41,240.	26,415
17	Travel	1,804,155.	1,647,234.	35,693.	121,228
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		***	»	
19	Conferences, conventions, and meetings	454,445.	380,382.	48,269.	25,794
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	142,112.	120,684.	10,883.	10,545
23	Insurance	72,331.	843.	71,414.	74
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
a	FULFILLMENT	1,158,895.	637,570.		521,325
b	PRINTING & PUBLICATIONS	1,086,503.	704,345.	357.	381,801
c	WATER LEASES	641,180.	641,180.		
d	RESTORATION MATERIALS	299,993.	299,993.		
	All other expenses	59,317.	9,312.		50,005
25	Total functional expenses. Add lines 1 through 24e	34,235,954.	30,418,051.	1,171,006.	2,646,897
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2011)

Part X Balance Sheet (A) (B) Beginning of year End of year 678. 1 677. Cash - non-interest-bearing 3,687,956. 4 203 401. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 10,286,285. 3 8,994,218. 388,510. 480,109. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net Inventories for sale or use 899,563. R 579,295. Prepaid expenses and deferred charges 306,970. 292,973. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ........ 10a 2,602,701. b Less: accumulated depreciation \_\_\_\_\_\_\_ 10b 675,940. 897,325. 10c 1,926,761. Investments - publicly traded securities 11 8,628,380. 11 9,706,413. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 25,095,667 26,183,847 16 17 Accounts payable and accrued expenses 2,904,191. 17 3,171,835. 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 159,720. 303,844. Schedule D ...... Total liabilities. Add lines 17 through 25 3,063,911. 3,475,679, Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 1,647,578. 27 2,104,432. Unrestricted net assets 14,224,332. 14,433,890. 28 Temporarily restricted net assets Permanently restricted net assets 6,159,846. 6,169,846. Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital etock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund ...... 31 31 32 Retained earnings, endowment, accumulated income, or other funds ...... 32 22,031,756. 33 22,708,168. 33 Total net assets or fund balances Total liabilities and net assets/fund balances ..... 25,095,667. 26,183,847.

Form **990** (2011)

<u>Form</u>	1990 (2011) TROUT UNLIMITED, INC.	38 <u>-1612715</u>		Pag	<u>зе 12</u>
Ρē	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		x
1	Total revenue (must equal Part VIII, column (A), line 12)	1	34	,011	522.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34	,235,	954.
3	Revenue less expenses. Subtract line 2 from line 1	3		-224	432.
4	Net assets or fund balances at beginning of year (muet equal Part X, line 33, column (A))	4	22	,031	756.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		900	844.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	22	,708	168.
Pa	RXII Financial Statements and Reporting				
_	Check if Schedule O contains a response to any question in this Part XII				
	·			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Cther				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
b	Were the organization's financial statements audited by an independent accountant?	***************************************	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	***************************************	2c	X	***********
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Signature	ngle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	Х	
			Form !	990 (	2011)

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

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

TROUT UNLIMITED, INC. 38-1612715 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(lii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II a Type I c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (vi) Is the organizațion in col (III) Type of (iv) Is the organization (v) Did you notify the (i) Name of supported (II) EIN (vil) Amount of organization in col. (I) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No No Yes

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

## Schedule A (Form 990 or 990-EZ) 2011 Part II Support Schedule for 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	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			<u> </u>			
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		VIII.0 (1111 )		,	a = 11	
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth te	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here	***************************************	<u>.</u>			<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2011 (	line 8, column (f) di	ivided by line 11, o	olumn (f))		14	%
	Public support percentage from 2010					15	<u>%</u>
16a	33 1/3% support test - 2011. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶∟
b	33 1/3% support test - 2010. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶∐
17a	10% -facts-and-circumstances tes	t - <b>2011.</b> If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% c	r more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	e <b>re.</b> Explain in Pa	rt IV how the organiz	ation
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - <b>2010.</b> If the org	anization did not d	heck a box on line	9 13, 18a, 16b, or 1	17a, and line 15 is 1	0% or
	more, and if the organization meets to	he "facts-and-circu	mstances" test, cl	neck this box and	<b>stop here.</b> Explain	in Part IV how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	<u>a, 1</u> 6b <u>, 17a, or 17</u> b	o, check this box a	nd see instructions	<u></u>
					Sche	dule A (Form 990 d	r 990-EZ) 2011

## Schedule A (Form 990 or 990-EZ) 2011 TROUT UNLIMITED, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support			<u> </u>			-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	20,750,260.	26,189,013.	26,309,284.	35,834,204.	29,116,838.	138,199,599.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	171,349.	170,926.	157,714.	510,878.	4,645,029	5,655,896.
3	Gross receipts from activities that				020,000		,
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities					,	
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	20,921,609.	26,359,939.	26,466,998.	36,345,082.	33,761,867.	143,855,495.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	442,840.	612,072.	983,968.	1,244,832.	1,562,767,	4,847,279.
ł	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						0.
	Add lines 7a and 7b	442,840.	612,872.	983,968.	1,244,832.	1,562,767,	4,847,279.
	Public support (Subtract line 7c from line 6.)	,	,		_,,		139,008,216.
	ction B. Total Support	,					,,
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	20,921,609.	26,359,939.	26,466,998.	36,345,082.	33,761,867,	143,855,495.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	588,428.	296,103.	262,264.	220,791.	213,667.	
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	588,428.	296,103.	262,264.	220,791.	213,667.	1,581,253.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	,	·	·	metage of .		
12	Other income. Do not include gain or loss from the sale of capital				31,192.	67,032.	98,224.
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.)	21,510,037.	26,656,042.	26,729,262,	36,597,065.		
	First five years. If the Form 990 is for						
-				,	-		▶□
Se	ction C. Computation of Publ			<u> </u>			
	Public support percentage for 2011 (			olumn (f))	•	15	95,52 %
	Public support percentage from 2010					16	95.62 %
_	ction D. Computation of Inve						70,02 70
	Investment income percentage for 20			e 13 column (fl)		17	1.09 %
16		•				18	1.48 %
	33 1/3% support tests - 2011. If the						
198	more than 33 1/3%, check this box a						17 is not ▶ x
1	more than 33 1/3%, check this box a 33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly supp	orted organizatior	· ▶ 🔲
20	Private foundation If the grassization	an did not oback of	hov on line 14 10	a or 10h aback th	is how and see inc	tructione	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

ranie or the organization		Employor Idonation Hambon			
TRO	OUT UNLIMITED, INC	38-1612715			
Organization type (check o	ne):				
Filers of:	Section:				
Form 990 or 990-EZ	x 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt chantable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Note. Only a section 501(c)	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	lle. See instructions.			
General Rule					
For an organization contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in m lete Parts I and II.	oney or property) from any one			
Special Rules					
509(a)(1) and 170(	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the I) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contri of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or edi ruelty to children or animals. Complete Parts I, II, and III.				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.					
but it <b>must</b> answer "No" on certify that it does not meet	nat is not covered by the General Rule and/or the Special Rules does not file Schedule I Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	I, line 2 of its Form 990-PF, to			
LHA For Paperwork Redu	iction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2011)			

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$55,425 <u>.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,962.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(ď) Type of contribution
6		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

TROUT	UNLIMITED	INC	
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38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I if e	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$63,340.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$6,600.	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$250,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$33,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$5,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$40,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Name of organization Employer identification number TROUT UNLIMITED, INC 38-1612715 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (đ) Type of contribution No. Name, address, and ZIP + 4 Total contributions 13 Person **Payroll** Noncash 5,000. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 14 Person **Payroll** Noncash 5,000. (Complete Part II if there is a noncash contribution.) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 x Person 15 Payroll Noncash 5,000. (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Parson 16 Payroll Noncash 70,000. (Complete Part II if there is a noncash contribution.) (c) (d) (a) (b) Name, address, and ZIP + 4 Total contributions Type of contribution No. 17 Person Payroll Noncash 138,934. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 18 Person Payroll Noncash 474,584. (Complete Part II if there is a noncash contribution.)

Employer Identification number

TROUT UNLIMITED, INC.	 38-161271 <u>5</u>

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ 313,459.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ \$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		- \$\$	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		- \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		- _   \$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		- \$ <u>7,600.</u>	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
30		- \$\$0,675.	Person X Payroli

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$10,000.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$14,020.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$10,250.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$11,400.	Parson X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$10,000.	Person x Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	,	\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	,	\$ \$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP ÷ 4	(c) Total contributions	(d) Type of contribution
41		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

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38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I if additions	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$57,377.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$ <u>10,295.</u>	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$7,301.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$20,000.	Person X Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(ď) Type of contribution
49		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(ď) Type of contribution
52		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(ď) Type of contribution
<u>54</u>		\$16,126.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$14,825.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(ď) Type of contribution
56		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(ď) Type of contribution
57		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(ď) Type of contribution
58		\$35,000.	Parson X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$69,428.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b>63</b>		\$ 20,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	THE PARTY WAS AND SELECT TO TH	\$ 6,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$25,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$	Person x Payroil Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	· · · · · · · · · · · · · · · · · · ·	\$10,000.	Person X Payroll Complete Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$5,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	,	\$7,900.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

TROUT UNLIMITED	INC.		38-1612715
IKOOL ONDIMILED,	INC.		30-1015113

Part I	Contributors (see instructions). Use duplicate copies of Part I if additions	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$10,000.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$15,133.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>78</u>		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization			Employer identification number
TROUT UNI	LIMITED, INC.		38-1612715
Part I	Contributors (see Instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
79		_ \$ <u>210</u>	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
80			Person x Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
81		. \$42	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)  Type of contribution
<u>82</u>		- \$	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
83		. \$7	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contribution	(d) Type of contribution
84		\$10	Person X Payroli  Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)	
Name of organization	Employer Identification number
TROUT UNLIMITED, INC.	38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$140,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$ 12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$13,640.	Person X Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$33,893.	Person X Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$6,250.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
94	Name, address, and ZIP ÷ 4	\$ 185,716.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$5,0ò0.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		\$\$	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)

Name of org	anization		Employer	Identification n	umber
TROUT UNI	Limited_inc.		38 <u>-1</u> 6	12715	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of cont	tribution
97		\$ <u>_</u> 85		Person Payroll Noncash Complete Part	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of cont	tribution
98		\$67		Person Payroll Noncash Complete Part a noncash co	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of cont	tribution
99		\$103		Person Payroll Noncash Complete Part a noncash co	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of cont	ribution
100		\$25		Person Payroll Noncash Complete Part a noncash co	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of cont	ribution
101		\$15		Person Payroll Noncash Complete Part a noncash co	
(a)	(b)	(c)		(d)	viburtie –
No. 102	Name, address, and ZIP + 4	\$10	,000.	Person Payroll Noncash Complete Part	X

Name of organization Employer identification number

ROUT UN	LIMITED, INC.		1012/15
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$10,000.	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107	Talling availogs and all TT	\$\$5,163.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108		\$\\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		\$10,125.	Person X Payroll Noncash (Complete Part I! if there is a noncash contribution.)
(a) . No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		\$5,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)

lame of organization		Employ	yer identification number
PROUT UNI	IMITED, INC.		-1612715
Part I	Contributors (see instructions). Use duplicate copies of Part 1 if		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$\$	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$10,000 <u>.</u>	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117		\$	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118		\$5,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119	· · · · · · · · · · · · · · · · · · ·	\$5,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$10,000.	Person X Payroll

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Fmnlover	identification	number

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	LIMITED, INC.		B-1612715
Part I (a) No.	Contributors (see Instructions). Use duplicate copies of Part I if ad  (b)  Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	· ·	\$\$53,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122		\$5,083.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124		\$14,300,	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125		\$ 5,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126		\$50,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	titional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128		\$11,500.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129		\$\$.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130		\$ 15,035.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131		\$\$,900.	Person X Payroll
(a) No.	(b) Name, address, and ZIP ÷ 4	(c) Total contributions	(d) Type of contribution
132		\$\$	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)

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Name of organization	Employer identification number
MOODIM INITIMED INC	38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134		\$11,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135	,	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
136		\$\$.	Parson X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
137		\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
138		<b>\$</b> \$	Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 2 Name of organization Employer Identification number 38-1612715 TROUT UNLIMITED INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140		\$\$	Person X Psyroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141		\$	Person X Payroll  Noncash  (Complete Part II If there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143	,	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144	·	\$\$	Person X Payroli Noncash (Cómplete Part II if there is a noncash contribution.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional contributors (see instructions).	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$10,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
146		\$10,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
148		\$\$60,000 <u>.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
149		\$5,010.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
150		\$15,100.	Person X Payroll

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Name of org	anization	Emplo	yer identification number
TROUT UNI	LIMITED, INC.	38	3-1612715
Part I	Contributors (see instructions). Use duplicate copies of Part I		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		\$\$550,000 <u>.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
154		\$\$	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
155		\$157,275.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
156		\$6,200.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization		Employ	Employer identification number	
PROUT UNI	IMITED, INC.	38	_1612715	
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
157		\$6,007 <u>.</u>	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
158		\$\$,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
159		\$\$,560.	Person X Payroli  Noncash  (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
160		\$\$.	Person X Payroll  Noncash (Complete Part il if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
161		\$ 6,000.	Person X Payroli	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
162	. Marilly would will Try	\$\$15,325.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)	

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		\$	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
164	·	- \$ 10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
165		- - \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
166		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
167		- - \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
168		\$ 58,755.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>169</u> ,	· · · · · · · · · · · · · · · · · · ·	\$30,374.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
170		\$22,026.	Person X Payroll (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
171		\$15,820.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
172		\$6,246.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
173		\$\$.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
174		\$5,550.	Person x Payroli

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 2 Name of organization Employer identification number TROUT UNLIMITED \_ INC. 38-1612715 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (c) (d) (a) Total contributions Type of contribution No. Name, address, and ZIP + 4 175 Person Payroll Noncash 10,000. (Complete Part II if there is a noncash contribution.) (a) (c) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. 176 Person Payroll Noncash 5,000. (Complete Part II if there is a noncash contribution.) (a) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 177 Person Payroll Noncash 25,000. (Complete Part II If there is a noncash contribution.) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 178 Person Payroll Noncash 6,459. (Complete Part II if there is a noncash contribution.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 179 Person Payroll Noncash 17,500. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d)

Person Payroll Noncash

Type of contribution

(Complete Part II if there is a noncash contribution.)

**Total contributions** 

7,200.

No.

180

Name, address, and ZIP + 4

Employer identification number

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TROUT UNLIMITED INC.	 <u> </u>	38-1612715	

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
182		\$10,000.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
183		\$125,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
184		\$10,975.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
185	·	\$6,025.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
186		\$10,000.	Person x Peyroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 2 Name of organization Employer identification number TROUT UNLIMITED, INC. 38-1612715 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 187 Person Payroll Noncash 5,000. (Complete Part II if there is a noncash contribution.) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 188 Person **Payroll** Noncash 40,100. (Complete Part II if there is a noncash contribution.) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 189 х Person Payroll Noncash 5,000. (Complete Part II if there is a noncash contribution.) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 190 Person Payroll Noncash 7,500. (Complete Part II if there is a noncash contribution.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 191 Person Payroll Noncash 6,000. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 192 Person Payroll 5,325. Noncash (Complete Part II if there

is a noncash contribution.)

Name of organization Employer identification number

TROUT UNLIMITED, INC. 38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space ie needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193		\$5,000 <u>.</u>	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
194		\$12,116.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(ď) Type of contribution
195		\$\$.	Person x Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
196		\$ 7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
197		\$10,000 <u>.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
198		\$30,500 <u>.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer Identification number

TROUT	UNLIMITED	INC

38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I if a		f.83
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199		\$\$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
200		\$11,000.	Person X Payroll (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
201		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
202		\$\$	Person X Payroll Noncash (Complete Part !! if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
203			Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
204		\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 2 Name of organization Employer Identification number TROUT UNLIMITED, INC. 38-1612715 Part | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205		\$20,010.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
206		\$7,600.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
362		\$\$	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
207		\$5,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
208		\$20,000.	Person x Payroll (Complete Part II if there is a noncash contribution.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
209		\$40,351.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
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Name of organization

- Employer identification number

TROUT UNLIMITED, INC.

38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
210		\$13,847.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217		\$10,032.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211		\$\$.	Person X. Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
212		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
213		\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
214		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
215		\$10,000.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
216		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
218		\$11,596.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
219		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(ď) Type of contribution
220		\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
221		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

TROUT UNLIMITED, INC.

38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I if additions	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
222		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
224	·	\$12,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
225		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
226		\$63, <b>4</b> 99.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
227		\$9,261.	Person X Payroll

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Name of organization Employer identification number

TROUT UNLIMITED, INC. 38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I if additions	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
228		\$13,188.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229		\$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
230		\$70,000.	Person X Payroll Noncash (Complete Part II If there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
231		\$10,000.	Parson X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
232		\$10,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP ÷ 4	(c) Total contributions	(d) Type of contribution
233		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Employer Identification number Name of organization 38-1612715 TROUT UNLIMITED, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
234		\$\$\$	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
236		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
237		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
238		\$\$\$\$\$	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
239		\$\$	Person X. Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer Identification number

	TROUT	UNLIMITED	, INC.
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38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
240		\$6,016.	Person X Payroll Oncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241		\$9,252.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
242	:	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
243		\$67,953.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
244		\$	Person X Payroll Oncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
245		\$74,117.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)

Schedule E	3 (Form 990, 990-EZ, or <u>9</u> 90-PF) (2011)		Page <b>2</b>	
Name of organization		Empl	Employer Identification number	
TROUT UNI	LIMITED, INC.	38	3-1612715	
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	_	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
245		\$\$.	Person X Payroli	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
247		\$\$, \$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
248		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
249		\$\$55,088.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
250		\$\$	Person Payroll	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution	
251		\$ 7.700.	Person X Payroll Noncash	

(Complete Part II if there is a noncash contribution.)

7,700.

**Employer Identification number** Name of organization TROUT UNLIMITED, INC. 38-1612715 Part Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person 252 **Payroll** Noncash 6,800. (Complete Part II if there is a noncash contribution.) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. 253 Person **Payroll** Noncash 10,000. (Complete Part II if there is a noncash contribution.) (c) (d) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 254 Person Payroll Noncash 55,000. (Complete Part II If there is a noncash contribution.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 255 Person Payroll Noncash 6,039. (Complete Part II If there is a noncash contribution.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 256 Person **Payroll** Noncash 5,000. (Complete Part II if there is a noncash contribution.) (d) (c) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 257 Person Payroll Noncash 55,634. (Complete Part II if there is a noncash contribution.) Name of organization Employer Identification number

TROUT UNLIMITED, INC. 38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
258		\$1,506,193.	Person X Payroll
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
259		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
260		\$193,608.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
261		\$ 47,500.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
262	·	\$ 37,982.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
263		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

38-1612715

TROUT UNI	LIMITED, INC.		1612715
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
264		\$225,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265	Trume, address, und zm + +	\$\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
266		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
267		\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
268	runio, audioss, and air + +	\$\$147,662.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
269		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer Identification number Name of organization TROUT UNLIMITED, INC 38-1612715 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. 270 Person **Payroll** Noncash 36,140. (Complete Part II if there is a noncash contribution.) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZiP + 4 271 Person Payroli Noncash 14,200. (Complete Part II if there is a noncash contribution.) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 272 Person Payroll Noncash 434,787. (Complete Part II if there is a noncash contribution.) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 273 Person Payroll Noncash 32,709. (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 274 Person Payroll Noncash 5,100. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Type of contribution Name, address, and ZIP + 4 **Total contributions** 275 Person Payroll | Noncash 5,088. (Complete Part II if there is a noncash contribution.) Name of organization

Employer identification number

TROUT UNLIMITED, INC.	38-1612715
MANAGEMENT OF THE PROPERTY OF	

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
276		\$\$44,912.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
277		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
278		\$\$,680.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
279		\$8,225.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
280		\$\$,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
281		\$\$ <u>345,215.</u>	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 2 Name of organization Employer identification number TROUT UNLIMITED, INC 38-1612715 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 282 Person **Payroll** Noncash 300,000. (Complete Part II if there is a noncash contribution.) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 283 Person **Payroll** Noncash 41,735. (Complete Part II if there is a noncash contribution.) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 284 Person **Payroll** Noncash 12,000. (Complete Part II if there is a noncesh contribution.) (d) (a) (b) (c) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution 285 Person **Payroll** Noncash 90,963. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 286 Person **Payroll** Noncash 15,000. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 287 Person Payroli Noncash 205,000. (Complete Part II if there is a noncash contribution.)

Name of organization Employer identification number 38-161<u>2715</u>

TROUT UN	LIMITED, INC.	38-	1612715
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
288		\$	Person X Payroli Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
289	Name, durioss, and zir + 4	\$5,000.	Person X Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
290		\$9,600.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
291		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ivanie, acciess, and zir ++	\$\$12,000.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
293		\$5,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)

Name of organization Employer identification number

TROUT UNLIMITED, INC. 38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
294		\$5,000.	Person X Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295		\$9,058.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
296		\$15,020.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
297	,	\$ 1,518,933.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
298		\$5,000.	Person X Payroll Oncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
299	·	\$7,500.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)

Name of organization Employer identification number

ROUT UN	LIMITED, INC.		1612715
Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
300		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
301		\$50,000.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
302		\$13,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
303		\$175,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
304		\$ 35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
305		\$1,295,000.	Person X Payroll

Name of organization

Employer identification number

TROUT UNLIMITED, INC.

38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I if additions	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
306		\$1,671,638.	Person X Payroll
(a) No.	(b) Name, address, and ZIP ÷ 4	(c) Total contributions	(d) Type of contribution
307		\$12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP ÷ 4	(c) Total contributions	(d) Type of contribution
308		\$\$	Person X Payroll  Noncash  (Complete Part !! if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
309		\$ 15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
310		\$10,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
311		\$	Person X Payroll

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2011)
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Page 2

Name of organization Employer Identification number TROUT UNLIMITED, INC. 38-1612715 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 312 Person Payroll Noncash 30,000. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 313 Person Payroll Noncash 15,000. (Complete Part II if there is a noncash contribution.) (a) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 314 Person Payroll Noncash 20,000. (Complete Part II if there is a noncash contribution.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 315 Person Payroll Noncash 18,000. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Type of contribution Name, address, and ZIP + 4 **Total contributions** 316 Person Payroll Noncash 5,000. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 317 Person Payroll Noncash 15,000. (Complete Part II if there is a noncash contribution.)

Employer Identification number

TROUT UNLIMITED, INC.

38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
318		\$170,000. 	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
319		\$645,206. 	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
320		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
321	INAMIO, AUGIESS, ANG ZIF T T	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
322		\$55,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323		\$23,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of org	3 (Form 990, 990-EZ, or 990-PF) (2011)	Emple	Page 2 yer identification number
MAINS OF OLD	anicarini	Enthin	yor iqonuniyaddii li <b>ulii</b> boi
TROUT UN	LIMITED, INC.	38	-1612715
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
324	`	\$260,320.	Person X Payroll Oncash Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
325		\$10,000.	Person X Payroli
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
326		\$	Person X. Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
327		\$ 35,000.	Person X Payrolt
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
328		\$\$.	Person X Payroll (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
329			Parson X

10,000.

Payroll Noncash

(Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

TROUT	UNLIMITED.	INC

38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I if additions	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
330		\$90,999.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
331		\$681,531.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
332		\$556,406.	Person x Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
333		\$ 81,182.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
334		\$126,729.	Person X Payroli  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
335		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization Employer identification number

TROUT UNLIMITED, INC. 38-1612715

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.    (a)		
(a) No.			
336		\$	Payroll Noncash (Complete Part II if there
(a) No.			
337		\$5,731.	Payroli Noncash (Complete Part II if there
(a) No.			
338		\$	Payroll Noncash (Complete Part II if there
(a) No.			
339		\$ 26,979.	Payroll Noncash (Complete Part II if there
(a) No.			
340			Person X Payroll Noncash (Complete Part II if there
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
341		\$\$	Person X Payroll Complete Part II if there is a noncash contribution.)

Schedul <u>e</u> B	(Form 990, 990-EZ, or 990-PF) (2011)		Page 2
Name of org	anization	· E	mployer identification number
TROUT UNI	LIMITED, INC.		38-1612715
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
342		\$334,0	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
343		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
344		\$\$	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
345		\$50,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
346		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
347	· · · · · · · · · · · · · · · · · · ·	\$51,6	Person X Payroll

Page 2 Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Name of organization . Employer identification number 38-1612715 TROUT UNLIMITED, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
348	"	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
349		\$96,000 <u>.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
350		\$90,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
351		<b>4,426,000.</b>	Person X Payroll (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
352		\$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
353		\$30,000.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer Identification number

TROUT UNLIMITED, INC.

38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
354		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
355	Trainis, address, and zir + +	\$\$5,835.	Person X Payroli Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
356		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
357		\$ 518,410.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
358		\$\$	Person & Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
359		\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

	Employer	Identification	number
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Name of org	janization
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TROUT UNLIMITED, INC.

38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional copies of Part	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
360		\$50,000.	Person X Payroli Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
361		\$	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer Identification number

TROUT UNLIMITED, INC.

38-1612715

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
	SECURITIES			
126				
			09/30/12	
	<del></del>	\$50,000.	09/30/12	
(a) No.	(b)	(c) FMV (or estimate)	(d)	
from Part I	Description of noncash property given	(see instructions)	Date received	
raiti	SECURITIES			
226				
	<del></del>	\$63,499.	09/30/12	
(a)				
No.	(b)	(c) FMV (or estimate)	(d)	
from	Description of noncash property given	(see instructions)	Date received	
Part I	SECURITIES	-		
250	<u>BECORITIES</u>			
		\$8,890.	09/30/12	
(0)				
(a) No.	(b)	(c)	(d)	
from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received	
Part I	CROUD TRITEC	(Coo measure)		
275	SECURITIES			
		\$5,088.	09/30/12	
	·	ner as as a s	-	
(a) No.	(b)	(c) FMV (or estimate)	(d)	
from	Description of noncash property given	(see instructions)	Date received	
Part I				
1	<del></del>	<del></del>		
(-)				
(a) No.	<b>(b)</b>	(c)	(d)	
from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received	
Part I		(see mondetions)		
	<del></del>			

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 4 Employer identification number Name of organization TROUT UNLIMITED, INC. 38-1612715 Exclusively religious, charitable, etc., individual contributions to section 501(e)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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.) Part III Use duplicate copies of Part III if additional space is needed. (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, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

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

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2011

Open to Public Inspection

Department of the Tressury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

#### If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.		1=	
Nan	ne of organization			Empl	oyer identification number
Br Urse	TROUT UNLI	MITED, INC.			38-1612715
	at FA Complete if the org	ganization is exempt un	ider section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organize Political expenditures  Volunteer hours	•••••		<b>&gt;</b> \$	
80	rt -B Complete if the org	anization is exempt un	der section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization up	nder section 4955	<u>▶</u> \$	
2	Enter the amount of any excise tax	incurred by organization mana	gers under section 495	5▶\$	
	If the organization incurred a section		-		
4 <b>a</b>	Was a correction made?		-		Yes No
t	If "Yes," describe in Part IV.				
	ert I-C Complete if the org				
1	Enter the amount directly expended	d by the filing organization for s	section 527 exempt fund	tion activities > \$	
2	Enter the amount of the filing organ		•		
	exempt function activities				
3	Total exempt function expenditures			-	
	line 17b				
_	Did the filing organization file Form				
5	Enter the names, addresses and er made payments. For each organization				
	contributions received that were pr				•
	political action committee (PAC). If			•	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
		·			-
				·	
		,			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011	TROUT UNLIMITED,	INC.	504/ 1/01	38-161	2715 Page 2
Part II-A Complete if the org	-	npt under section	n 501(c)(3) and fil	ed Form 5/68	
expenses, and sha	tion belongs to an affil re of excess lobbying o	expenditures).		group member's nam	e, address, EIN,
Limi	tion checked box A ar ts on Lobbying Exper ditures" means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to infl	uence public opinion (	grass roots lobbying)		0.	
b Total lobbying expenditures to infl	uence a legislative boo	ly (direct lobbying)		383,349.	
c Total lobbying expenditures (add I	ines 1a and 1b)			383,349.	
d Other exempt purpose expenditur	es			34,053,728.	
e Total exempt purpose expenditure	es (add lines 1c and 1d	)		34,437,077.	
f Lobbying nontaxable amount. Ent	e <u>r the amount from</u> the	following table in bot	n columns.	1,000,000.	
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	0 plus 10% of the exc	ess over \$1,00 <u>0,00</u> 0.		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.					
Over \$17,000,000	\$1,000,0	000			
g Grassroots nontaxable amount (er	nter 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If zer					
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than ze		ine 1i, did the <b>o</b> rganiza	ation file Form 4720	_	
reporting section 4911 tax for this			··········· <u>····</u> ·······		Yes No
	4-Year Ave zations that made a solumns below. See the		do not have to comp		
	Lobbying Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	190,701.	277,460.	274,915.	383,349.	1,126,425.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
		,,,, <b>,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

Schedule C (Form 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(i	a)	(I	) 
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
đ	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
þ	if "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	EIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ction	
	331,43/,63			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
_	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
c	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		**********		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)				
Par	* N Supplemental Information		,		
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-C,	art II-A; and	Part II-B, lir	ne 1. Also,	complet
his p	part for any additional information.				

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

2011 Open to Public Inspection

Name of the organization

Employer identification number

	TROUT UNLIMITED, INC.	38-1612715	
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts. Complete if the	
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised funds	b) Funds and other accounts	
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun		
•	are the organization's property, subject to the organization's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only		
•	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring		
	impermissible private benefit?		
E ca	Til. Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,		
1 Purpose(s) of conservation easements held by the organization (check all that apply).			
•			
	Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  Protection of natural habitet  Preservation of a certified historic etructure		
		stone etructure	
_	Preservation of open space		
2			
	day of the tax year.	N-14-14- F-4-24- TV	
		Held at the End of the Tax Year	
a	Total number of conservation easements	2a 5	
þ	Total acreage restricted by conservation easements	2b 1,865.00	
C	Number of conservation easements on a certified historic structure included in (a)	2c 0	
đ	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure		
_	listed in the National Register	2d 0	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization during the tax	
	year ►0		
4	Number of states where property subject to conservation easement is located   2		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t	_	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and		
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.	ganization's accounting for	
D27********	conservation easements.		
	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.		
	Complete If the organization answered "Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement as		
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV,		
	the text of the footnote to its financial statements that describes these items.		
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be	alance sheet works of art, historical	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts		
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1	. <b>&gt;</b> \$	
	(ii) Assets included in Form 990, Part X	. <b>&gt;</b> \$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,		
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
а	Revenues included in Form 990, Part VIII, line 1	. <b>&gt;</b> \$	
b	Assets included in Form 990, Part X		

1,926,761. Schedule D (Form 990) 2011

27,426

648,514.

7,603.

1,911,357.

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

35,029

2,559,871.

Schedule D (Form 990) 2011 TROUT UNLINITED			38-1612715 Page
Part VII Investments - Other Securities.	See Form 990, Part X, lin		l of colorelle - c
(a) Description of security or category (including name of security)	(b) Book value		l of valuation: year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)		<del></del>	
(G)	-		
(H)			
(1)			
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, li		
(a) Description of Investment type	(b) Book value		of valuation:
		Cost or end-of-	year market value
(1)	<del></del>	· ·	
(2)	<del>-</del>		
(3) (4)		<del></del>	<u> </u>
(5)		_	
(6)			
(7)			
(8)			
(9)			
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)			· · · · · · · · · · · · · · · · · · ·
Part IX Other Assets. See Form 990, Part X, lir			(h) Danteunhau
	a) Description	<del>_</del>	(b) Book value
(1) (2)		<del></del>	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(10)			
otal. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X			<b>P</b>
(a) Description of liability	1, IIII 25.	(b) Book value	
(1) Federal income taxes		(-,	
(2) REFUNDABLE ADVANCES		303,844.	
(3)			
(4)			
(5)			
(6)			
/ <del></del>			
(7)			
(8)			
(8) (9)			
(8) (9) (10)			
(8) (9) (10) (11)	25)	202.044	
(8) (9) (10)	ne 25.)	303,844.	for uncertain tax positions under

	dule D (Form 990) 2011 TROUT UNLIMITED, INC.	A			38-1612715	Page 4
	TXI Reconciliation of Change in Net Assets from Form 990 to			state	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)					34,011,522.
2	Total expenses (Form 990, Part IX, column (A), line 25)					34,235,954.
3	Excess or (deficit) for the year. Subtract line 2 from line 1					-224,432.
4	Net unrealized gains (losses) on investments					900,844.
5	Donated services and use of facilities					
6	Investment expenses					
7	Prior period adjustments					
8	Other (Describe in Part XIV.)					
9	Total adjustments (net). Add lines 4 through 8					900,844.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and					676,412.
Fai	*XII Reconciliation of Revenue per Audited Financial Stateme				eturn	
1	Total revenue, gains, and other support per audited financial statements				1	35,113,489.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a	Net unrealized gains on investments		900	844.		
	Donated services and use of facilities					
	Recoveries of prior year grants					
	Other (Describe in Part XIV.)			123.		
8	Add lines 2a through 2d				2e	1,101,967.
3	Subtract line 2e from line 1				3	34,011,522.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
c	Add lines 4a and 4b				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	34,011,522.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents W	<u>ith Expenses</u>	per	Return	
1	Total expenses and losses per audited financial statements				1	34,437,077.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
þ	Prior year adjustments	2b				
	Other losses					
	Other (Describe in Part XIV.)			123.		
е	Add lines 2a through 2d				2e	201,123.
3	Subtract line 2e from line 1				3	34,235,954.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
Ь	Other (Describe in Part XIV.)	4b				
C	Add lines 4a and 4b		•••••		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	·····	····		5	34,235,954.
Pa	*XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II					
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	lete this	part to provide a	ny add	litional inform	ation.
PART	II, LINE 5: ANNUALLY A TU REPRESENTATIVE VISITS THE PROPERTY A	AND				
SPE	KS WITH THE LANDOWNER TO REVIEW THE PROPERTY AND IDENTIFY ANY M	NEW				
ACTI	VITIES OR DAMAGES SINCE THE LAST INSPECTION THAT COULD AFFECT 1	PHE				
PROE	ERTY. THE REPRESENTATIVE DISCUSSES WITH THE LANDOWNER ANY POT	ENTIAL				
OR I	LANNED ACTIVITIES CONCERNING THE LAND INCLUDING, BUT NOT LIMIT	ED TO,				
THE	TRANSFER OF THE LAND, AGRICULTURAL ACTIVITIES, TIMBER HARVESTIM	NG,				
Wame	D DEAL OF THE BOYD CONGLECTION THE CONGLECTIVE FOR STATES					
HATE	R DEVELOPMENT, ROAD CONSTRUCTION, AND COMMERCIAL ACTIVITIES.					

Schedule D (Form 990) 2011 TROUT UNLIMITED, INC.	38-1612715	Page 5
Part XIV Supplemental Information (continued)		
PART II, LINE 9: CONSERVATION EASEMENTS ARE NOT REPORTED IN THE		
REVENUE, EXPENSE OR BALANCE SHEET OF TU.		
PART V, LINE 4: CCF ENDOWNENT - THIS ENDOWMENT IS EXPECTED BY THE		
DONORS TO PRODUCE ANNUAL INVESTMENT INCOME THAT IS TO BE SPENT TO COVER		
THE SALARIES, BENEFITS, AND OPERATING BUDGET FOR TU'S SENIOR SCIENTIST AND		
CCF DIRECTOR, GIVEN THAT THESE EXPENSES EXCEED A REASONABLE EARNINGS RATE		
FOR THE SIZE OF THIS ENDOWMENT, THE SPENDING RATE OF 4% WAS SET FOR FISCAL		
VELDS ENTRED CERTIFIED 20 2012 NVD 2011		
YEARS ENDED SEPTEMBER 30, 2012 AND 2011.		
	<u> </u>	
OTHER ENDOWMENTS - THE EARNINGS FROM THESE ENDOWMENTS ARE AVAILABLE IN		
SUPPORT OF THE GENERAL OPERATIONS OF TU. THE BOARD OF TRUSTEES DETERMINES		
ANNUALLY THE SPENDING RATE FOR THESE ENDOWMENTS. DUE TO THE CURRENT MARKET		
CONDITIONS, THE BOARD OF TRUSTEES AUTHORIZED A 0% SPENDING RATE FOR THE		
FISCAL YEARS ENDED SEPTEMBER 30, 2012 AND 2011.		
	-	
<del></del>	-	
PART X, LINE 2: TU IS GENERALLY EXEMPT FROM FEDERAL INCOME TAX UNDER	•	
THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). IN		
ADDITION WIL OUR TELEC BOD CHARTMAN P COMMENDIATION DEDUCATIONS AND UNC DEEN		
ADDITION, TU QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAS BEEN	•	
CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION, INCOME	<u>.</u>	
THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS		
SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. TU HAD NO UNRELATED		
BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND		
2011, SINCE TU DID NOT HAVE SIGNIFICANT UNRELATED BUSINESS INCOME.		
MANAGEMENT EVALUATED TU'S TAX POSITIONS AND CONCLUDED THAT TU HAD TAKEN NO		
UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL		
STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE, GENERALLY, TU		
<u> </u>	Schedule D (Forr	n 990) 2011

Schedule D (Form 990) 2011 TROUT UNLIMITED, INC.		38-1612715	Page 5
Part XIV Supplemental Information (continued)			
IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S	. FEDERAL, STATE		
OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2009.			
			-
		·	
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
EVENT EXPENSE REPORTED ON PART VIII, LIME 8B	201,123.		
EVENT EXPENSE REPORTED ON FART VIII, DINE OF	201,123.		
PART XIII, LINE 2D - OTHER ADJUSTMENTS:			
THE PURE DESCRIPTION OF DAMPING OF THE PROPERTY OF THE PROPERT	001 103		
EVENT EXPENSE REPORTED ON PART VIII, LINE 8B	201,123.		
			•
•			
		-	· ·
	and our set of	· · · · · · · · · · · · · · · · · · ·	
-			

#### **SCHEDULE G** (Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 8a.

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

Open To Public Inspection

Name of the organization					Employer ide	ntification number
	MITED, INC.				38-1612715	
Fundraising Activities required to complete this pe	<ol> <li>Complete if the organization an art.</li> </ol>	swered "\	es' to	o Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization ra	ised funds through any of the folk	owing acti	vities.	Check all that apply.		
a Mail solicitations			-	ovemment grants		
b Internet and email solicitation			_	nment grants		
c X Phone solicitations	g L Spe	cial fundre	ising	events	·	
d In-person solicitations					_	
2 a Did the organization have a written						X No
key employees listed in Form 990, I		-		-		
b If "Yes," list the ten highest paid incompensated at least \$5,000 by th		oursuamt t	agre	ements under which	the jundraiser is to	08
(i) Name and address of individual or entity (fundralser)	(ii) Activity	orcor	Did ralser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
PDR II DBA SHARE GROUP - 310		Yes	No			
W 20TH STREET, STE 300,	MEMBER ACQUISITION		X	14,245.	18,823.	-4,578.
-						
		_				
				man man and a		
Total		<u>.</u>		14,245.	18,823.	-4,578.
<ol> <li>List all states in which the organizati or licensing.</li> </ol>	ion is registered or licensed to sol	icit contrit	oution	s or has been notified	it is exempt from re	egistration
AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, I	II,ID,IL,IN,AL,KY,LA,ME,MI	,MA,MI,	MN , M	S,MO,MT		
ME, MV, MH, MJ, MM, MY, MC, MD, OH, OK, O	DR,PA,RI,SC,SD,TN,TX,UT,V	',VA,WA,	WV,W	I,WY,IA		
KS						

		of fundraising event contributions and gr			events with gross receip	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			DINNER	DINNER	1	col. (c))
ЭПе			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	396,570.	269,047.	130,745.	796,362.
	2	Less: Charitable contributions	303,699.	222,854.	103,084.	629,637.
	3	Gross income (line 1 minus line 2)	92,871.	46,193.	27,661.	166,725.
	4	Cash prizes				
Se8	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	70,871.	33,893.	42,239.	147,003.
Direct	7	Food and beverages			•	
	8	Entertainment				
	9	Other direct expenses	_	12,262.	20,540.	54,120.
	10					( 201,123)
	11					-34,398.
P	ĮŽ.	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	<del>-</del>	····		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
æ	1	Gross revenue				
388	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	8	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b></b>	( )
	8	Net gaming income summary. Combine line 1	, column d, and line 7			
9	Ent	ter the state(s) in which the organization opera	tes gaming activities:			
		he organization licensed to operate gaming ac No," explain:				Yes No
	_					
		re any of the organization's gaming licenses re Yes," explain:	•	minated during the tax y	/ear?	Yes No

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2011 TROUT UNLIMITED, INC. 38-16	12715		Page 3
11	Does the organization operate 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			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity operated in:			
6	The organization's facility	13a		%
1	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	Yes	No No
1	o If "Yes," enter the amount of gaming revenue received by the organization > and the amount			
	of gaming revenue retained by the third party > \$			
•	If "Yes," enter name and address of the third party:			
	Name ►			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	<u> </u>			
	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 the state gaming license?	Γ.	Yes	□ No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
•	organization's own exempt activities during the tax year > \$			
T)	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii	) and (v	) and	Part III
00:036	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	-		
SCI	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
_				
<u>(I)</u>	NAME OF FUNDRAISER: FDR II DEA SHARE GROUP			
<u>(I)</u>	ADDRESS OF FUNDRAISER:			
310	W 20TH STREET, STE 300, KANSAS CITY, MO 64108			
	·			

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public OMB No. 1545-0047 Inspection Employer identification number 38-1612715

**2** WATERSHED RESTORATION WATERSHED RESTORATION WATERSHED RESTORATION WATERSHED RESTORATION WATERSHED RESTORATION WATERSHED RESTORATION (h) Purpose of grant or assistance X Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Enter total number of section 501(c)(3) and government organizations listed in the line 1 table recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed and address of organization

(c) IRC section or government and address of organization if applicable cash grant or government assistance or government assistance assistance other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ď ö ö Ċ. ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 5,300 7,000 5,700 6,000 6,200 7,000 501 (C)(3) 501 (C)(3) 501 (C)(3) 52-1765527 501 (C)(3) 501 (C)(3) 501 (C)(3) Enter total number of other organizations listed in the line 1 table 52-1999770 51-0208665 52-1766097 23-7355260 23-7184521 General Information on Grants and Assistance criteria used to award the grants or assistance? TROUT UNLIMITED INC FRED S. BURROUGHS CHAPTER OF TROUT 1 (a) Name and address of organization REED GILLESPIE/CENTRAL CHAPTER OF UNLIMITED - 623 W PINE BT - RIVER - 483 LARK LANE - WEST ADAMS CHAPTER OF TROUT UNLIMITED TROUT UNLIMITED - PO BOX 3174 -UNLIMITED - PO BOX 100 - SEELEY BIG BLACKFOOT CHAPTER OF TROUT COULEE REGION CHAPTER OF TROUT KIAP TU WISH CHAPTER OF TROUT UNLIMITED - 16 KIRKBRIDE TER MI 49684-3138 MCCALL, ID 83638-6174 TOWACO, NJ 07082-1009 FALLS, WI 54022-2036 Name of the organization SALEM, WI 54669 LAKE, MT 59868 TRAVERSE CITY, 615 W 10TH BT UNLIMITED Parti Part Q

Schedule I (Form 990) (2011)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	in the United States (Schedule I (Form 990), Part II.)
, INC,	sistance to Governments and Organizations ir
TROUT UNLIMITED,	of Grants and Other Ass
Schedule I (Form 990)	Part II Continuation

	if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TETON VALLEY CHAPTER OF TROUT UNLIMITED - 7541 SPOON CREEK DR - VICTOR, ID 83455-5315	501 (C)(3)	7,500.	0			WATERSHED RESTORATION
FINGER LAKES LAND TRUST 202 EAST COURT STREET ITHACA, NY 14850 22-2983688	501 (C)(3)	7,534.	0			CONSERVATION EASEMENTS
SOUTHEAST IDAHO CHAPTER OF TROUT UNLIMITED - 1601 SARATOGA ST - POCATELLO, ID 83201-2280 91-1995963	<b>501</b> (C)(3)	8,000	0.		,	WATERSHED RESTORATION
NOR-EAST CHAPTER OF TROUT UNLIMITED - 3 ILENE CIRCLE - GEORGETOWN, MA 18640 51-0208529	501 (C)(3)	.000,6	0			WATERSHED RESTORATION
SEBAGO CHAPTER OF TROUT UNLIMITED 778 BRIGHTON AVE. PORTLAND, ME 04102 52-1492051	501 (C)(3)	9,825,	0			WATERSHED RESTORATION
AMERICAN RIVERS 1101 14TH ST. NW, SUITE 1400 WASHINGTON, DC 20005	 501 (C)(3)	10,000	.0			ROGUE RIVER HOME RIVERS INITIATIVE
UPPER BEAR RIVER CHAPTER OF TROUT UNLIMITED - P.O. BOX 947 - EVANSTON, WY 82931	501 (C)(3)	10,000.	.0			WATERSHED RESTORATION
VIRGINIA CUTDOORG FOUNDATION 1108 EAST MAIN STREET RICHMOND, VA 23219 54-1038487	501 (C)(3)	29,442.	,0			CONSERVATION EASEMENTS
NATIONAL COUNCIL OF CHURCHES 475 RIVERSIDE DR NEW YORK, NY 10115	501 (C)(3)	.000,0E	0			BRISTOL BAY CAMPAIGN Schodule   (Form 990)

	0000		
1,10,00	48_1617715	07/3707-00	

Schedule I (Form 990) TROUT UNLIMITED, INC.  Part   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	D, INC. Assistance to Go	wernments and Organ	nizations in the Ur	nited States (Sche	dule ! (Form 990), Par		38-1612715 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARCLINA MOUNTAIN LAND CONSERVANCY 847 CASE STREET HENDERSONVILLE, NC 28792	56-6449365	501 (c)(3)	30,000.	0.			CONSERVATION EASEMENTS
SOQUE RIVER WATERSHED ASSOCIATION P.O. BOX 1901 CLARKESVILLE, GA 30523	31-1608576	50 <u>1,</u> (C)(3)	300'08	.0			GEORGIA EBTJV GRANT PASS THROUGH
VIRGINIA COUNCIL OF TROUT UNLIMITED - 1204 OLD LYNCHBURG RD. - CHARLOTTEEVILLE, VA 22903	23-7355308	501 (C)(3)	35,510.	0	,		GENERAL OPERATIONS
						· .	
	-						
							Schedule I (Form 990)

Page 2 Schedule I (Form 990) (2011) (f) Description of non-cash assistance 38-1612715 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part W Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant 86 OUTSIDE ORGANIZATIONS, THOSE ARE TYPICALLY PART OF A LARGER GRANT AGREEMENT THAT DICTATES THE TERM OF THE ARRANGENEMTS WITH THE APPROPRIATE TU EMPLOYEE SCHEDULE I, PART I, LINE 2: THE MAJORITY OF THE GRANTS ARE GIVEN OUT TO TU CHAPTERS AND COUNCILS AND ARE MONITORED BY THE EMBRACE-A-STREAM COMMITTEE FOR THOSE GRANTS ISSUED TO (b) Number of recipients TROUT UNLIMITED, INC. FOR COMPLIANCE WITH THEIR GRANT AGREEMENT. (a) Type of grant or assistance Schedule | (Form 990) (2011) MONITORING COMPLIANCE, 132102 01-27-12

#### **SCHEDULE J** (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. See separate instructions.

TROUT UNLIMITED, INC.

**Employer identification number** 

38-1612715

	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
þ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	************	***********
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		x
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	x	T
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a	**********	x
b	Any related organization?	5b		х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		x
	Any related organization?	6b		x
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			1
	not described in lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			1
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		l x
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Beculations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	Ó	Q	(E)	£
(A) Neme	<u>.                                    </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	8	228,537.	0	0	19,138.	17,061.	264,736.	0.
1 CHRISTOPHER WOOD	<b>E</b>	0.	0.	0,	0	0	0	0.
	8	166,744.	7,750.	0.	14,655.	17,061.	206,210.	0.
2 HILLARY COLEY	€	0.	0.	0	0	• 0	0.	0.
	(1)	175,925.	0.	.0	7,037.	17,061.	200,023.	0.
3 CHARLES GAUVIN	€	0.	0	.0	0.	0	0.	0.
	8	147,495.	2,890.	0.	12,830.	16,061.	179,276.	0.
4 STEVEN MOYER	•	0.	0	0.	0.	0.	0.	0.
	ε							
9								
	(1)							
9	€							
	ε							
)	8							
	€							
8								
	(i)							
6	•							
	6							
10	€	· ~.						
	8	,						
11	(E)							
	Ø					,		
12	8							
	8							
13	(ii)							
	6							
14	8							
	8							
15	8							
	8							
16	€							
				,			Schedu	Schedule J (Form 990) 2011

Schedule J (Form 990) 2011 TROUT UNLIMITED, INC.	38-1612715 Page 3
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	and for Part II. Also complete this part for any
PART I, LINE 4B: THE UNQUALIFIED PLAN (457F) FOR ITS OFFICERS AND KEY	
EMPLOYEES VESTED IN JANUARY OF 2012, AT WHICH POINT THE BOARD OF TRUSTEES	
DISSOLVED THE 457F PLAN. DISTRIBUTIONS WERE AS FOLLOWS:	
CHRISTOPHER WOOD: \$9,997	
HILLARY COLRY: \$7,675	
STEVEN NOYER: \$6,815	
THE PURPOSE OF THE SUPPLEMENTAL BENEFIT PLAN WAS TO PROVIDE THE EXECUTIVE	
WITH A LUMP SUM CASH BENEFIT UPON THE TERMINATION OF HIS OR HER EMPLOYMENT	
OR UPON HIS OR HER DEATH IF HIS OR HER EMPLOYMENT IS TERMINATED ON ACCOUNT	
OF DEATH, IF A BENEFIT IS PAYABLE UNDER THE PLAN.	
	Schedule J (Form 990) 2011

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

TROUT UNLIMITED, INC.

Attach to Form 990.

Open to Public Inspection

**Employer identification number** 

38-1612715

Pai	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermining	nts
1	Art - Works of art		nterna contributed	1 01111 550, 1 dr. 1111, iiile 1g			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	х	16	177,710.	PMV		
10	Securities - Closely held stock			•			
11	Securities - Partnership, LLC, or						
	trust interests			_			
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()		<u> </u>				
27	Other ()						
28	Other (						
29	Number of Forms 8283 received by the organi			1 1			
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowleds	gement 29			
20-	During the commodity the committee that a committee to	, 		and the Dark Library 4 Off the	- 4 4 4 b - (-) <b>6</b>	Ye	s No
3Ua	During the year, did the organization receive b	-					
	at least three years from the date of the initial			•		20-	
	the entire holding period?				•••••••••••••••••••••••••••••••••••••••	30a	X
_	If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance	nolicy that r	aguiros the roview	of any non-standami contrib	rtions?	24 Y	
31 32a	Does the organization have a girt acceptance				unous:	31 X	+
328			-	•		32a	×
h	contributions?  If "Yes," describe in Part II.	•••••				328	^
33	If the organization did not report an amount in	column (c) 6	or a type of proper	rty for which column (a) is ob	ecked		
-	describe in Part II.	COIGITIII (C) I	or a type or proper	is the mitori continu lay is on	COROU		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

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

#### 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 990-EZ.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

**Employer identification number** Name of the organization 38-1612715 TROUT UNLIMITED, INC FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: OR ARE BEING IMPACTED BY DRILLING. THE SPORTSMEN ALLIANCE FOR MARCELLUS CONSERVATION NOW REPRESENTS MORE THAN 265,000 HUNTERS AND ANGLERS. IN THE GREEN RIVER IN UTAH, TU PRODUCED "GREEN WITH ENVY," A SHORT FILM BY KRIS MILLGATE OF TIGHTLINE MEDIA. IN 2012, TU TOOK THE SHOW ON THE ROAD, TOURING ACROSS WYOMING, UTAH AND COLORADO, EDUCATING AND ORGANIZING OPPOSITION TO THE MILLION PIPELINE PROPOSAL THAT WOULD TAKE 81 BILLION GALLONS OF WATER FROM THE FLAMING GORGE AND GREEN RIVER SYSTEM EVERY YEAR. THE PROPOSAL WAS REJECTED MULTIPLE TIMES BY PERMITTING AGENCIES, NO DOUBT IN PART BY THE GROWING PUBLIC OFFOSITION IN COLORADO, TU SUPPORTED A FINAL VERSION OF A LONG-AWAITED COLORADO ROADLESS RULE, GOVERNING 4.2 MILLION ACRES OF ROADLESS BACKCOUNTRY WITHIN COLORADO'S NATIONAL FOREST LANDS. THE RULE WAS RELEASED IN JULY 2012. TU WITH HELP FROM ITS COLORADO COUNCIL OF TU, EDUCATED, ORGANIZED AND MOBILIZED SPORTSMEN, OVER ROUGHLY SIX YEARS TO ENSURE IT ADEQUATELY PROTECTED FISH AND WILDLIFE HABITAT, AND COLORADO'S SPORTING HERITAGE, IN MAINE OVER 80 TU VOLUNTEERS HELPED GATHER NEW DATA ON BROOK TROUT POPULATIONS BY SURVEYING MORE THAN 100 FONDS IN REMOTE AREAS OF THE STATE. THEY DOCUMENTED BROOK TROUT POPULATIONS IN 45 OF THOSE PONDS. TU ALSO WORKED WITH THE MAINE FISH AND WILDLIFE AGENCY AND THE TRUST FOR FUBLIC LAND TO NEGOTIATE AN AGREEMENT TO BUY 8,200 ACRES CONTAINING THE ENTIRE LENGTH OF COLD STREAM AND 8 WILD TROUT PONDS.

Name of the organization TROUT UNLIMITED, INC.	38-1612715
MILES OF STREAM HABITAT, AND LAID THE GROUND WORK FOR ADDITIONAL	
HABITAT IMPROVEMENT UPSTREAM ON CITY PARK PROPERTY. MANY OF THE	
TRIBUTARIES TO THE MAIN STEM SOUTH RIVER ARE NATIVE BROOK TROUT	
STREAMS.	
ON THE CARMEL RIVER IN CALIFORNIA THE CALIFORNIA PUBLIC UTILITIES	
COMMISSION APPROVED A PROJECT THAT WILL REMOVE THE ANTIQUATED SAN	
CLEMENTE DAM, WHICH THE NATIONAL MARINE FISHERIES SERVICE HAS	
IDENTIFIED AS THE MOST CRITICAL STREAM ON THE SOUTH-CENTRAL COAST OF	
CALIFORNIA FOR RESTORING A DISTINCT POPULATION SEGMENT OF NATIVE	
STEELHEAD. IN ADDITION TO OPENING UP AND IMPROVING SOME 25 MILES OF	
HIGH-QUALITY SPAWNING WATER FOR STEELHEAD, REMOVAL OF THE SAN CLEMENTE	
DAM SETS AN HISTORIC PRECEDENT, IT WILL BE THE LARGEST DAM EVER TAKEN	
DOWN IN CALIFORNIA.	
RESTORE:	
TU'S GRASSROOTS-LED EFFORT TO RAISE MONEY FOR LAKE TROUT MONITORING	
EQUIPMENT RAISED MORE THAN \$150,000 TO REMOVE INVASIVE LAKE TROUT FROM	
YELLOWSTONE LAKE, LAKE TROUT HAVE CAUSED THE LOSS OF 99 PERCENT OF THE	
LAKE'S SPAWNING YELLOWSTONE CUTTHROAT TROUT POPULATION. EFFORTS TO	
REMOVE LAKE TROUT, THOUGH, ARE STARTING TO SHOW PROGRESS AND TU IS VERY	
SUPPORTIVE OF THE NATIONAL PARK SERVICE'S AGGRESSIVE PLAN TO RESTORE	
YELLOWSTONE LAKE'S CUTTHROAT TROUT AND REINTRODUCE NATIVE FISH	
THROUGHOUT THE PARK.	
ON THE SITKOH RIVER IN ALASKA, TU PUT THE RIVER BACK INTO ITS ORIGINAL	
COURSE, AWAY FROM A LOGGING ROAD, AND RECREATED SPAWNING AND REARING	
HABITAT FOR SALMON. STEELHEAD AND DOLLY VARDEN. TU REMOVED BLOCKED	

IN 2012, TU'S DUES PAYING MEMBERSHIP GREW BY 2 PERCENT TO REACH NEARLY 150,000 BY THE END OF AUGUST, AND ITS FACEBOOK MEMBERSHIP GREW BY 50

STRATEGIES. TU ALSO LAUNCHED ITS BRAND AND MARKETING STRATEGY, LAUNCHED

PERCENT TO 25,000 THROUGH INNOVATIVE USE OF DIRECT MAIL AND ONLINE

A PILOT COMMUNITY TO TEST WEB FUNCTIONALITY, INITIATED IMPLEMENTATION

Schedule O (Form 990 or 990-EZ) (2011)	
Name of the organization TROUT UNLIMITED, INC.	Employer identification number 38-1512715
OH A NEW DANIES AND GUGDOWED DELANCONGUED WAYN GENERAL ENERGY GOVERNOR	<u> </u>
OF A NEW DATABASE AND CUSTOMER RELATIONSHIP MANAGEMENT INFRASTRUCTURE,	
AND CONTINUED NEW PARTNERSHIPS TO REACH A YOUNGER, MORE DIVERSE	
AUDIENCE THROUGH EFFORTS LIKE THE SPONSORSHIP OF THE FLY FISHING FILM	
TOUR.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
PUNCH FOR WESTERN TROUT THESE LAST FEW YEARS, ESPECIALLY APACHE, GILA,	
RIO GRANDE CUTTHROAT AND LAHONTAN CUTTHROAT, TU'S SCIENCE TEAM DESIGN	
ADAPTATION STRATEGIES THAT RECONNECT STREAMS AND GIVE FISH A BETTER	
CHANCE AT SURVIVAL.	
RESEARCH: TU WORKS WITH AGENCY PARTNERS, SUCH AS THE U.S. FISH &	
WILDLIFE SERVICE AND THE U.S. FOREST SERVICE, ON GENETICS STUDIES. ONE	
RECENT STUDY IN THE SOUTH FORK OF THE BOISE RIVER LOOKED AT	
HYBRIDIZATION BETWEEN NATIVE REDBAND TROUT AND HATCHERY RAINBOW TROUT	
WITH FISH COLLECTED THROUGHOUT THE WATERSHED BY THE TED TRUEBLOOD	
CHAPTER.	
	·
SCIENCE INTERPRETATION: THERE REMAINS LOTS OF INTEREST FROM TU'S	The second secon
MEMBERS WHO WANT LOCAL CHAPTERS TO BECOME MORE SCIENCE-BASED IN THEIR	
STREAM MONITORING PROGRAMS.	
PODW 990 DARM III LINE AD OMUPD DROCDAM SERVICES.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
GOVERNMENT AFFAIRS:	
TU'S GOVERNMENT AFFAIRS STAFF WORKED DILIGENTLY IN HALLS OF THE FEDERAL	
GOVERNMENT TO FUSH IMPORTANT LEGISLATION, OPPOSE BAD POLICY, AND	
SUPPORT VITAL CONSERVATION FUNDING FROM COAST TO COAST. FOR EXAMPLE	
132212 01-23-12	Schedule O (Form 990 or 990-EZ) (2011)

SLATE OF BOARD MEMBERS AND CHANGES TO THE BYLAWS AS PRESENTED AT THE ANNUAL

FORM 990, FART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND

OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LIME 19: TU POSTS ITS GOVERNING DOCUMENTS,

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
TROUT UNLIMITED, INC.	38-1612715
WEBSITE AND WILL MAKE COPIES OF THE DOCUMENTS AVAILABLE UPON	REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	900,844.
FORM 990, PART XII, LINE 2C	
THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEM	ENTS AND
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINAN	ICIAL
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.	
<u> </u>	was a second
-	· · · · · · · · · · · · · · · · · · ·
<u> </u>	

#### Form 8868

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2012)

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part !! unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8888 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see Instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 8-month extension - check this box and complete Part I only ..... All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Type or Employer identification number (EIN) or print TROUT UNLIMITED, INC. 38-1612715 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) filing your 1300 17TH ST N, NO. 500 Instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22209-3311 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Return ls For Code Is For Code Form 990 Form 990-T (corporation) 01 07 Form 990-BL Form 1041-A 08 Form 990-EZ 01 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 HILLARY P. COLEY, CPA The books are in the care of > 1300 N. 17TH ST., # 500 - ARLINGTON, VA 22209 Telephone No. ► (703) 522-0200 FAX No. ● If the organization does not have an office or place of business in the United States, check this box \_\_\_\_\_\_ ▶ \_\_\_ if this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📖 and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MAY 15, 2013 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or tax year beginning OCT 1, 2011 and ending SEP 30, 2012 initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: L\_\_\_ Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 8069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a 0. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 0. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form	990-T	E	xempt Orga				ax Return	\	OMB No. 1545-0687
Depar	ment of the Treasury		-	nd proxy tax unde			T 26 0010	وا	pen to Public Inspection for
A	Check box if		alendar year 2011 or other tax : Name of organization (	Check box if name ch		, and ending SI and see instructions.)	SP 30, 2012	D Employ	01(c)(3) Organizations Only yer identification number yees' truet, eee
	address changed	_						Instruc	<b>,</b>
	cempt under section	Print	TROUT UNLIMITED,						-1612715 ted business activity codes
X	] 501(c )(3 )	or Type		n or suite no. If a P.O. box	k, see in	structions.			structions.)
<u> </u>	408(e) 220(e)		1300 17TH ST N, 1					ł	
<u> </u>	]408A		City or town, state, and Z					-4400	•
	529(a)	F 0	ARLINGTON, VA 2		<b>•</b>			54180	<u> </u>
	OK VAIUE OT AII ASSETS . end of year		exemption number (See			501(c) trust	401(a) tauat		Othertunt
_•	26,208,847.	G CHEC	k organización type	LX_1 501(c) corporation	'	50 i(c) trust	401(a) trust	L	Other trust
⊔ Da		n'e nrim	ary unrelated business act	ivity > ATTURDUTETING	INC	· · · · · · · · · · · · · · · · · ·		•	
			ooration a subsidiary in an				▶ [	Yes	x No
			tifying number of the pare		11 3003	idially controlled group:		103	, <u></u>
			ILLARY P. COLEY,			Telenh	one number 🕨 (	703) 5	22-0200
			de or Business Inc			(A) Income	(B) Expenses		(C) Net
	Gross receipts or sal								
	Less returns and allo			c Balance	10				
			A, line 7)	•	2				
			rom line 1c		3				
			h Schedule D)		4a				
			art II, line 17) (attach Forr		4b				
			sts		4c				
5			ips and S corporations (at		5				
6				_	6				
7			me (Schedule E)		7				
6			and rents from controlled		8				
9			on 501(c)(7), (9), or (17) o			•			
				-	9	,			
10			me (Schedule I)		10				
11			a J)		11	57,128.	42	,049.	15,079.
12			ns; attach schedule.)		12	·			•
13	Total. Combine lines	s 3 throu	gh 12		13	57,128.		,049.	15,079.
Pa			ot Taken Elsewhe utions, deductions mus						
14			rectors, and trustees (Sch					14	
15	Salaries and wages							15	
16								16	
17	Bad debts							17	
18								18	
19								19	
20	Charitable contribut	ions (Se	e instructions for limitation	ı rules.)				20	
<b>2</b> 1	Depreciation (attach	Form 4	562)			21			
<b>2</b> 2	Less depreciation of	laimed o	n Schedule A and elsewhe	re on retum		22a		22b	
23			•••••					23	
24			mpensation plans					24	
25								25	
28			chedule I)					26	
<b>2</b> 7			hedule J)					27	15,079.
28			nedule)					28	
29			es 14 through 28					29	15,079.
30			ncome before net operatin	-				30	0.
31			(limited to the amount or					31	0.
32			ncome before specific ded					32	0.
33			y \$1,000, but see instructi					33	1,000.
34			able income. Subtract li		_				_
	oi zero or line 32 🔝							34	0.

FOIIII 800-	1 (2011)	TROUT UNLIMITED, INC.	20-TOTS	113	
Part I	T	Tax Computation			
35	Organ	olzations Taxable as Corporations. See instructions for tax computation.			
		olied group members (sections 1561 and 1563) check here  See instructions and:			
_		your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
a	ľ				
		\$ (2) \( \)\$ (3) \( \)\$			
b		organization's share of: (1) Additional 5% tax (not more than \$11,750)			
	(2) A	dditional 3% tax (not more than \$100,000)\$			
C	Incom	ne tax on the amount on line 34	▶	35c	0.
36	Trusts	s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:			
		Tax rate schedule or Schedule D (Form 1041)	•	36	
37		tax. See instructions			
	-				
38		ative minimum tax			
39		Add lines 37 and 38 to line 35c or 36, whichever applies		. 39	0.
		Tax and Payments		5000000000	
40a	Foreig	on tax credit (corporations attach Form 1118; trusts attach Form 1116)40a			
b	Other	credits (see instructions) 40b			
£		ral business credit. Attach Form 3800 40c			
d		for prior year minimum tax (attach Form 8801 or 8827) 40d			
	Total	credits. Add lines 40a through 40d		40e	
41	Suptr	act line 40e from line 39		41	0.
42		taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (atta			
43		tax. Add lines 41 and 42	• • • • • • • • • • • • • • • • • • • •	43	0.
<b>4</b> 4 8	ı Paym	ents: A 2010 overpayment credited to 2011		_	
t	2011	estimated tax payments 44b			
0	Tax de	eposited with Form 8868			
		on organizations: Tax paid or withheld at source (see instructions)			
	_	up withholding (see instructions) 44e			
				-	
				-	
Ę.		credits and payments: Form 2439			
		Form 4136 Other Total ▶		_	
45	Total	paymants. Add lines 44a through 44g		45	
46	Estim	ated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		46	
47	Tax d	ue. If line 45 is less than the total of lines 43 and 46, enter amount owed		·   47	0.
46		payment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		48	0.
49	-	the amount of line 48 you want: Credited to 2012 estimated tax	_	49	
	700 S	Statements Regarding Certain Activities and Other Information (see instruction			
		e during the 2011 calendar year, did the organization have an interest in or a signature or other authority over		account	Yes No
	•				163 110
		curities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of F	oreign ban	к апо	
Fin 2 Dur	ancial A	Accounts. If YES, enter the name of the foreign country here  ax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? Instructions for other forms the organization may have to file.			X
- IFY	ES, 689 i	instructions for other forms the organization may have to file.			<u>.</u> X
		amount of tax-exempt interest received or accrued during the tax year ►\$	•	•	
Sche	dul <u>e /</u>	A - Cost of Goods Sold. Enter method of inventory valuation 🕨 🗓 🛝			
1 Inv	entory :	at beginning of year 1 6 Inventory at end of year		. 6	
	rchases				
		oor	•		
		section 263A costs 4a 8 Do the rules of section 263A (with respec		•	Yes No
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			160 140
		ts (attach schedule) 4b property produced or acquired for resale)	appry to		
<u>5 Tot</u>	zi. Add	d lines 1 through 4b 5 the organization?			
•	Un	nder penalties of perjury, I declare that I have examined this return, including eccompanying schedules and statements, and to the rrect, and complete. Declaration of preparer (other than texpayer) is based on all information of which preparar has any knowledge.	Destofmyk:	nowledge ar	na peliet, it is true,
Sign			Г		discuss this return with
Here		CHIEF FIN & ADMIN OFFICE	ER	the prepare	rahown below (see
		Signature of officer Date Title		Instructions	)? X Yes No
	•	Print/Type preparer's name Preparer's signature Date Ch	eck	if PTI	V
			ff- employe		
Paid			opioye		1249785
Prepa	arer	YONG ZHANG, CPA	ima'a EIN I		
Use (	Only		irm's EIN	42	-0714325
	_	8000 TOWERS CRESCENT DR. STE 500			
		Firm's address VIENNA VA 22182-6205	hone no.	<u>703-3</u>	36-6400

Description of property	(From Real	riopei	ty airc	<u>rersonai</u>	rroperi	iy Lease	od With Heal	rrope	rty)(see instructions)
- Description of property									
_(1)									
_(2)		•							
_(3)									
_(4)									
		ed or accrue					3(a) Deductions	irectly cor	nected with the income in
(a) From personal property (if the prent for personal property is more than 50	re than	(b) F	frent for pa	nd personal proper ersonal property ex t is based on profit	ceeds 50% ·	entage or if	columns	2(a) and 2	(b) (attach schedule)
_(1)									
(2)									
_(3)									
_(4)									
Total	0.	Total				0.	6. <b>-</b>		
(c) Total income. Add totals of column							(b) Total deduction Enter here and on page	e1	
here and on page 1, Part I, line 6, colum						0.	Part I, line 6, column	B) 🕨	0,
Schedule E - Unrelated De	bt-Financed	Incom	e (see i	nstructions)			<del>_</del>		
				2. Gross Inc	ome from		3. Deductions direct to debt	ly connect financed;	ted with or allocable property
1. Description of debt-	financed property			or allocable financed	a to debt-	(a)	Straight line depreciati (attach schedule)		(b) Other deductions (attach schedule)
743									
(1)								_	
(2)								+	
(3)						<del>-  </del>			
(4)	T		_	_			_		
<ol> <li>Amount of average acquisition debt on or attocable to debt-financed property (attach schedule)</li> </ol>	of or a	e adjusted be allocable to inced proper h schedule)		6. Column by colu		,	7. Gross income reportable (column 2 x column 6)		6. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)					9	6			
(2)					9	<del></del>			
(3)					9				
(4)					9				
	•				-		nterhere and on page ' 'art i, lins 7, column (A)		Enter here and on page 1, Part I, line 7, column (B).
Totals						▶॑		0.	0,
Total dividends-received deductions	included in columi	18							0.
Schedule F - Interest, Ann	uities, Royal	ities, an	ıd Rer	its From C	ontrolle	ed Orga	nizations (see	instruc	tions)
				t Controlled O					
1. Name of controlled organization	Employer ld num	entification	Net ur (loss) (s	3. related income see instructions)	Total paym	4. of epecified ' nents mede	5. Part of colum Included in the corganization's gro	ontrolling	connected with income
(1)									
(2)									
(3)									
(4)			-						
Nonexempt Controlled Organizatio	ns				•				•
	Net unrelated incom (see instructions		<b>9.</b> To	tal of specified pay made	ments	in the con	column 9 that is include troiling organization's ross income	xd 11.	Deductions directly connected with income in column 10
(1)	·								
(2)									
(3)	-				<u></u>				
(4)									
			•			Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	Ent	Add columns 6 and 11. ter here and on page 1, Part I, line 8, column (B).
Totals							ı		0.

Schedule G - Investme (see instr		Section 501	(c)(7), (9),	or (17) Or	ganizati	on		
1. Desci	ription of income		2. Amo	ount of income	3. Deductive co directive co (attach sc	nnected	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)					(anama), an			(con o paso con a)
				-				
(2)								
(3)								
(4)								
				e end on page 1, e 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals Schedule I - Exploited	Exempt Activity		. ▶ ther Thar	0. Advertisi	ng Incor	ne		0.
(see instru	ictions)							
1. Description of exploited extivity	2. Gross unrelated business Income from trade or business	3. Expenses directly connects with production of unreleted business incom	ed from un ninue gain, c	t income (loss) related trade or ess (column 2 column 3). If a ompute cols. 5 brough 7.	5. Gross from activ is not uni bueiness i	ity that elated	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
/1)								
(1)								+
(2)								
(4)								
	Enter here end on page 1, Part I, line 10, col. (A).	Enter here and o page 1, Part I, line 10, col. (B)						Enter here and on page 1, Part II, line 26.
Totals	0.		0.					0.
Schedule J - Advertision	na Income (see in	nstructions)	-					
Part I Income From I			Consolida	ated Basis				
1. Name of periodical	2. Gross advertising Income	3. Direct edvertising	or () costs col. 3)	Advertising gain css) (coi. 2 minus i. If a gain, comput ile. 5 through 7.	5. Circ		6. Readership costs	<ol> <li>Excess readership costs (column 6 minus column 5, but not more than column 4).</li> </ol>
(1)								
					<b>*</b>			
(2)					₩			
(3)					<u></u>			
(4)								
Totals (carry to Part II, line (5)) Part II Income From I	▶ Periodicals Repo	o. orted on a S	o. Separate	Basis (For e	each period	fical listed in	Part II, fill in	0.
	7 on a line-by-line ba		•	,	•			
1. Name of periodical	2. Gross advertising income	3. Dire	or (1 costs col. 3	Advertising gain cas) (coi. 2 minus ). If a gain, comput ble. 5 through 7.	be inco	gulation ome	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
/d\					+	C7 01 C	500 055	1 F APA
(1) TROUT MAGAZINE	57,12	45. 42	,049.	15,079	<u>'•</u>	67,916.	522,257.	15,079.
(2)								
(3)								
(4)								
(5) Totals from Part I		0.	0.					0.
(c) Totale Holling	Enter here and o page 1, Part I, line 11, col. (A).	n Enterhere a	nd on arti,					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)			,049.					_15,079.
Schedule K - Compens		s, Director	and Tru	u <b>stees</b> (see	instruction	ıs)		
1. N				2. Title		3. Percent of time devoted to business		eneation attributable
(1)							%	
(2)							%	
(3)							%	
(4)							%	
Total. Enter here and on page 1, F	Part II. line 14						<b>▶</b>	0.
1 Land Holy and VII page 1, I								Form <b>990-T</b> (2011)

Form **8868** 

(Rev. January 2012) Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

I and check this box	his form).  ly filed Form te to file (6 le Form 88)  ransfers Ar in the elect  eded).  complete  t an extens  Employer  X  Social sec	m 8868. months for 68 to reque esociated varieting	r a corporation est an extension With Certain of this form,  on number (EIN) of 715 per (SSN)
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Form 4720			. 09
Form 5227			10
Form 6069			11
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FOIII 007 <u>0</u>			IZ
Momon Na 22200			
			ightharpoonup
		ers the exte	ension is for.
		<b>T.</b>	
ion return for the organization nam	ed above.	i ne extens	NON
dending SEP 30, 2012		_ ·	
<b>—</b>			
on: L Initial return L	Hnal retur	n	
ter the tentative tax less any		_ <del>_</del>	
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