COMMITTEE ON NATURAL RESOURCES Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Oversight hearing on "Mandatory Conditioning Requirements on Hydropower: How Federal Resource Agencies are Driving Up Electricity Costs and Decreasing the Original Green Energy"

For Individuals:

1. Name:

2. Address:

- 3. Email Address:
- 4. Phone Number:

* * * * *

For Witnesses Representing Organizations:

- 1. Name: Jeffrey Reardon
- 2. Name of Organization(s) You are Representing at the Hearing: Trout Unlimited
- 3. Business Address: 9 Union Street, 3rd Floor Hallowell, ME 04347

4. Business Email Address: [Information redacted for privacy]

5. Business Phone Number: 207 615 9200

Name/Organization	
Title/Date of Hearing	

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.

I graduated from Williams College in 1989 with a degree in biology.

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.

NA

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.

Since 1999, I have worked for Trout Unlimited, primarily on issues related to hydroelectric dams in Maine. I have been the lead for TU in providing comments and input on initial license, relicense, or license surrender proceedings for more than 20 hydroelectric projects in Maine, New Hampshire and Vermont. In that role, I participated in the negotiation and implementation of seven Comprehensive Settlement Agreements related to FERC licensing decisions, involving more than a dozen licensed FERC projects. In addition to this role as a participant and intervenor in the FERC process, I also have experience as an applicant to FERC. I coordinated applications for transfer of 3 FERC licenses to the Penobscot River Restoration Trust and oversaw a team of engineers, biologists and lawyers to submit applications and receive permits to surrender 3 FERC Licenses for the Penobscot River Restoration Trust.

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.

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.

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Name/Organization______ Title/Date of Hearing______

In addition, for witnesses representing organizations:

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

In the mid 1990's I served in TU's volunteer leadership as president of the George's River Chapter of TU and Chair of TU's Maine Council.

h. 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).

List of grants for Trout Unlimited is attached

i. 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).

List if legal actions for Trout Unlimited is attached.

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous

four years, by each organization.

k. 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)).

Trout Unlimited 990's are attached.

AK Freshwater Invasive Species Outreach	15.630.701819J038
RGCT ALAMITOS PROJECT-NM	15.632.201818J845
Tangasootack AMD Rehab	15.253.S09AP15511
Western Native Trout Habitat Restoration and Population	
Monitoring	15.231.PAA-08-0008
Utah BLM Culvert Inventory & Prioritization for Fish Passage	15.231.L08AC13786
Utah BLM Culvert Inventory & Prioritization for Fish Passage	15.231.L08AC13786
BLM Barrier Assessment	15.L10AC16442
Predicting Brook Trout Invasion Cutthroat Trout Habitat	15.231.2008-0087-000
Bear River Native Trout Restoration	15.608.2008-0046-002
Bear River Trout Bring Back Natives	15.231.2010-0055-009
Water and Wine Watershed Stewardship	15.608.813328J020
Rainey Creek Fish Passage Project	15.608.143307G081
Cutthroat Trout Restoration & Monitoring	15.DAK.2006-0088-011
BLM Conservation Framework/Native Trout Restoration	15.231.2008-0046-009
Nash Stream Restoration Project	15.631.FAF-5136
Missouri Headwaters Watershed Restoration	15.231.2008-0013-000
Cooperative Agreement with the National Park Service	15.921.H4507040072
Cooperative Agreement with the National Park Service	15.921.H4507040072
Rainey Creek Diversion - Griffel	15.631.14220-9-J025
Rainey Creek Restoration	15.2003-0208-001
Potomac Headwaters Home Rivers Initiative	15.50181-6-J045
Middle Clark Fork River Restoration	15.231.2007-0071-014
Colorado River Cutthroat Trout Conservation	15.632.601817G240
Colorado River Cutthroat Trout Conservation	15.632-601816J150
S. Fork Little Snake Project	15.231.2010-0058-010
Colorado River Basin Native Fish 1	15.231.2009-0076-000
Middle Cub River Fish Screen - PFW	15.631.14420-9-J044
Cub River Stimulus	15.656.14330RG293
Driftless - Culvert Study	15.608.05407-001
Driftless Area Brook Trout Restoration	15.608.2008-0046-003
Driftless Area Restoration Effort	15.608.301818J214
Midwest Drifless Area Fish Habitat Restoration Effort	15.628.M-4-T-1
East Fork Western Native Initiative	15.608.60181AJ401
New/Greenbrier Riparian Project	15.608.FAF-7095
Potomac River Basin Riparian Restoration Project	15.608.FAF-7096
Little Kanawha River Basin Riparian Restoration Project	15.608.FAF-7094
Big Run Habitat Restoration Project	15.608.FAF-6069
Monongahela/West Fork Riparian Restoration Project	15.608.FAF-7097
Smith Creek Riparian Restoration Project	15.608.FAF-6070
Fish Haven Creek Fish Passage Restoration	15.608.143308G238
Francs Fork Culvert Crossing Replacement	15.631.601818J300
Francs Fork Culvert Replacement	15.608.2009-0020-006
Coal Creek Fish Screens	15.608.601818J300
Grade Creek Project	15.631.61820-7-C309A
Georgia EBTJV Grant Pass Through	15.631.401817J121

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\$	20,000.00
\$	50,000.00
\$	15,000.00
\$	69,000.00
\$	35,000.00
Ψ	33,000.00
\$	15,000.00
\$	15,000.00
\$	79,000.00
\$	150,000.00
\$	45,000.00
\$	60,000.00
\$	15,000.00
\$	30,000.00
\$	75,000.00
\$	12,000.00
\$	37,500.00
\$	45,000.00
\$	50,000.00
\$	10,000.00
\$	45,000.00
\$	50,000.00
\$ \$	250,000.00
\$	350,000.00
\$	10,000.00
\$	39,500.00
\$	90,000.00
\$	20,000.00
\$	89,000.00
\$	9,176.04
\$	25,000.00
\$	1,000.00
\$	75,000.00
\$ €	20,000.00
\$	2,300.00
\$	4,500.00
\$	19,000.00
\$	28,000.00
\$	29,450.00
\$	30,000.00
\$	240,000.00
\$	75,000.00
\$ \$	6,160.00
Ψ \$	40,000.00
\$	24,000.00
\$	56,850.00

TU Litigation Update

Lawsuits with TU National Participation.

Jayne, et al. v. Sherman, et al., Case No. 09-cv-015 (U.S. Dist. Ct., Dist. of ID). Lawsuit filed by conservation groups challenging federal government's adoption of the Idaho Roadless Rule, which was developed through a state-led, collaborative process in which TU participated. TU supported the Idaho Roadless Rule that emerged from the state process, and, along with Idaho Conservation League, has asked the court for leave to participate as amicus curiae on the side of the federal government and the other defendants/intervenors who seek to uphold the Idaho Roadless Rule. TU's motion to participate as amicus and memorandum in support of defendants' motion for summary judgment were filed in July, 2010.

Modesto Irrigation District et al., v. Evans; and California State Grange v. NMFS, 1:06-cv-00453 OWW DLB; 1:06-cv-00308 OWW DLB (consolidated for purpose of ruling on pending summary judgment motions). Irrigation and Grange brought separate cases, which were later combined, challenging the listings of all federally protected steelhead. The argument mirrors the one in <u>Alsea Valley Alliance</u> about the hatchery policy, plus adds an additional challenge to NOAA's decision to consider anadromous steelhead separately from their resident cousins - the rainbow trout. TU and a variety of groups have intervened to protect these steelhead listings. District Court ruled in favor of upholding the Central Valley steelhead listing. Irrigators appealed. On August 20, 2010, the Ninth Circuit affirmed the District Court's decision.

NRDC v. Kirk Rodgers, BOR, Friant Irrigation Dist. et al., No. CIV-S-88-1658 KK/GGH (U.S. Dist. Court, E.D. CA). Long-pending lawsuit regarding flows on the San Joaquin River. The parties have recently reached a settlement agreement in this case, which has been approved by stipulated order, and is now being implemented pursuant to federal legislation. Litigation remains pending solely for the purpose of letting the court supervise implementation of the settlement.

Catskill Mountains Chapter of Trout Unlimited, et al. v. EPA et al., (Federal District Court, SDNY, and U.S. Court of Appeals for the 11th Circuit). Challenge to EPA rulemaking exempting discharges of polluted waters in connection with water transfers from NPDES permitting requirements. Cases were filed in district court and court of appeals to preserve jurisdiction. Court of appeals cases have been consolidated in the Eleventh Circuit. Cases were filed in June 2008, and are still pending before the 11th Circuit.

Southern Four Wheel Drive Association v. U.S. Forest Service (U.S. District Court, Western District of North Carolina). TU has intervened in this suit filed against the Forest Service by certain off-road vehicle groups. TU had engaged in a long campaign to convince the Forest Service to close certain trails in the Nantahala National Forest to off-road vehicles. Use of those

trails was been causing significant erosion and pollution of headwater streams, particularly in the Tellico basin. The Forest Service, over the objections of the off-road groups, ultimately sided with TU and ordered certain trails closed. The groups sued to challenge this decision, and TU has intervened in support of the Forest Service.

Lawsuits with TU Chapter or Council Participation.

Colorado Environmental Council, et al. v. Kempthorne, et al., Case No. 08-CV-01460 (D.Colo.). TU Colorado Council, along with several other conservation organizations, filed this case in July 2008 challenging BLM permitting and leasing of natural gas development on federal land on the Roan Plateau in Colorado. The judge is fully briefed, but has ordered all parties into settlement talks with Magistrate Judge Mix. No ruling will be made until Judge Mix reports to Judge Krieger that an impasse has been reached. In the meantime, no development activity will proceed on the Roan pending the outcomes of the settlement talks. Bill Barrett Corp. has purchased Vantage's leases from the top of the Roan and is now in the case in Vantage's place.

Rock Creek Alliance v. U.S. Fish and Wildlife Service (U.S. District Court, Montana). Challenge to biological opinion issued for Rock Creek Mine. The suit involves claims under NEPA and the ESA. The Idaho Council and a variety of other groups are plaintiffs. The U.S. District Court for Montana issued a ruling in May 2010. In that ruling, the court held that the Forest Service violated the National Environmental Policy Act in analyzing the project's impacts on water quality, but rejected all challenges to the Fish and Wildlife Service's analysis of impacts to bull trout and grizzly bears under the ESA. All parties have appealed the district court's decision to the Ninth Circuit Court of Appeals. Meanwhile, the district court in July 2010 granted the plaintiffs' motion to certify a final judgment regarding the Endangered Species Act issues, which should secure the plaintiffs' right to bring those issues before the appellate court.

			** PUBLIC DISCLOSURE COPY	* *	
	Ó	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Form	ъУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C		2009
Dona	dment (of the Treasury	benefit trust or private foundation)	· · ·	Open to Public
		nue Service	The organization may have to use a copy of this return to satisfy statistical statistic	te reporting requirements.	Inspection
AF	or the	e 2009 cal	endar year, or tax year beginning OCT 1, 2009 and ending	<u>SEP 30, 2010</u>	
Вc	heck if	Please	C Name of organization	D Employer identifica	tion number
a	oplicabl	use IRS			
	Addre	e printor	TROUT UNLIMITED, INC.		
	Name chang		Doing Business As	38-16	12715
	initial return	See	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite E Telephone number	
	Terml	n- Specific Instruc-	1300 17TH ST N 500	(703)	522-0200
	Amen		City or town, state or country, and ZIP + 4	G Gross receipts \$	27,045,601.
	Applic tion	æ-	ARLINGTON, VA 22209-3311	H(a) Is this a group retu	um
	pendi		ne and address of principal officer: CHRISTOPHER WOOD	for affiliates?	Yes X No
		SAM	E AS C ABOVE	H(b) Are all affiliates inclu	ded? 🔄 Yes 📃 No
<u> T</u>	axex	empt statu	us: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a lis	st. (see instructions)
			W.TU.ORG	H(c) Group exemption	number 🕨
				ear of formation: 1959 M	State of legal domicile: MI
Pa	rti	Summ	ary		
	1	Briefly dea	scribe the organization's mission or most significant activities: ${{ m {TO}}}$ CONSE	RVE, PROTECT,	AND
Activities & Governance		RESTO	RE NORTH AMERICA'S COLDWATER FISHERIES A	AND THEIR WATE	RSHEDS.
Ĕ	2	Check thi	s box 🕨 🛄 if the organization discontinued its operations or disposed of m	ore than 25% of its net ass	ets.
ğ			f voting members of the governing body (Part VI, line 1a)		34
୍ ଅ	4	Number o	f independent voting members of the governing body (Part VI, line 1b)		32
ŝ			ber of employees (Part V, line 2a)		178
ЦĮ.			ber of volunteers (estimate if necessary)		<u> 12623</u>
ğ			s unrelated business revenue from Part VIII, column (C), line 12		74,423.
_	b	Net unrela	ated business taxable income from Form 990-T, line 34		0.
			-	Prior Year	Current Year
a	8	Contributi	ons and grants (Part VIII, line 1h)	21,326,966.	<u>21,337,613.</u>
Revenue			service revenue (Part VIII, line 2g)	4,948,201.	5,046,094.
ş			nt income (Part VIII, column (A), lines 3, 4, and 7d)	115,894	204,572.
	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,614.	68,231.
			nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,468,675.	26,656,510.
			d similar amounts paid (Part IX, column (A), lines 1-3)	511,546.	436,131.
		-	aid to or for membera (Part IX, column (A), line 4)		
se			other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,001,929.	9,868,593.
Expenses			nal fundraising fees (Part IX, column (A), line 11e)	under samt Brevern and Alfan ann an Arbeite Arbeite an Arbeite an Arbeite an Arbeite an Arbeite an Arbeite an A	
8			raising expenses (Part IX, column (D), line 25) 2,278,450.		
			enses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>13,177,992.</u>	14,967,129.
		-	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,691,467.	25,271,853.
<u>د م</u>	19	Revenue I	ess expenses. Subtract line 18 from line 12	3,777,208.	1,384,657.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
Ball			ets (Part X, line 16)	18,116,401	20,448,982.
			ities (Part X, line 26)	1,601,666.	2,181,954.
	<u>22</u> rt II		s or fund balances. Subtract line 21 from line 20 ture Block	16,514,735.	18,267,028.
				te and to the hest of my knowledge	and ballef it is true, correct
		and comple	ities of perjury, I declare that) have examined this return, including accompanying schedules and statements. (a) Declaration of preparer (officient fan officer) is based on all information of which preparer has any knowle (c) Declaration of preparer (officient fan officer) is based on all information of which preparer has any knowle	ige.	/
Sign				<u> </u>	/n 👘
Here		Sian	ature of offider	Date	<u>, , , , , , , , , , , , , , , , , , , </u>
пете	-	,	LLARY()P. COLEY, CHIEF FINANCIAL OFFICER		
			or print name and title		
		Preparer's	Date,		s identifying number
Paid		signature		self- employed	uctions)
Prep	arer's	Firm's name			
Use (Only	yours if self-employ			
		address, an ZIP + 4	VIENNA, VA 22182-6205	Phone no > 70	3-336-6400
Mav	the II	·	s this return with the preparer shown above? (see instructions)		X Yes No

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

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Form	990 (2009) TROUT UNLIMITED, INC.	38-1612715	Page 2
and the second sec	Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission: TO CONSERVE, PROTECT, AND RESTORE NORTH AMERICA'S COLD	WATER FISHERI	ES
	AND THEIR WATERSHEDS.		
2	Did the organization undertake any significant program services during the year which were not listed on		_
	the prior Form 990 or 990-EZ?	Yes	XNo
	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 If "Yes," describe these changes on Schedule O.	s?Yes	X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	1-1	
	SEE SCHEDULE O FOR CONTINUATION		100
4a	PROTECT, RECONNECT, & RESTORE	(Revenue \$ 4,017,	135.)
	IN COLORADO, TU REACHED A LONG-TERM AGREEMENT WITH THE		<u></u>
		RVANCY DISTRI	CT
		ND USE	Lange Contraction
	RESTRICTIONS THAT PROTECT TROUT IN THE SAN JUAN RIVER.	THIS SETTLE	
		INCLUDED A ST	
	OF TU COURT VICTORIES IN WHICH WE SUCCESSFULLY FOUGHT . DISTRICTS TO ACQUIRE WATER RIGHTS BASED ON UNSUBSTANTI.		
	DISTRICTS TO ACQUIRE WATER RIGHTS BASED ON UNSUBSTANTI ABOUT FUTURE POPULATION GROWTH.	AIED SPECULAT	
	INCOL FOIGHE FOI CHAILON CROWING		
	TU LED A SUCCESSFUL EFFORT TO REFORM THE MANNER IN WHI	CH THE COLORA	DO'S
		MANAGED, A	
4b	(Code:) (Expenses \$ 3,968,711. including grants of \$ 423,631.)	(Revenue \$ 954,	536.)
	SUSTAIN	· · · · · · · · · · · · · · · · · · ·	
	IN 2010, TU MEMBERS CONTRIBUTED MORE THAN 650,000 VOLU	NTEER HOURS.	
			D T 3 37
	ON THE BOISE RIVER SYSTEM IN IDAHO, FLOODPLAIN RECLAMA		
		<u>PARTNER GROU</u> VER, WHICH	<u>rð.</u>
	TU HELPED LEAD THE KOKANEE OUTDOOR DAY ON THE BOISE RI ATTRACTED HUNDREDS OF VISITORS TO CELEBRATE AND PROMOT		
	RESOURCE-BASED RESTORATION. IN OREGON, A NEW PROGRAM		
	THE UPPER DESCHUTES RIVER TO ENGAGE TU MEMBERS, COLLEG		ND
		TICIPANTS GO	
	THROUGH TRAINING SESSIONS AND VOLUNTEER FOR HANDS-ON F		IN
	THE BASIN. IN WEST VIRGINIA, THE NEW POTOMAC HIGHLAN		
4c	(Code:) (Expenses \$ 1,463,288. including grants of \$)	(Revenue \$ 74,	423.)
	COMMUNICATIONS - THE COMMUNICATIONS DEPARTMENT PUBLISH		
	TROUT MAGAZINE, THE MONTHLY "LINES TO LEADERS" NEWSLET		
	ANNUAL REPORT. THE COMMUNICATIONS DEPARTMENT ALSO PROD		
	UNLIMITED TELEVISION, MAINTAINS TU'S WEBSITE, GENERATE		<u>ses,</u>
	CONDUCTS PRESS CONFERENCES, AND IS RESPONSIBLE FOR TU'	S PUBLIC	
	RELATIONS.		<u> </u>
		NITAT WAG	
	A NEW, UPDATED VERSION OF THE GRASSROOTS LEADERSHIP MA RELEASED. THE ONLINE TACKLEBOX AND THE LEADERS ONLY T		WERE
	SIGNIFICANTLY UPDATED AND INCLUDED NEW BULK E-MAIL TOO		THE
	CHAPTER/ COUNCIL CONTACTS PAGE WAS REVISED TO BRING US		
	WITH ICANN SPAM LAWS.		
4d			
	(Expenses \$ 557,066. including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ►\$ 22,134,195.		·
		Form 95	90 (2009)

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	<u>990 (2009) TROUT UNLIMITED, INC. 38-161</u>	<u>271</u>
FØ	TIV Checklist of Required Schedules	
' 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	
_	If "Yes," complete Schedule A	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	. 2
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
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4
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	5
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	6
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	. 8
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
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
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	
	as applicable	11
•	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.	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	
•	Did the organization's separete or consolidated financial statements for the tax year include a footnote that addresses	
	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	
	Schedule D, Parts XI, XII, and XIII.	12
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 12A X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	
47	located outside the United States? If "Yes," complete Schedule F, Part III	16
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

located outside the United States? If "Yes," complete Schedule F, Part III	16	
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	
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
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	
Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	

Yes No

X

X

X

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X

X

X

X

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N/A

Х

Х

X

"Yes,"		
	19	X
	20	X

٠	Did the organization's separete or consolidated financial statements for the tax year include a footnote that addresses
	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
	Schedule D, Parts XI, XII, and XIII.

	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," con	nplete		
	Schedule D, Parts XI, XII, and XIII.	_		
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?		Yes	No

Form 990 (2009)

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	990 (2009) TROUT UNLIMITED, INC. 38-16	<u>L2715</u>	P	age 4
Pð	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21	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		1	
	Schedule J	. 23	Х	
24 a	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	. <u>24a</u>		X
b	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?			L
d		24 d		
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	. <u>25a</u>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete			
	Schedule L, Part I			X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualifie			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	<u>x</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	Informationse	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	E .		X
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			<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
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	Ì	<u>x</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
<u>.</u>	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			v
<u> </u>	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?			v
~~	If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	. 35		X
36	if "Yes," complete Schedule R, Part V, line 2			x
			1	<u> </u>

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X

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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.

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Form		612715	F	'age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0 if not applicable	111		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	- 0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		178		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	and a second	X	aandoddii
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	damilag(resti
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		X	
10	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	-	x
h	If "Yes," enter the name of the foreign country:			
U	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
r -		51.46.50 2 -		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		:	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<u> </u>
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited		ľ	
_	Tax Shelter Transaction?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic		v	
	any contributions that were not tax deductible?	<u>6a</u>	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b	X	alossiss
. 7	Organizations that may receive deductible contributions under section 170(c).			31,55,54 75665.05 3665.00
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services		77	
_	provided to the payor?		X	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>	X	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7 C		X
	If "Yes," indicate the number of Forms 8282 filed during the year7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	<u>7e</u>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<u>x</u>
ĝ	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	Indiditio	ugenciated	-
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 holding			
		A 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?			ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person? $N/$	A 9b	و المراجع الم	The second s
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	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.)	10 6 10 10 10 10 10 6 10 10 10 10 10 6 10 10 10 10 10 10 10 10 10 10 10		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	anig: malarina to	The behavior of the second
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
		Form	990	(2009)

TROUT UNLIMITED, INC.

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and the first state of the second	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
1 a	Enter the number of voting members of the governing body	<u>34</u>			
b	Enter the number of voting members that are independent	32			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	00000			
	officer, director, trustee, or key employee?		2		X
З	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors or trustees, or key employees to a management company or other person?		3		X
- 4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?	···· -	6	X	
7a			_	-	i
	governing body?	···· -	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	····	7 b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	by the following:			CINING T	non na ma
-	The governing body?		<u>8a</u>	X	
b		····	8b .	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v	
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	X	
3ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10-	Does the organization have local chapters, branches, or affiliates?	Г	10a	X	NO
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	···- -	IVa	- 42	
D			10b	х	
	and branches to ensure their operations are consistent with those of the organization?		11	X	
11 11A				CONTROLING	
12a		ថ	12a	X	ann mignaría
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	ŀ	12.0		
	to conflicts?		12b	х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	F			
•	in Schedule O how this is done		12c	х	1
13	Does the organization have a written whiatleblower policy?		13	Х	
14	Does the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	1			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		N CE STUDIE N CE STUDIE N CE STUDIE N CE STUDIE N CE STUDIE		
а		[15a	Х	
b			15b	X	
	if "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	ſ			
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?	L	<u>16a</u>		X
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?		16b	L	<u> </u>
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, CA, CO, CT, FL,			,KS	, KY
16	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avail	abie f	for		
	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, conflict of interest polic	у, ап	d fina	Incial	
	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the orga	nizati	ion: 🕨	►	
	<u>HILLARY P. COLEY, CPA - (703) 522-0200</u>				
	1300 N, $17774 Set$, $# 500 Art.TNGTON$ VA 22209				

Form 990 (2009)

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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."

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

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average		Position		Reportable	Reportable	Estimated amount of			
	hours per	<u> </u>	(check all that apply)		-	compensation compensation from from related				
	week	individual trustae or director			r.	-		the	organizations	compensation
		198 OF (stee			Insate		organization	(W·2/1099-MISC)	from the
		al trust	nal tr		loyee	ad mos		(W-2/1099-MISC)		organization and related
		dividue	nstitutional trustee	Officer	key employee	Highest compensated employee	Former			organizations
		Ē	1	15	à.	Ē₿	ድ			
JON CHRISTIANSEN	F 00							0.	0.	
CHAIRMAN	5.00	X		X				U.	<u> </u>	0.
LARRY HARRIS	5.00	x		x				0.	0.	0.
VICE CHAIRMAN & CHAIRMAN OF NATIONA	5.00			▲		<u> </u>	·	<u>v.</u>		<u> </u>
MARK GATES	5.00	v		x				0.	ο.	0.
SECRETARY HARRIS HYMAN IV	5.00			- 23		-			V •	
TREASURER	5.00	x		x				0.	ο.	0.
BILL EGAN							<u> </u>			
TRUSTEE	5.00	x						0.	0.	0.
CHARLES CONN						[
TRUSTEE	5.00	x						0.	0.	0.
EADDO KIERNAN										
TRUSTEE	5.00	X						0.	0.	0.
ELIZABETH STORER										
TRUSTEE	5.00	X						0.	0.	0.
GEORGE JENKINS										
TRUSTEE	5.00	X						0.	0.	0.
JIM ASSELSTINE										
TRUSTEE	5.00	X				ļ		0.	0.	0.
OAKLEIGH THORNE								_		_
TRUSTEE	5.00	X				 		0.	0.	0.
KEVIN REILLY										•
TRUSTEE	5.00	X				<u> </u>		0.	0.	0.
KIRK OTEY							·			•
TRUSTEE	5.00	X						0.	0.	0.
MARK ULLMAN								0.	0.	•
TRUSTEE	5.00	X						U.	U.	0.
MATT CLIFFORD								0.	0.	0.
TRUSTEE	5.00	<u>^</u>				├		U.	U.	
MICHAEL W. SLATER	5.00	x						0.	ο.	0.
TRUSTEE	5.00	≜				<u> - </u>		ļ		<u> </u>
MICK MCCORCLE	5.00	y						0.	0.	0.
TRUSTEE	5.00			L	L	L	<u> </u>		U.	<u> </u>

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1 01114	000	(2.000)	

TROUT UNLIMITED, INC.

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Part VII Section A. Officers, Directors, Tru	stees, Key Ei	mplo	yee	s, a	nd I	ligh	est	Compensated Employ	ees (continued)		
(A) (B) (C)							(D)		(F)		
Name and title	Average Position							(D) (E) Reportable Reportable			Estimated
	hours	(cl	heck	allt	that	app	ly)	compensation	compensatio		amount of
	per _동 from from related							other			
	week	r dire				国		the organization	organizations (W-2/1099-MIS		compensation from the
		stee o	ruster			Densa		(W-2/1099-MISC)	(***2/3000-14110	,0,	organization
		uai tru	ional t		ptoye	Ee ee		(**************************************			and related
		individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizations
		_						· ···			
NANCY MACKINNON	5.00	x						0.		ο.	0.
TRUSTEE PAUL DOSCHER	5.00	<u> </u>								<u>.</u>	
TRUSTEE	5.00	x						0.		0.	0.
PAUL MACIEJEWSKI											
TRUSTEE	5.00	x						0.		0.	0.
RICH MURPHREE											· • •••••
TRUSTEE	5.00	х						0.		0.	0.
SHARON LANCE											
TRUSTEE	5.00	X						0.		0.	0.
SHERRY BRAINERD											
TRUSTEE	5.00	X						0.		0.	0.
STEVE STRAINBURG											•
TRUSTEE	5.00	X				 		0.		0.	0.
WALLACE HENDERSON	F 00									~	•
TRUSTEE	5.00	X			<u> </u>	<u> </u>		0.		0.	0.
THOMAS DANKO	E 00									^	0
TRUSTEE	5.00	<u>A</u>						0.	· · · · ·	0.	0.
TOM ANACKER	5.00	v						0.		ο.	0.
TRUSTEE 1b Total					I		L	889,821.		0.	164,601.
2 Total number of individuals (including but n	ot limited to th				hove	a) wi	no r				101/0010
compensation from the organization			note			.,			,	-	6
											Yes No
3 Did the organization list any former officer,	director or tru	stee	, Key	/ err	plo	yee,	or h	highest compensated er	nployee on		
line 1a? If "Yes," complete Schedule J for s											3 X
4 For any individual listed on line 1a, is the su	m of reportab	le co	mpe	ənsa	atior	and	d ot	her compensation from	the organization		
and related organizations greater than \$150											4 X
5 Did any person listed on line 1a receive or a				rom	any	' unr	elat	ted organization for serv	ices rendered to		
the organization? If "Yes," complete Sched	ule J for such	pers	оп .			<u></u>					5 X
Section B. Independent Contractors											
1 Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	acto	ors t	that received more than	\$100,000 of com	pens	ation from
the organization.											
(A) Name and business	address							(B) Description of s	ervices	Ċ	(C) compensation
PORCARO COMMUNICATIONS,					<u> </u>		-	ADVERTISING			
33 WEST NINTH AVENUE, ANCHORAGE, AK 99501 PROMOTION 722,546							722.546.				
MERKLE RESPONSE		/ <u>+</u>						CAGING AND			
100 JAMISON COURT,, HAGE	STOWN.	М	2	217	74()		FULFILLMENT			405,749.
MCMILLEN ENGINEERING, LLC WATERSHED											
914 MAIN ST, STE 258, BO		83	<u>37</u> 0	<u>)2</u>					ENGINEER		387,048.
PACIFIC WATERSHED ASSOCIATES WATERSHED											
P.O. BOX 4433, ARCATA, CA 95518 RESTORATION ENGINEER 335,740.											
BENNETT & SONS SAND & GRA	VEL							WATERSHED			
55110 COUNTRY ROAD 4, PLA	INVIEW	, l	IN	55	59(54		RESTORATION	ENGINEER		224,887.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 19

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

	<u>m 990 (</u> art VII		ED, INC.		I	38-1612	715 Page 9
				(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	.c d	Related organizations1dGovernment grants (contributions)1e 6 ,All other contributions, gifts, grants, and		21337613.			
۵	2 a	MEMBERSHIP DUES	Business Code		4,971,671.		
Program Service Revenue	b	PUBLICATIONS	541800	74,423.	<u>+,)/1,0/1.</u>	74,423.	· · ·
e Se	c						
Rev	d						
Prog	e	All other program service revenue					
	α	Total. Add lines 2a-2f		5,046,094.			
	3	Investment income (including dividends, intere			in the second		
		other similar amounts)	►	194,782.			194,782.
	4	Income from investment of tax-exempt bond p		<u> </u>			
	5	Royalties		67,482.			<u>67,482.</u>
	6 a	(i) Real	(ii) Personal				
	Ь	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)				-	
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 241,916.					
	Ь	Less: cost or other basis and sales expenses 232, 126.					
		and sales expenses 232,126. Gain or (loss) 9,790.					
		Net gain or (loss)	•	9,790.			9,790.
Other Revenue	8 a	Gross income from fundraising events (not including \$ 401,905. of					
Re		contributions reported on line 1c). See Part IV, line 18 a	157,714.				
ther	ь		156,965.				
δ		Net income or (loss) from fundraising events	>	749.	ennen nore de la Mañja (1867)	ceptpologiaesungeligestikteppisseest	749.
		Gross income from garning activities. See					
		Part IV, line 19a					
		Less: direct expenses b					
	с 10-а	Net income or (loss) from gaming activities	▶			C. A. C.	
	iu a	Gross sales of inventory, less returns and allowances a					
	ь	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory		en populario antici na populari (1991) En populari	a na manana kana kana kana kana kana kan	en ner en nacht die der verband die Belger Halten Belger Halten Belger Halten Belger Halten Belger Halten Belg 	rennetskinskenen för kunningen i 1920 i 1930 killer
			Business Code				
	11 a						<u> </u>
	b						
	c d	All other revenue					
	-	Total. Add lines 11a-11d	•				
	12	Total revenue. See instructions.		26656510.	4,971,671.	74,423.	272,803.
93200 02- 0 4)9 -10			11			Form 990 (2009)

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Form 990 (2009) TROUT UNLIMIT Part IX Statement of Functional Expenses TROUT UNLIMITED, INC.

D	All other organizations must comp	(A)	(8)		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	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.	436,131.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	<u></u>			
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,	563,886.	176,712.	179,344.	207,830
6	trustees, and key employees Compensation not included above, to disqualified	505,000.	1/0,/12*	1/J,J44.	207,030
0	persons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4550(r)(r)) 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)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,010,0011	110/0091	
0	and section 403(b) employer contributions)	289,794.	249,472.	16,737.	23,585
9	Other employee benefits	1,145,990.			93,265
0	Payroli taxes	731,614.	629,818.	42,254.	59,542
1	Fees for services (non-employees):			/	
a	Management				
b	Legal	80,914.	71,036.	9,878.	
_	A	75,615.		75,615.	
d		277,460.	277,460.		
e	Professional fundraising services. See Part IV, line 17	-			
f	investment management fees				i
g	Other	6,383,310.	6,355,012.		28,298
2	Advertising and promotion	68,581.	68,036.	395.	150
3	Office expenses	1,549,813.	1,107,223.	36,364.	406,226
4	Information technology	872,571.	789,818.	39,428.	43,325
5	Royalties				
6	Occupancy	645,459.	598,912.	24,559.	21,988
7	Travel	1,491,932.	1,320,797.	25,258.	<u>145,877</u>
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	349,822.	298,388.	25,254.	26,180
0	Interest				
1	Payments to affiliates		110 000	10.007	40.050
2	Depreciation, depletion, and amortization	170,426.			13,379
3	Insurance	58,922.	307.	58,615.	
4	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.			522,368
þ	PRINTING AND PUBLICATIO	967,377.	667,884.		299,228
C	RESTORATION MATERIALS	445,153.	445,153.		· · · · · ·
d	WATER LEASES	139,505.	139,505.		27 070
e	LIST RENTAL	36,093.	8,223.		27,870
f	All other expenses	DE 071 0E0	00 104 10F	050 000	0 070 AEA
5	Total functional expenses. Add lines 1 through 24f	25,271,853.	22,134,195.	859,208.	2,278,450
6	Joint costs. Check here I 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				

032010 02-04-10

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Form 990 (2009)

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38-1612715 Page 11

		· ·			(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		4,747,413.
	3	Pledges and grants receivable, net			3,772,479		5,363,394.
	4	Accounts receivable, net			296,270		512,043.
	5	Receivables from current and former officers, dir	ectors	. trustees. kev		ia) convention a la convention	
	Ť	employees, and highest compensated employee	s. Con	nplete Part II			
		of Schedule L	I NARAN MARKAMATAN MARKANA MAR	5			
	6	Receivables from other disqualified persons (as	defined	d under section			
		4958(f)(1)) and persons described in section 495					
		Part II of Schedule L	·····			6	
sts	7	Notes and loans receivable, net			105 600	7	
Assets	8	Inventories for sale or use			497,692		524,462.
4	9	Prepaid expenses and deferred charges			360,957	• 9	337,081.
	10a			0.00 0.00			
		basis. Complete Part VI of Schedule D					
		Less: accumulated depreciation	10b	554,674.			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			18,116,401	15	20,448,982.
	16	Total assets. Add lines 1 through 15 (must equa			1,416,511		2,064,375.
	17	Accounts payable and accrued expenses			<u> </u>	18	<u> </u>
	18 19	Grants payable			· · · · · · · · · · · · · · · · · · ·	19	1
	20	Deferred revenue Tax-exempt bond liabilities				20	
	20 21	Escrow or custodial account liability. Complete F				21	
ties	22	Payables to current and former officers, director					
Liabilities	~	highest compensated employees, and disqualifi					
Lia		of Schedule L	-	-	n na na mai na fasiki ka na kanan di kari saki na kananda ku mati ka hati barini si kati bi in masiki n	22_	al elemente dans in la seri de sur de sur elemente de la constante de la presión de la constante de la presión La constante dans in la seri de sur de sur de sur de la constante de la presión de la constante de la presión d
	23	Secured mortgages and notes payable to unrela	ted thi	rd 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.
	<u>26</u>	Total liabilities. Add lines 17 through 25			1,601,666	• 26	2,181,954.
		Organizations that follow SFAS 117, check he	ere 🕨				
S		lines 27 through 29, and lines 33 and 34.					
anc	27	Unrestricted net assets			1,180,321		1,528,279.
Bal	28	Temporarily restricted net assets			9,244,568		10,588,903.
Net Assets or Fund Balances	29				6,089,846	• 29	6,149,846.
3		Organizations that do not follow SFAS 117, cl	neck h	ere 🕨 🛄 and			
202		complete lines 30 through 34.					
sett	30	Capital stock or trust principal, or current funds				30	· · · · · ·
Asi	31	Paid-in or capital surplus, or land, building, or eq	-			31	
et N	32	Retained earnings, endowment, accumulated in				32	10 267 020
_	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	<u>20,448,982.</u>

Form 990 (2009)

Form 990 (2009) T Part X Balance Sheet

Form	990 (2009) TROUT UNLIMITED, INC. 3	8-1612715	Pa	ge 12
Pa	t XI Financial Statements and Reporting			
			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 an	Jdit,		
	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 Schedu	le O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued or	nai 1		
	consolidated basis, separate 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 Single	Audit		
	Act and OMB Circular A-133?		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.		X	
		Learne -	000	/0000

Form **990** (2009)

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.



Department	of the 1	Freasury	

(Form 990 or 990-EZ)

Internal Revenue Service

SCHEDULE A

Attach to Form 990 or Form 990-EZ. See separate instructions. Employer identification number Name of the organization TROUT UNLIMITED. INC. 38-1612715 Parti 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). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 9 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 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 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 c ____ Type III - Functionally integrated d 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 f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following pereons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii)

- Provide the following information about the supported organization(s). h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) is the c in col. (i) is governing	rganization sted in your document?	(v) Did you organizat (i) of you	u notify the ion in col. r support?	(vi) Is organizatic (i) organiz U.S.	the on in col. ed in the .?	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
:									
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

	Int II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(v	Page 2 i)	
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I.)					
Sec	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
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.							
	tion B. Total Support				-			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 carried on							
10	Other income. Do not include gain					ľ		
	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 instructi	ons)			12		
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
_	organization, check this box and stor						>	
	ction C. Computation of Publ							
14	Public support percentage for 2009 (• • • • • • • • • • • • • • • • • • • •	-			14	%	
15	Public support percentage from 2008					15	%	
16a	16a 33 1/3% support test - 2009. 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							
þ	33 1/3% support test - 2008. If the o							
	and stop here. The organization qual	Intes as a publicly s	supported organiz				▶∟	
17a	17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
-								
þ	10% -facts-and-circumstances tes						U% OF	
	more, and if the organization meets the				-		×	
	organization meets the "facts and cin		-				₹ -	
18	Private foundation. If the organization	DI DIO NOT CRECK A	<u>box on line 13, 16</u>	a, 100, 1/a, or 17t		nd see instructions		

Schedule A (Form 990 or 990-EZ) 2009					38-1612715	
Part III Support Schedule fo	r Organiz	zations Describe	d in Section 5	09(a)(2) (Complete only	if you checked the box on line 9	of Part L

	ction A. Public Support					II YOU CHECKED THE DO	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and						
-	membership fees received. (Do not						
		19443021.	21902544.	20750260.	26189013.	26309284.	114594122
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					157,714.	
2	Gross receipts from activities that	300,010.		1/1/34/	1/0/5201	137,7140	10312401
3	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			•			
		<u>19751039.</u>	22145783.	20921609.	26359939.	26466998.	115645368
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	1282874.	567,124.	442,840.	612,872.	983,968.	3889678.
Ŀ	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.
c	Add lines 7a and 7b	1282874.	567,124.	442,840.	612,872.	983,968.	3889678.
8	Public support (Subtract line 7c from line 6.)						<u>111755690</u>
See	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	<u>19751039.</u>	22145783.	20921609.	26359939.	26466998.	<u>115645368</u>
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	446,02 <u>4</u> .	626,135.	588,428.	296,103.	262,264.	2218954.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975	- -					
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	446,024.	626,135.	588,428.	296,103.	262,264.	2218954.
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						
	check this box and stop here	-					>
Se	ction C. Computation of Publ	iic Support Pe	rcentage				
	Public support percentage for 2009 (column (f))		15	94.82 %
16	Public support percentage from 2008					16	94.84 %
	ction D. Computation of Inve						
17	Investment income percentage for 20					17	1.88 %
18	Investment income percentage from	-				18	2.12 %
	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 a						
b	33 1/3% support tests - 2008. If the	organization did r	not check a box or	ine 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization				-		
<u></u>	Fireate journanon, in the organization		DOX ON 1110 17, 10		10 DOX 010 000 110		

Schedule A (Form 990 or 990-EZ) 2009

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No, 1545-0047

2009

Employer identification number

Name	of the	organization	ì

Organization type (check one):

Schedule B

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

Department of the Treasury Internal Revenue Service

TROUT UNLIMITED, INC.

२	8-	.1	61	271	F

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				

Check if your organization is covered by the General Rule or a Special Rule. 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 money or property) from any one contributor. Complete Parts I and II.

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 regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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 crueity 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 aggregate 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 **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., purpose. Lot not complete any of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 2 of its Form 990-PF, to certify that it does not meet the filing 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.

	· · · · · · · · · · · · · · · · · · ·	<u> </u>	is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>4</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
5		\$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>6</u>		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
923452 02-01-10		Schedule B (Form	990, 990-EZ, or 990-PF) (2009)

Schedule	8	(Form 99	ю,	990-EZ,	or	990-PF) (2009)	
			_				1
	-	-					

Name o	t organ	ization	

Part I

(a)

No.

(a) No.

2

(a)

No.

3

1

TROUT UNLIMITED, INC

Contributors (see instructions)

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

(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

(Complete Part II if there

1 of 45 of Part I

X

X

X

38-1612715

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll Noncash

Page

5,000.

5,000.

5,000.

(c)

Aggregate contributions

(c)

Aggregate contributions

(c)

Aggregate contributions

\$

\$

\$

Page 2 of 45 of Parti

Employer identification number

38-1612715

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

Name of organization

TROUT UNLIMITED, INC.

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

|--|

Name of organization

Page 3 of 45 of Part I

Employer identification number

38-1612715

 TROUT
 UNLIMITED, INC.

 Part
 Contributors (see instructions)

faction in the second statement of the second s			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>13</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
<u>14</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
<u>15</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
<u>16</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
<u>17</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
<u>18</u>		\$ <u>5,000.</u>	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)

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

Name of organization

Page

Employer identification number

<u>38-1612715</u>

TROUT UNLIMITED, INC. Part I Contributors (see instructions)

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

923452 02-01-10

		\$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> 26 </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
		\$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
		\$5,000.	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
		\$5,000.	Person X Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>30</u> 923452 02-01-10		\$Schedule B (Form	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2009)

TROUT UNLIMITED, INC

(a)

No.

Part I Contributors (see instructions)

(b)

Name, address, and ZIP + 4

Employer identification number

38-1612715

(c)

Aggregate contributions

Page

(d)

Type of contribution

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Employer identification number

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<u> 38-1612715</u>

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

Name of organization

TROUT UNLIMITED, INC.

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

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

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Schedule E	3 (Form '	990, 990	-EZ, or 990	0-PF) (2000)
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Name of organization

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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
37		\$ <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
<u>38</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
<u>39</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
<u>40</u>		\$ <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
<u>41</u>	·	\$5,000.	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
<u>42</u>		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

38-1612715

Name of organization

TROUT UNLIMITED, INC.

Part I Contributors (see instructions)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
43		\$ <u>5,000.</u>	Person X Payroli 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>44</u>		\$ <u>5,000.</u>	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>45</u>		\$ <u>5,000.</u>	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>46</u>		\$ <u>5,000.</u>	Person X Payroli 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>47</u>		\$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>48</u>		\$ <u>5,005.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule	в	(Form	990,	990-EZ,	or	990-PF)) (2009
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Name of organization

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Employer identification number

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TROUT UNLIMITED, INC.

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

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Name of organization

TROUT UNLIMITED, INC.

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

Part I	Contributors (see instructions)		
(a)	(b)	(c)	(d) Trace of constribution
<u>No.</u>	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>56</u>		\$ <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
<u> </u>		\$ <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
58		\$ <u>5,886.</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> </u>		\$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
60		\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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Employer identification number

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Employer identification number

38-1612715

TROUT UNLIMITED, INC.

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

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>61</u>		\$6,000.	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
<u>62</u>		\$6,500. 	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
<u>63</u>		\$6,99 4. 	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>64</u>		\$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
<u>65</u>		- _ \$ <u>7,000.</u> -	Person X Payroli 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
<u>66</u>		- \$7,022.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of org	anization	ļ	mployer identification number
TROUT	UNLIMITED, INC.		38-1612715
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ons Type of contribution
<u> 67</u>	·	\$7,30	Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ons Type of contribution
<u>68</u>		\$7,30	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ons Type of contribution
<u> 69</u>		\$7,50	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ons Type of contribution
70		\$7,50	Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ons Type of contribution
		\$7,50	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ons Type of contribution
		\$7,50	O . Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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

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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
<u>73</u>		\$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
<u>74</u>		\$ <u>7,500.</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>75</u>		\$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
<u>76</u>		\$7,600.	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
<u>77</u>		\$ <u>7,615.</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>78</u>		\$ <u>7,735.</u>	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)

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

31

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u>79</u>		\$8,000.	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>80</u>		\$ <u>8,407.</u>	Person X Payroli 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>81</u>		\$ <u>8,420.</u>	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
82		\$ <u>8,498.</u>	Person Payroll Noncash X (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>83</u>		\$ <u> </u>	Person X Payroli 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>84</u>		\$ <u>8,995.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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

Part I

TROUT UNLIMITED, INC.

Contributors (see instructions)

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38-1612715

	Schedule B (Fo	rm 990, 990-EZ	, or 990-PF) (2009)
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Name o

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

9,900.

Person Payroll

Noncash

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

X

Schedule B (Fo Name of org	rm 990, 990-EZ, or 990-PF) (2009)	Emplo	Page 15 of 45 of Part over identification number
-			•
TROUT	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
85		\$9,100.	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
86		\$9,405.	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>87</u>		\$9, <u>411.</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
88		\$9,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>89</u>		\$9,743.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution

90

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\$

TROUT	UNLIMITED, INC.		38-	-1612715
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	tions	(d) Type of contribution
<u>91</u>		\$9,9		Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	tions	(d) Type of contribution
92		\$10,0		Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	tions	(d) Type of contribution
<u>93</u>		\$10,0		Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	tions	(d) Type of contribution
<u>94</u>	······································	\$10,0		Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	tions	(d) Type of contribution
<u>95</u>	·	\$10,0		Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	tions	(d) Type of contribution
96		\$10,0		Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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Employer identification number

Schedule	B (Form	990,	990-EZ,	or 990-P	F) (2009)

Name of organization

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Employer identification number

38-1612715

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

Name of organization

TROUT UNLIMITED, INC.

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>97</u>		\$ <u>10,000.</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		\$ <u>10,000.</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
99		\$ <u>10,000.</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
<u>100</u>		\$ <u>10,000.</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
<u>101</u>		\$ <u>10,000.</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
<u> 102</u>		\$ <u> </u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

	Schedule B	(Form §	190, 990·	-EZ, or 9	90-PF) ((2009)
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Part I

(a)

No.

103

(a)

No.

TROUT UNLIMITED, INC.

Contributors (see instructions)

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

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

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<u>104</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
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) Aggregate contributions	(d) Type of contribution
		\$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
	· · · · · · · · · · · · · · · · · · ·	\$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		\$10,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)

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(d)

Type of contribution

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

(d)

Type of contribution

X

Employer identification number

Person Payroll

Noncash

38-1612715

(c)

Aggregate contributions

(C)

Aggregate contributions

\$

10,000.

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	rm 990, 990-EZ, or 990-PF) (2009)	· ·	Page 19 of 45 of Part I
Name of org	anization	E	mployer identification number
TROUT	UNLIMITED, INC.		38-1612715
Parti	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
<u>109</u>		- _ \$ <u>10,00</u> -	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) Ins Type of contribution
<u>_110</u>		- _ \$ <u>10,00</u> -	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) Type of contribution
_111		\$10,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
	· · · · · · · · · · · · · · · · · · ·	- _ \$ <u>10,00</u> -	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
<u>113</u>	·	- _ \$ <u>10,00</u> -	Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) Type of contribution
<u>114</u>		\$10,00	Person X Payroll Image: Complete Part II if there is a noncash contribution.)

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

TROUT UNLIMITED, INC.

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

Part	Contributors (see instructions)	

			- ···-
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
115		\$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
<u>116</u>		\$ <u>10,000.</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
<u>117</u>		\$ <u> 10,000.</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
<u>118</u>		\$ <u>10,000.</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
<u>119</u>		\$ <u>10,000.</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
120		\$ <u> </u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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TROUT	F UNLIMITED, INC.		38-1612715	
Part L	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
<u>121</u>		\$10,200.	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	
<u>122</u>		\$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	
<u>123</u>		\$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	
<u>124</u>		\$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	
125		\$10,700.	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>126</u>		\$10,700.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	

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

Name of organization

Name of organization		E	Employer identification number	
TROUT	UNLIMITED, INC.		38-1612715	
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution	
127		\$10,72	Person X Payroll Image: Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution	
<u>128</u>		\$10,94	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution	
129		\$10,94	Person X. Payroll 9. Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution	
<u>130</u>		\$11,00	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) Ins Type of contribution	
<u>131</u>		\$11,00	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ons Type of contribution	
132		\$11,01	Person X Payroll	

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Employer identification number

Schedule B (Fo	rm 990, 890-EZ, or 990-PF) (2009) anization	Employ	yer identification number
			8-1612715
	UNLIMITED, INC.	30	5-1012/15
Part 1 (a)	(b)	(c) Aggregate contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	\$ <u>11,025.</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>134</u>		\$11,070.	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
135		\$ 11,300.	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>136</u>		\$ <u>11,491.</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>137</u>		\$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
<u>138</u>		\$11,603.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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TROUT	UNLIMITED, INC.	38	8-1612715
Parti	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
<u>140</u>		\$12,000.	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>141</u>		\$12,500.	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>142</u>		\$12,500.	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>143</u>		\$12,600.	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
144		\$13,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)

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Employer identification number

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

Name of organization

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Employer identification number

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TROUT UNLIMITED, INC.

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_145		\$ <u>13,625.</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>146</u>		\$ <u>13,990.</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>147</u>		\$ <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 contributions	(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 contributions	(d) Type of contribution
<u>149</u>		\$ <u>15,000.</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>150</u>		\$ <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 contributions	(d) Type of contribution
<u>152</u>		\$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
<u>153</u>		\$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
<u> 154</u> <u> </u>		\$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
<u>155</u>		\$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
<u>156</u> 923452 02-01-10		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2009)

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

No.

<u> 151</u>

TROUT UNLIMITED, INC.

Part I Contributors (see instructions)

(b)

Name, address, and ZIP + 4

Employer identification number

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(d)

Type of contribution

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

X

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Person Payroll

Noncash

(c)

Aggregate contributions

\$

15,000.

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Employer identification number

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

Name of organization

TROUT UNLIMITED, INC.

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>157</u>		\$ <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 contributions	(d) Type of contribution
<u>158</u>		\$ <u>15,000.</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>159</u>	·	\$ <u>15,092.</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
160		\$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>161</u>		\$ <u>10,165.</u>	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
162		\$ <u> </u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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

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Name of organization

TROUT UNLIMITED, INC.

Employer identification number

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Part I Contributors (see instructions)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u> 163 </u>		\$15,750.	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> 164 </u>		\$15,799.	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>165</u> _		\$ <u>16,060.</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>166</u> _		\$17,300.	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>167</u> -		\$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
<u>168</u> _		\$ <u>19,458.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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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>		\$ <u>19,500.</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
<u>170</u>		\$ <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
<u>171</u>		\$ <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
<u>172</u>		\$20,000.	Person X Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>173</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
<u>174</u>		\$20,000.	Person X Payroll Noncash

Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2009)		Page 30 of 45 of Part I
Name of org	ganization	E	mployer identification number
TROUT	UNLIMITED, INC.		38-1612715
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
175		\$20,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
<u>176</u>		\$21,00	Person X Payroli Image: Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
177		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
<u>178</u>		\$22,00	Person X Payroll O Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
<u>179</u>		\$22,52	Person X Payroll 2. Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
<u>180</u>		\$22,60	Person X Payroll

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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
<u>181</u>		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No <u>.</u>	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>182</u>		\$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>183</u>		\$25,000.	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
184		\$ <u>25,000.</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
<u>185</u>		\$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
186		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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Name of organization

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Schedule B (i	Form 990,	990-EZ, o	r 990-PF)	(2009)

TROUT UNLIMITED, INC.

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

is a noncash contribution.)

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

Employer identification number

38-1612715

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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 contribu	tions	(d) Type of contribution
<u>193</u>		\$25,2	<u>50.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	tions	(d) Type of contribution
<u>194</u>		\$25,6	<u>68.</u>	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	tions	(d) Type of contribution
<u>195</u>		\$ <u>26,0</u>	00.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	tions	(d) Type of contribution
<u>196</u>		\$ <u> </u>	00.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Aggregate contribu	tions	(d) Type of contribution
<u>197</u>		\$20,0	68.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	tions	(d) Type of contribution
<u>198</u>	· · · ·	\$26,4	<u>.67 .</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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<u>38-1612715</u>

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

Name of organization

TROUT UNLIMITED, INC.

Part I Contributors (see instructions)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u>199</u>		\$ <u>26,770.</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
200		\$ <u>27,700.</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
201		\$ <u>27,867.</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
202		\$ <u>30,000.</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
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		\$30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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Schedule B (Form aso, aac	1-EZ, 01 000-FF) (2009)
Name of organization	

TROUT UNLIMITED, INC. 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 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
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 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
208	·	\$31,559.	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		\$ <u>33,500.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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

Employer identification number

<u>38–1612715</u>

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Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2009)		Page 36 of 45 of Part I
Name of org	anization	Empl	oyer identification number
TROUT	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
_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
(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 🔀 Payroll 📃
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
216		\$36,419.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

TROUT	UNLIMITED, INC.	38	-1612715
Parti	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$40,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4		Person X Payroli
		\$40,000.	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		\$40,000.	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
		\$41,000.	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
221			Person X Payroll
		\$45,000.	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		\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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Employer identification number

38-1612715

Schedula B (Form 990.	990-EZ, or 990-PF) (2009)
Concodie D (i chine co)	

Name of organization

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Employer identification number

38-1612715

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

Name of organization

TROUT UNLIMITED, INC.

Part I Contributors (see instructions)

e de recerción de la decimiente de deserv			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u> 223</u>		\$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
		\$ <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
		\$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
226		\$ <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
		\$50,393.	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
		\$50,586.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Fo	лт 990, 990-EZ, or 990-PF) (2009)		-	Page 39 of 45 of Part 1
Name of org			Employe	r identification number
TROUT	UNLIMITED, INC.		38	-1612715
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	ons	(d) Type of contribution
229		\$ <u>51,0(</u>		Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	ons	(d) Type of contribution
_230		\$51,16	<u>58.</u>	Person X Payroll Noncash (Complete Part II if there is a roncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	ions	(d) Type of contribution
231		\$52,80		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
232	· · · · · · · · · · · · · · · · · · ·	\$55,0	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	ions	(d) Type of contribution
233		\$55,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	tions	(d) Type of contribution
234		\$55,5		Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

<u>235</u> _ 		\$60,000.	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>236</u> _ -		\$60,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d) Type of contribution
<u>No.</u> 237 _ -	Name, address, and ZIP + 4	\$60,391.	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
<u>238</u> - -		\$63,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d) Type of contribution
<u>No.</u> 239 _ -	Name, address, and ZIP + 4	\$70,100.	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
240		\$72,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
3452 02-01-1	0	Schedule B (Form	990, 990-EZ, or 990-PF) (2009)

Name of organization

Part I

(a)

No.

TROUT UNLIMITED, INC.

Contributors (see instructions)

(b)

Name, address, and ZIP + 4

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(c)

Aggregate contributions

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(d)

Type of contribution

Schedule B (Form 990,	990-EZ, or 990-PF) (2009)
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TROUT UNLIMITED, INC.

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

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Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
241		\$ <u>75,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
242		\$ <u>75,000.</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
243		\$ <u>80,000.</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
244		\$95,000.	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
245		\$ <u>95,031.</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
246		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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Employer identification number

38-1612715

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

TROUT UNLIMITED, INC.

Part | Contributors (see instructions)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
247		\$ <u>100,000.</u>	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
248		\$ <u>101,200.</u>	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
249		\$ <u>102,200.</u>	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
250		\$ <u>103,500.</u>	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
251		\$ <u> 104,355.</u>	Person X Payroli 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
252		\$ <u>104,851.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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

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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
<u>253</u>		\$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
254		\$115,729.	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
255	·	\$145,000.	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
256		\$180,000.	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
<u>No.</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>258</u>	אמוווכ, מעטו כאא מווע בור ד ד	\$315,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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Employer identification number

38-1612715

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

Name of organization

TROUT UNLIMITED, INC.

TROUT	UNLIMITED, INC.		38-1612715
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	(d) tions Type of contribution
<u>259</u>		\$325,0	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	(d) tions Type of contribution
260	· · · · · · · · · · · · · · · · · · ·	\$ <u>328,5</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	(d) tions Type of contribution
<u>261</u>		\$410,6	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	(d) itions Type of contribution
262		\$481,0	Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	(d) tions Type of contribution
<u>263</u>		\$554,5	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	(d) tions Type of contribution
_264		\$600,0	Person X Payroll

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Employer identification number

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

Name of organization

	Schedule I	3	(Form	9 90,	990-EZ,	or	990-P	F)	(2001	Đ
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Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

TROUT	UNLIMITED,	INC.
	Contributors (er	en instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
265		\$ <u>1,745,876.</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
266		\$ <u>2,112,766.</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
		\$	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 Payroll Poncash Payroll 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.)

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Employer identification number

38-1612715

of organ	ization		Employe	r identification number
υτ τ	INLIMITED, INC.		38-	-1612715
	Noncash Property (see instructions)			
1) 0.	(b)		(c) r estimate)	(d) Date received
nn rti	Description of noncash property given	(see in	structions)	
	STOCK		· ·	
<u>32</u> _				
-		\$	<u>8,498.</u>	12/31/09
a)			(c)	(d)
o. om	(b) Description of noncash property given		er estimate) structions)	Date received
rti ç	STOCK			
<u>39</u>				
-		\$	12,000.	12/31/09
a)			(c)	
o. Sm	(b) Description of noncash property given		x estimate) Istructions)	(d) Date received
rtl	STOCK			
<u>51 </u>	<u>, 1001</u>	······································		
-		\$	10,165.	12/31/09
-				
a)	16.)	•	(c)	(ď)
o. om	(b) Description of noncash property given		or estimate) Istructions)	Date received
irt I	STOCK			, ., . ,
<u>92</u>				
-		\$	9,904.	12/31/09
-		*		
a)	· · · · · · · · · · · · · · · · · · ·		(c)	(-5
lo. om	(b) Description of noncash property given		or estimate) nstructions)	(d) Date received
ırt I	• • • • • • •	(\$66 1		
97	STOCK	—		
			;	
-		\$	20,068.	12/31/0
a)			(c)	(-A
lo. om	(b) Description of noncash property given		or estimate)	(d) Date received
ort I		(see i	nstructions)	
-			·	
— ·				

Schedule B (Fo	rm 990, 990-EZ, or 990-PF) (2009)			Page of of Part III
Name of org				Employer identification number
mpottm	UNLIMITED, INC.			38-1612715
Part II	Exclusively religious, charitable, etc., in	ndividual contributions to section	n 501(c)(7), (8), or (10) o	rganizations aggregating
	more than \$1.000 for the year. Complete	e columns (a) through (e) and the	following line entry. For	organizations completing
	Part III, enter the total of exclusively religions \$1,000 or less for the year. (Enter this inf	ormation once. See instructions.)	oī ▶ \$	
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
				·····
	· · · · · · · · · · · · · · · · · · ·			
		() T () () () () () () () () (I	· · · · · · · · · · · · · · · · ·
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transfer <u>ee</u>
		· · ·		
(a) No.	····			<u> </u>
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
				······
		· · · · · · · · · · · · · · · · · · ·		
-		(a) Transfer of sift		
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZI P + 4	Relationship of tra	ansferor to transferee
-				
				·
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
ŀ		(e) Transfer of gift	_	· · · · · · · · · · · · · · · · · · ·
		(c) transfer of gat		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
	·	[
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
· -		· · · · · · · · · · · · · · · · · · ·		
-		(e) Transfer of gift	I	
		(c) transier of Bu	-	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
				· · · · · · · · · · · · · · · · · · ·
	· · · · · ·			
				····
				100 million

SCHEDUL	EC
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Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public

Inspection

U

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

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 Tax), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization					Employer identification number			
TROUT UNLIMITED, INC.					<u>38-1612715</u>			
P	art I-A Complete if the org	anization is exempt unde	r section 501(c)	or is a section 527	organizal	ion.		
1	Provide a description of the organiz	ation's direct and indirect political	campaign activities in	n Part IV.				
2	Political expenditures				Þ \$			
	Volunteer hours							
	· · · · · · · · · · · · · · · · · · ·			·				
Part I-B Complete if the organization is exempt under section 501(c)(3).								
1	Enter the amount of any excise tax incurred by the organization under section 4955					► \$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955				▶\$			
З	3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?					Yes		
4a	4a Was a correction made?					Yes	L No	
t	If "Yes," describe in Part IV.				47. 1/01			
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).								
	Enter the amount directly expended by the filing organization for section 527 exempt function activities > \$							
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527							
	exempt function activities							
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,							
	line 17b							
	Did the filing organization file Form 1120-POL for this year?							
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made.							
For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received								
that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.								
	(PAC). If additional space is needed				<u></u>			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's			political eived and	
				funds. If none, enter (). promp	tly and	directly	
				,	delivere		eparate	
						al organ ine, ente		
						<u> </u>		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009

Part II-A Complete if the org (election under sec		mpt under section	n 501(c)(3) and fi	ed Form 5/68	
A Check 🕨 🛄 if the filing organiza	tion belongs to an affi	liated group.			
Limi	ts on Lobbying Expe	nd "limited control" pro nditures ants paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (arass mots lobbying)		0.	
b Total lobbying expenditures to influ				277,460.	
c Total lobbying expenditures (add li	-			277,460.	
d Other exempt purpose expenditure	,			25,151,358.	
e Total exempt purpose expenditure				25,428,818.	
f Lobbying nontaxable amount. Enter	er the amount from th	e following table in bot	h columns.	1,000,000.	2-0-242040101000012441002/1-2-
If the amount on line 1e, 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			
Over \$1,500,000 but not over \$17		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
				250,000.	
g Grassroots nontaxable amount (er				250,000.	
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zero 				0.	
i If there is an amount other than zero		line 1i did the omaniz			
reporting section 4911 tax for this				Γ	🗌 Yes 🔲 No
		eraging Period Under			
	ations that made a solumns below. See th	section 501(h) election le instructions for line	n do not have to com es 2a through 2f on p		
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period	· · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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	314,794.	434,017.	190,701.	277,460.	1,216,972.
C Total lobbying experience					
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
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009 TROUT UNLIMITED, INC.

Schedule C (Form 990 or 990-EZ) 2009

38-1612715 Page 2

Schedule C (Form 990 or 990 EZ) 2009 TROUT UNLIMITED, INC.

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT	filed Form 570
	(election under section 501(h)).	

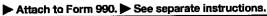
		(8	a)	(b)
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
-	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g	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				
L	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				
Þ	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
C	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		in a construction of the second s		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 501(c))(5), or se	<u> </u>	No
			<u> </u>	Yes	<u>. NU</u> .
1	Were substantially all (90% or more) dues received nondeductible by members?		1_	<u> </u>	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			<u> </u>	
Pa	till-B Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."	irt III-A, I	ine 3 is a	inswered	l
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit	ical			
	expenses for which the section 527(f) tax was paid).			8	
	Current year			ļ	
b	Carryover from last year		20		
c			<u>2c</u>		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				<u> </u>
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?		4	2 · ·	
_					
5	Tatable another of loopying and pointear experiantal to loop instruction				
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	ind Part II-B	, line 1i, Als	o, complete	e this part
	ny additional information.		,	· · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·				

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Schedule D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.





Department of the Treasury Internal Revenue Service

932051 02-01-10

Nam	e of the organization	N70	Employer identification number 38-1612715
	TROUT UNLIMITED, I	MC. A Funds or Other Similar Fund	ts or Accounts. Complete if the
Par			
	organization answered "Yes" to Form 990, Part IV, lin	(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		ite ad finada
5	Did the organization inform all donors and donor advisors in		
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant tunds can a	
	for charitable purposes and not for the benefit of the donor		
10-10-02	impermissible private benefit?		
Pa			, Part IV, une 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or		nistorically important land area
	X Protection of natural habitat	Preservation of a ce	artified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	ified conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Yea
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic si	ructure included in (a)	
d	Number of conservation easements included in (c) acquired	after 8/17/06	
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by t	the organization during the tax
	year D		5. 1
4	Number of states where property subject to conservation e	asement is located 🕨 👥 1	<u>.</u>
5	Does the organization have a written policy regarding the p		of
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements	s during the year \blacktriangleright 40
7	Amount of expenses incurred in monitoring, inspecting, and	l enforcing conservation easements duri	ng the year \blacktriangleright \$0 .
6	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 1	70(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conserve		
Ŭ	include, if applicable, the text of the footnote to the organiz	ation's financial statements that describe	es the organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets.
440.000	Complete if the organization answered "Yes" to Forr		
19	If the organization elected, as permitted under SFAS 116, r	ot to report in its revenue statement and	balance sheet works of art, historical
19	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of	public service, provide, in Part XIV, the text
	the footnote to its financial statements that describes these		
L	If the organization elected, as permitted under SFAS 116, t	o report in its revenue statement and ba	lance sheet works of art, historical treasure
0	or other similar assets held for public exhibition, education,	or research in furtherance of public serv	rice, provide the following amounts relating
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part VIII, IIII F		► \$
-	(II) Assets included in Form 990, Part X	occurae or other similar assets for finan	icial gain, provide
2	If the organization received or held works of art, historical to		
	the following amounts required to be reported under SFAS		► ¢
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ ३
	<u></u>		
LHA	For Privacy Act and Paperwork Reduction Act Notice, s	ee the Instructions for Form 990.	Schedule D (Form 990) 20

Sche Par		NLIMITED, Collections of A			easures, (or Othe		<u>38-16</u> ar Asse			
3	Using the organization's acquisition, accessi										
-	(check all that apply):		-	-			-				
a	Public exhibition	c	1 🗌	Loan or exc	hange progra	ams					
b	Scholarly research	e									
č	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how th	nev further ti	he organizati	ion's exe	mot ouroo	ose in Par	t XIV.		
5	During the year, did the organization solicit o	-									
0	to be sold to raise funds rather than to be ma								Yes		No
Par	TIV Escrow and Custodial Arran										
al and a special	reported an amount on Form 990, Pa	• •		Jamzadorra					0, 01		
10	Is the organization an agent, trustee, custod		diany for	contribution	s or other as	sets not	included				
14	on Form 990, Part X?								Yes		No
L	If "Yes," explain the arrangement in Part XIV						••••••				1140
D		and complete me it	Silo willig	Labie.					Amount		<u> </u>
							10		Anoun		
	Beginning balance										
	Additions during the year							•			
e	Distributions during the year										
f	Ending balance							···· ·			1.
	Did the organization include an amount on F		921?	••••••	••••••••••••••••••				Yes		No
The state of the second s	If "Yes," explain the arrangement in Part XIV			Weell to Fe	rm 000 Dort	N/ line 1					
Га	TV Endowment Funds. Complete		1		· · · · ·						haalt
		(a) Current year		Prior year	(c) Two yea	IS DACK	(d) Three y	ears Dack	(e) Four	years	DACK
1a		<u>6,089,846.</u>					n de la companya de La companya de la comp				
Ъ	Contributions	60,000.		<u>0,500.</u>							
¢	Net investment earnings, gains, and losses				ranna a chuir she na mar bar Mana a chuir she na mar bar Mana a chuir she na mar bar	olasia (- fe dat			den en den den Den en den den den den den den den den de		
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses					n de la contra de la En esta de la contra				ni ostruniju je se Aliza i struniju Aliza i struniju	ana ang sing sing sing sing sing sing sing si
g	End of year balance			9,846.						dian istriat Riddji gazi	
2	Provide the estimated percentage of the year	ar end balance held :	as:								
a	Board designated or quasi-endowment 🕨		%								
b	Permanent endowment 100.00	%									
C	Term endowment	<u>%</u>									
3a	Are there endowment funds not in the posse	ession of the organiz	zation that	at are held a	and administe	ered for t	he organiz	zation	г		
	by:									Yes	<u>No</u>
	(i) unrelated organizations								. <u>3a(i)</u>		<u>X</u>
	(ii) related organizations										X
b	If "Yes" to 3a(ii), are the related organization	s listed as required (on Sche	dule R?					. <u>3b</u>		
	Describe in Part XIV the intended uses of the										
Pa	t VI Investments - Land, Building	gs, and Equipm	ient. Se	e Form 990), Part X, line	10.	··				
	Description of investment	(a) Cost or o basis (invest			t or other (other)		ccumulate preciation		(d) Bool	k valu	e
10	Land		···· /		7,801.			6006600000000		7.8	01.
	Buildings								· · · ·		
	Leasehold improvements			3	5,029.	1	22,4	64.	1	2,5	65.
				-		<u> </u>				_, _	
	Equipment			99	34,409.	·	532,2	10	35	2,1	99
	Other		t X colu			I				$\frac{2}{2}, \frac{1}{5}$	
IOTA	a Adu intes ta tritougi) te, (Column (d) must e	squal Fonni 990, Pan		nn (D), Me						<u></u>	<u></u>

Schedule D (Form 990) 2009

Scl	ned	ule	D	(Form	990) 2009

TROUT UNLIMITED, INC.

(a) Description of security or category (including name of security)	(b) Book value		Method of valuation: end-of-year market value
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. s	ee Form 990, Part X, line		
(a) Description of investment type	(b) Book value		Method of valuation: end-of-year market value
· · · · · · · · · · · · · · · · · · ·			
	<u> </u>		
			· · · · · · · · · · · · · · · · · · ·
		-	
· · · · · · · · · · · · · · · · · · ·	· ·		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	15		nya katoka manana katoka k Na katoka kato
	Description		(b) Book value
,,,,,,, _			
		· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) lin	0.15.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	, in ite 2.0.	(b) Amount	
Federal income taxes REFUNDABLE ADVANCES		117,579.	
REFUNDABLE ADVANCES		<u> </u>	
		110 000	
Total. (Column (b) must equal Form 990, Part X, col (B) lin		117,579.	ISOLIZATIONI AND
2. FIN 48 Footnote. In Part XIV, provide the text of the foo	otnote to the organization	i's financial statements that	reports the organization's liability for
uncertain tax positions under FIN 48.	· · · · · · · · · · · · · · · · · · ·		
02-01-10			Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 TROUT UNI, IMITED, INC.				38	-16	12715	Page 4
Par	t XI. Reconciliation of Change in Net Assets from Form 990 to A	AUDITE			ateme	nts		F10
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			6,656,	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		4	<u>5,271</u> ,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			<u>1,384</u> ,	
4	Net unrealized gains (losses) on investments			4				636.
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior penod adjustments			7				
8	Other (Describe in Part XIV.)			8			<u> </u>	<u></u>
9	Total adjustments (net). Add lines 4 through 8			9			367	636.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9		10			1,752	<u>293.</u>
Par	TXII Reconciliation of Revenue per Audited Financial Statemen	nts Wi	th Rever	nue pe	r Retu	Irn		
1	Total revenue, gains, and other support per audited financial statements					2	27,181	111.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						-	
- a	Net unrealized gains on investments	2a	36	7,63	6.			
-	Donated services and use of facilities				100 M 100 M			
b								
C.			15	6,96	5.			
d	Other (Describe in Part XIV.) Add lines 2a through 2d						524	601.
0					· · · ·		26,656	
3	Subtract line 2e from line 1	•••••	•••••				10,050	510.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							÷
	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>						
b	Other (Describe in Part XIV.)							^
Ċ	Add lines 4a and 4b							<u> </u>
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		C.1. P		<u> 5</u>		26,656	, 510.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme					num	- 400	010
1	Total expenses and losses per audited financial statements				1		<u>25,428</u>	<u>, 818 </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
a	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						•
с	Other losses	2c			16			
d		2d	15	<u>6,96</u>	5.			
е	Add lines 2a through 2d				20			<u>,965.</u>
3	Subtract line 2e from line 1						<u>25,271</u>	<u>,853.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
	investment expenses not included on Form 990, Part VIII, line 7b	4a						
_	Other (Describe in Part XIV.)	4b						
	Add lines 4g and 4b				4			0.
-							25,271	
5	TXIV Supplemental Information							
Com X. lin	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 XII, lines 2d and 4b. Also complete the second secon	ete this	part to pro	ovide ang	y additio	onal in	formation.	4; Part
	RT II, LINE 5: ANNUALLY A TU REPRESENTATIVE							·
	EAKS WITH THE LANDOWNER TO REVIEW THE PROPE						<u>Y NEW</u>	
<u>AC'</u>	TIVITIES OR DAMAGES SINCE THE LAST INSPECTI							
	OPERTY. THE REPRESENTATIVE DISCUSSES WITH							
	PLANNED ACTIVITIES CONCERNING THE LAND INC							<u>, </u>
	E TRANSFER OF THE LAND, AGRICULTURAL ACTIVI						<u>FING,</u>	
WA	TER DEVELOPMENT, ROAD CONSTRUCTION, AND COM	<u>IMER</u>	CIAL A	ACTIV	<u>/ITI</u>	<u>ss.</u>		<u>.</u>

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 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 980) 2009

TROUT UNLIMITED, INC.

Part XIV Supplemental Information (continued)

AND ACCOUNTING IN INTERIM PERIODS.

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

IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE

OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2007.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EVENT EXPENSE REPORTED ON PART VIII, LINE 8B: 156965.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

EVENT EXPENSE REPORTED ON PART VIII, LINE 8B: 156965.

Schedule D (Form 990) 2009

SCHEDULE G		Supplemental Inform						OMB No. 1545-0047
(Form 990 or 990-EZ)		Fundraising or Ga		-				2009
Department of the Treasury ntemal Revenue Service	or if t	if the organization answered "Yes he organization entered more that Attach to Form 990 or Form 990-E	n \$15.()00 or	n Form 990-EZ, line	6a.		Open To Public nspection
Name of the organization		Attach to Form 550 of Form 550-L				Employ	er ide	ntification number
<u></u>		NLIMITED, INC.			· -···	38-1		
required to	complete this par						990-EZ	filers are not
a A Mail solicitat b Internet and c Phone solici	tions email solicitations tations		tion of tion of	non-g gover	overnment grants nment grants			
d in-person so		or oral agreement with any individual	linghu	ling o	fficom directors true	toos or		
key employees list	ed in Form 990, P n highest paid indi	art VII) or entity in connection with p ividuals or entities (fundraisers) purs	rofess	ional f	undraising services?] Y es risto	
(i) Name of in or entity (fund		(ii) Activity	(iii) fundr have c or con contrib	aiser ustody trol of	(iv) Gross receipts from activity	(v) Amount to (or retaine fundraise listed in co	d by) er	(vi) Amount paid to (or retained by) organization
			Yes	No				
	··· ··· ·	· · ·						
			<u> </u>					
				<u> </u>				
lotal								
		on is registered or licensed to solicit	funds	or has	been notified it is e	empt from reg	gistrat	ion or licensing.
					· ·			
HA For Privacy Act a	nd Paperwork Re	duction Act Notice, see the Instru	ctions	for F	orm 990 or 990-EZ.	Schedule	G (For	m 990 or 990-EZ) 200

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		le G (Form 990 or 990 EZ) 2009 TROUT	UNLIMITED, I	NC.		<u>1612715 Page 2</u>
P					t IV, line 18, or reported	more than \$15,000
		on Form 990-EZ, line 6a. List events with	gross receipts greater the greater the gross receipts greater the gre	nan \$5,000. (b) Event #2	(c) Other events	(d) Total events
			NYEVNT	SFEVNT	4	(add col . (a) through
			(event type)	(event type)	(total number)	col. (c))
θΠL			(
Revenue	. 1	Gross receipts	261,459.	167,728.	130,432.	559,619.
	2	Less: Charitable contributions	200,859.	130,827.	70,219.	401,905.
	3	Gross income (line 1 minus line 2)	60,600.	36,901.	60,213.	157,714.
	4	Cash prizes				
	·					
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				······
	8	Entertainment				
	å	Other direct expenses		35,607.	63,339.	156,965.
	10					(156,965)
	11	Net income summary. Combine line 3, colum	nn (d), and line 10		>	749.
P	int I		answered "Yes" to Form	1990, Part IV, line 19, or 1	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ц	1	Gross revenue				-
es	2	Cash prizes				
Expenses	3	Noncash prizes			,	
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 throug			L	
					· .	
	8	Net gaming income summary. Combine line	<u>1, column (a), and line 7</u>		· · · · ·	Yes No
•	En	ter the state(s) in which the organization oper	ates gaming activities:			
		the organization licensed to operate gaming a				9a
		'No," explain:				
				main atod during the tor		
		ere any of the organization's gaming licenses	revokea, suspended or to	erminated outing the tax	yedi (10a
t) И,	'Yes," explain:				
	<u> </u>	· · · ·				
11	Do	bes the organization operate gaming activities	with nonmembers?		· · · · · · · · · · · · · · · · · · ·	11
12		the organization a grantor, beneficiary or trust				
		minister charitable gaming?		•		12

Schedule G (Form 990 or 990-EZ) 2009

Schedule G (Form 990 or 990 EZ) 2009 TROUT UNLIMITED, INC.		<u> 28-T0</u>	. 4 / 1	<u>, </u>	age 3
			1992	Yes	No
13 Indicate the percentage of gaming activity operated in:					
a The organization's facility		%			
b An outside facility		%			
14 Enter the name and address of the person who prepares the organization's gaming/special events books	and record	ds:			
				n faste e aveig Frankrike Frankrike Frankrike	
Name 🕨					
Address					
15a Does the organization have a contract with a third party from whom the organization receives gaming rev	enue?		15a) (fælsfurmer)	, ang
▶ If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ar	d the amo	unt			
of gaming revenue retained by the third party > \$					
c If "Yes," enter name and address of the third party:					
Name 🕨					
Address	·····				
16 Gaming manager information:					
Name ►					
Name					
Gaming manager compensation 🕨 \$			20.580 DA 20.578 DA		
Description of services provided 🕨					
Director/officer Employee Independent contractor					
and the second sec					
17 Mandatory distributions:					
a Is the organization required under state law to make charitable distributions from the gaming proceeds to rotain the state gaming license?			17a		a a shining
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organization					
organization's own exempt activities during the tax year > \$	e er openn				
			•	tegori, villing	

Schedule G (Form 990 or 990-EZ) 2009

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SCHEDULE I		Grants and	Grants and Other Assistance to Organizations,	to Organizations			OMB No. 1545-0047
Department of the Treasury	Comp	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	Governments, and Individuals in the United States • organization answered "Yes" on Form 990, Part II	in the United Stat on Form 990, Par	es t IV, line 21 or 22.		CDC2
Internal Revenue Service			Attach to Form 990.	n 990.			Inspection
Name of the organization TROUT UNLIMITED.		INC.				ш	Employer identification number 38-1612715
Part I General Information on Grants and Assistance							
1 Does the organization maintain records to substantiate the amount of the	to substantiate th		or assistance, the	grantees' eligibility	for the grants or assi	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
	stance?	toring the use of sumt	6 mdo in that I after	l Ctatoe			X Yes No
		<u>uoring une use oi gram.</u>	Turios in the United	a oldres.	V" botomono onitoria	1 to Eam 000 Dat	/ line 21 for any
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the Organization answered Tes To Poim 990, Part IV, inte 21, 107 any science if the Part IV and Schedule 1.1 (Form 900) if additional snace is needed	Governments an	d Organizations in the s boy if no one recinian	United States. Use the states of the states.	omplete it the orga an \$5 000 The Pa	rization answered 1	is in the United States. Complete if the Ogarization answered "Tes" to Form 990, Part 19, inte 21, for any connent received more than \$5 000. The Dart IV and Schedule 1-1 (Form 990) if additional snare is needer	v, IIII9 21, iŭrarij I snace is needed
1 (a) Name and address of organization or government		(c) IRC section if applicable	(d) Amount of cash grant	(c) 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
BIG BLACKFOOT CHAPTER OF TROUT UNLIMITED - PO BOX 1 - OVANDO MT					-		
	521765527	501 (C)(3)	7,500.	0			WATERSHED RESTORATION
A COUNCIL OF							
UNLIMITED - 26855 VIA SAN JOSE - MISSION VIEJO, CA 92691	521765533	501 (C)(3)	22,263.	0.			GENERAL OPERATIONS
SO65				c			
FORT COLLINS, CO 80526	840628113	501 (C)(3)	6,500,	.0			WATERSHED RESTORATION
COLORADO COUNCIL OF TROUT UNLIMITED - 5065 WESTRIDGE DR - FORT COLLINS, CO 80526	8406281113	501 (C)(3)	20,009,	D			GENERAL OPERATIONS
UNLIMITED - 15 PRINCESS PINE RU - Norwolk, CT 06850	510208498	501 (C)(3)	6,583.	0.	· · · · · · · · · · · · · · · · · · ·		GENERAL OPERATIONS
GEORGIA COUNCIL OF TROUT UNLIMITED 264 LAURELWOOD							
SAUTE NACOCHE, GA 30571	510225125	501 (C)(3)	.000.6	0.			WATERSHED RESTORATION
2 Enter total number of section 501(c)(3) and government organizations 5 Enter total number of other according tions	and government o	rganizations					13.
3 Enter total intribution of other organizations	otion Act Notice	see the Instructions	ictions for Form 990.				Schedule (Form 990) 2009

032101 02-02-10

Schedule I (Form 990) 2009 TROUT UNLIMITED, INC.), INC. ited States. Com	plete if the organiza	ation answered "Yes"	to Form 990, Part IV, line 22.	38-1612715 Page 2
Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (a) Type of grant or assistance (b) Number of fights	ace is needed. (b) Number of recipients	(c) Amount of cash arant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	•	3			
· · · · · · · · · · · · · · · · · · ·					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. SCHEDULE I LINE 2: THE MAJORITY OF THE GRANTS ARE GIVEN OT TO TI	I I rovide the information r MAJORITY OF	required in Part I, line 2	line 2, and any other TTS ARE GIV	and any other additional information. ARE GIVEN OUT TO TU	
AND COUNCILS AND ARE MC	ш	THE	CE-A-STREA	1 1211	
FOR COMPLIANCE WITH THEIR GRANT AGREEMENT.	REEMENT.	FOR THOS	FOR THOSE GRANTS ISSUED TO	SSUED TO	
OUTSIDE ORGANIZATIONS, THOSE ARE T	TYPICALLY	PART	LARGER GR	OF A LARGER GRANT AGREEMENT	
THAT DICTATES THE TERM OF THE ARRA	ARRANGEMENTS	WITH THE	APPROPRIATE	E TU EMPLOYEE	
MONITORING COMPLIANCE.					
832-102 02-02-10		62			Schedule I (Form 990) 2009

SCHEDULE I-1 (Form 990) Internal Revenue Services		Continua Attach to Fo Sched	ntinuation Sheet for Schedule I (Form 9 1 to Form 990 to list additional informati Schedule I (Form 990), Part II or Part III.	Continuation Sheet for Schedule I (Form 990) Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.) 1 for		OMB No. 1545-0047 2009 Open to Public Inspection
Name of the organization TROUT UNLIMITED		INC.				Employ	Employer identification number 38-1612715
Part I Continuation of Grants and Other Assistance to Governments and	Assistance to G	overnments and Organ	nizations in the Ur	nited States (Sche	Organizations in the United States (Schedule I (Form 990), Part II.)	(.11	
(a) Name and address of organization or government	(D) 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 LAURELMOOD 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
ILLINCIS COUNCIL OF TROUT UNLIMITED - PO BOX 5046 - OAK BROOK, IL 60522	521765995	501 (C)(3)	5,263.	ď			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	(c)(3) 201 (c)(3)	7,800.	0	-		WATERSHED RESTORATION
MASSACHUSETE/RHODE COUNCIL OF TROUT UNLIMITED - 5 BAKER PL - NEWTON LOWER, MA 02462	510225123	501 (C)(3)	8,251.	.0			GENERAL OPERATIONS
MASSANUTTEN CHAPTER OF TROUT UNLIMITED - PO BOX 801 - HARRISONBURG, VA 22803	510208681	501 (C)(3)	9,496,	G			WATERSHED RESTORATION
MERRIMACK RIVER VALLEY CHAPTER OF TROUT UNLIMITED - 47 RIVER RDE - <u>NEW BOSTON, NH 03070</u> LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	521766035 Letion Act Notic	<u>501 (C)(3)</u> e, see the Instructions	7, 000.				<u>MATERSHED RESTORATION</u> Schedule I-1 (Form 990) 2009

932241 02-01-10

SCHEDULE I-1 (Form 990) Department of the Treasury Instant Revende Service.		Continual Attach to For Sched	Continuation Sheet for Schedule I (Form 990) ach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.	ledule I (Form 990 itional informatio Part II or Part III.) n for	·	OMB No. 1545-0047 2009 Open to Public Inspection
ation TROUT	UNLIMITED, I	INC.				Employe 3	Employer identification number 38-1612715
Part Continuation of Grants and Other Assistance to Governments and	Assistance to Go	vernments and Organ	lizations in the Ur	nited States (Sche	Organizations in the United States (Schedule I (Form 990), Part II.)	rt II.)	
(a) Name and address of organization or government	(p) 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,				GENERAL 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 LN W - MINNETONKA, MN 55305	521766036	501 (C)(3)	5,351.	o			GENERAL OPERATIONS
MONTANA COUNCIL OF TROUT UNLIMITED PO BOX 7186 MISSOULA, MT 59807	237355289	501 (C)(3)	6,923,	0			GENERAL OPERATIONS
NEW JERSEY COUNCIL OF TROUT UNLIMITED - PO BOX 594 - BUDD LAKE, NJ 07828	510225120	501 (C)(3)	7,958.	o			GENERAL OPERATIONS
NEW RIVER CHAFTER 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
NMMT LAND TRUST PO BOX 1388 DILLINGHAM, AX 99576 311721762 501 (C) (3) 10.0 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990	<u>311721762</u> ction Act Notice	501 (C)(3) see the Instructions	10,000. 10,000.	0			EKWOK FLY-FISHING AND <u>ASSISTANT GUIDE ACADEMY</u> Schedule I-1 (Form 990) 2009
•							

832241 02-01-10

SCHEDULE I-1 (Form 990) Department of the Treasury Internal Revenue Service		Continual Attach to For Sched	Continuation Sheet for Schedule {Form 990) Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.	nedule (Form 990 Itional informatio Part II or Part III.)) n for		OMB No. 1545-0047 2009 Open to Public Inspection
Name of the organization	UNLIMITED,	INC.				Employe 3	Employer identification number 38-1612715
Part Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	d Other Assistance to G	overnments and Organ	nizations in the U	nited States (Sche	adule I (Form 990), Part	('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
NORTH CAROLINA COUNCIL OF TROUT UNLIMITED - 1204 BRITTANY POINT CT - APEX, NC 27502	JUT LNT CT 2371,88798	501 (C)(3)	7,866.	0.			GENERAL OPERATIONS
OHIO COUNCIL OF TROUT UNLIMITED 12955 WALDEN OAKS DR CHARDON, OH 44024	TED 911928278	501 (C)(3)	6,108.	0.			GENERAL OPERATIONS
OREGON COUNCIL OF TROUT UNLIMITED 22875 NW CHESTNUT ST HILLEBORO, OR 97124	dTTED 931253141	501 (C)(3)	5,688.	0			GENERAL OPERATIONS
FENNSYLVANIA COUNCIL OF TROUT UNLIMITED - 107 SIMMONS ST - DUBOIS, PA 15801	r 237188794	501 (C)(3)	25,180.	0.			GENERAL OPERATIONS
SOUTHEASTERN WISCONSIN CHAPTER OF TROUT UNLIMITED - 18225 HOFFMAN AVE - BROOKFIELD, WI 53045		(E)(3) 201 (C)(3)	7,500.	0			WATERSHED RESTORATION
TED TRUEBLOOD CHAPTER OF TROUT UNLIMITED - 23377 HOSKINS RD - WILDER, ID 83676	лт - 521766250	501 (C)(3)	7,000.	.0			WATERSHED RESTORATION
TENNESSEE COUNCIL OF TROUT UNLIMITED - 1106 MELVIN AVE MARVVILLE TN 37803	- 510225114	501 (C)(3)	5,683.	0.			GENERAL OFERATIONS
TETON VALLEY CHAPTER OF TROUT UNLIMITED - PO BOX 716 - VICTOR, ID 83455 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	r roR, 820528838 ork Reduction Act Notic	501 (C) (3) see the Instructions	9,000. 101 Form 990.	0			WATERSHED RESTORATION Schedule I-1 (Form 990) 2009

932241 02-01-10

SCHEDULE I-1 (Form 990) Department of the Treasury Internal Revenue Service		Continuat Attach to Fo Sched	ntinuation Sheet for Schedule I (Form 9 to Form 990 to list additional informati Schedule I (Form 990), Part II or Part III.	Continuation Sheet for Schedule I (Form 990) Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.)) n for		OMB No. 1545-0047 2009 Open to Public Inspection
Name of the organization	UNLIMITED.	INC.				Employe	Employer identification number 38-1612715
Part Continuation of Grants and Other Assistance to Governments and	d Other Assistance to G	overnments and Orgar	lizations in the Ur	nited States (Sche	Organizations in the United States (Schedule I (Form 990), Part 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
VIRGINIA COUNCIL OF TROUT UNLIMITED - PO BOX 1256 - CHARLOTTESVLE, VA 22902	237355308	501 (C)(3)	8,152.	0,			GENERAL OPERATIONS
WASHINGTON COUNCIL OF TROUT UNLIMITED - 2701 NE 148TH AVE VANCOUVER, WA 98684	E - 510225116	501 (C)(3)	9,488.	0			GENERAL OPERATIONS
WISCONSIN COUNCIL OF TROUT UNLIMITED - 1326 14TH AVE - (BAY, WI 54304	GREEN 237188784	501 (C)(3)	9,563.	0.			GENERAL OPERATIONS
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ork Reduction Act Notiv	ce, see the Instructions	tor Form 990.				Schedule I-1 (Form 990) 2009

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	EDULE J m 990)		pensation Information a, Directors, Trustees, Key Employees, and Highest Compensated Employees		омв No. 20	1545-004 09	47
Deret		Complete if the second seco	he organization answered "Yes" to Form 990, Part IV, line 23.		Open to		ic iii
	nent of the Treasury Revenue Service	Attach to	Form 990. See separate instructions.		Inspe		
Name	e of the organizati	ion			identificati		mber
		TROUT UNLIMIT		38-1	<u>L61271</u>	5	
Par	t I Question	s Regarding Compensation	<u>n</u>				
t a (Check the appropri	iate hox(es) if the omenization prov	ided any of the following to or for a person listed in Form	1990		Yes	No
			e any relevant information regarding these items.	,			
İ	First-class or c		Housing allowance or residence for pers	onaluse			
ř	Travel for com		Payments for business use of personal r				
ī		cation and gross-up payments	Health or social club dues or initiation fe			i di Burtise II.: Mana di Juli	
Ĭ		spending account	Personal services (e.g., maid, chauffeur,				
L		sponding account					
ы	f any of the boyee	on line 1a are checked, did the ora	anization follow a written policy regarding payment or				
	-		cribed above? If "No," complete Part III to explain		1b	stratus	
		-	mbursing or allowing expenses incurred by all officers, d	irectore			
			he items checked in line 1a?		2		
L	rustees, and the C	EC/Executive Director, regarding ti					25181 M 514 (C M
<u> </u>	ndiante udalah, if a		when the entablish the companyation of the emperior	·-			
			uses to establish the compensation of the organization	13			
		ector. Check all that apply.					
	X Compensation						
	-	compensation consultant	Compensation survey or study				
L	X Form 990 of o	other organizations	X Approval by the board or compensation	committee			
		· ·					
			rt VII, Section A, line 1a, with respect to the filing				
	-	elated organization:					
			lyment?				<u> </u>
	-		al nonqualified retirement plan?			X	
c F	Participate in, or re	ceive payment from, an equity-base	ed compensation arrangement?		4c	angganagana a	X
1	f "Yes" to any of li	nes 4a-c, liat the persons and provi	de the applicable amounts for each item in Part III.				
	Only section 501(c)(3) and 501(c)(4) organizations n	nust complete lines 5-9.			rdudri adi di v rajar salati	
5 F	For persons listed i	in Form 990, Part VII, Section A, line	e 1a, did the organization pay or accrue any compensati	ол			
c	contingent on the r	revenues of:				572255 667262870 9627292680 732768	
	=						X
							X
		or 5b, describe in Part III.					
			e 1a, did the organization pay or accrue any compensati	on			
	contingent on the r						
	-	•			6a	e de minumite	X
							X
		or 6b, describe in Part III.		••••••			
		•	e 1a, did the organization provide any non-fixed paymen	ts	in the marked with the	a ig in de statiste	1601681976511
			art III		7		х
			d or accrued pursuant to a contract that was subject to		····· *		
	-	•					X
			3.4958-4(a)(3)? If "Yes," describe in Part III		<u>8</u>		<u>A</u>
			ebuttable presumption procedure described in				
	Regulations section		tice, see the Instructions for Form 990.				

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)	90 100	ported in Schedule J	, report compensati	on from the organiza	tion on row (i) and fron	n related organizations	, described in the insti	uctions, on row (ii).
bo 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.	thea	n 990, ran vii. Ipplicable column (D)	or column (E) amou	nts on Form 990, Pa	t VII, line 1a.	·		
		(B) Breakdown of W-2 an	W-2 and/or 1099-MI	Id/or 1099-MISC compensation	0	9	(E)	E
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Heurement and other deferred compensation	Nontaxaple benefits	(B)()-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	ε	154,737.	0.	0.	14,382.	15,596.	184,715.	0
CHRISTOPHER WOOD	Ξ		. 0.					.0
	Ξ	206,90	•0	.0	18,942.	17,702.	243,549.	0
CHARLES GAUVIN	€	1	0.		- 1	- 1	1	.0.
	ε (143,98			13, 599.	15,596.	1/3, 1/6.	
HILLARY COLEY		116 222			12 470	1 2 2	175 207	
ADELISUA EAWAIG	28	/ 0 # T	•	.0			_	
		134,201	.0		12.267.	15,59	162,064.	.0
STEVEN MOYER	8	0	0.		4	1	0.	.0
	 =							
	(iii)				-			· · · ·
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				L			Schedul	Schedule J (Form 990) 2009

Page 2

38-1612715

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

INC.

TROUT UNLIMITED,

Schedule J (Form 990) 2009

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932112 02-02-10

Schedule J (Form 990) 2009 TROUT UNLIMITED, INC. Part III Supplemental Information	38-1612715 Pa	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		
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		
	Schedule J (Form 990) 2009	6002 (

832113 02-02-10

Schedule J (Form 990) 2009 TROUT UNLIMITED, INC. Part II Supplemental Information	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.	art 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.	
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 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	
TO THE EXECUTIVE ON HIS NORMAL RETIREMENT DATE. THE AMOUNT OF SUCH LUMP	
SUM PAYMENT SHALL BE EQUAL TO THE VALUE OF THE EXECUTIVE'S DEFERRED	
BENEFIT. IF THE EMPLOYEE TERMINATES HIS OR HER EMPLOYMENT FOR ANY REASON	
OTHER THAN DEATH, PRIOR TO THE NORMAL RETIREMENT AGE, HIS OR HER BENEFIT	
	Schedule J (Form 990) 2009

932113 02-02-10

Schedule J (Form 990) 2009 TROUT UNLIMITED, INC. Part III Supplemental Information	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.	art for any additional information.	
UNDER THIS PLAN SHALL BE FORFEITED.		
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 BENEFICIARY.		
THE AMOUNT OF SUCH LUMP SUM PAYMENT SHALL BE EQUAL TO THE EXECUTIVEOS 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		
CHARLES GAUVIN: \$10,523		
HILLARY COLEY: \$7,555		
STEVEN MOYER: \$6,815		
PIETER FOSBURGH: \$7,488		
	Schedule J (Form 990) 2009	990) 2009

832113 02-02-10

SCHEDULE J-2

(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047 2009 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the Organization

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

TROUT UNLIMITED. INC.

Employer Identification number 38-1612715

TROUT UNI	TWLLED	_]	<u>LN(</u>	2.					38-161	
Part I Continuation of Officers, D	irectors, Tr	ust	ee	s, K	ey	Em	plo	yees, and Highes	t Compensated	Employees
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cł	heck	all 1	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	늡				ployer		the organization	organizations (W-2/1099-MISC)	compensation from the
·		direct				d em		(W-2/1099-MISC)	(44-2/1055-14130)	organization
		66 O.				laste				and related
		Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
		rid ua	tution	۶.	emple	esto	Former			-
		ip i	Inst	Officer	Key	훞	For			
VALERIE OHRSTROM										
TRUSTEE	5.00	X						0.	0.	0.
JOHN WILLIS						·				
TRUSTEE	5.00	X						0.	0.	0.
KAI ANDERSON										
TRUSTEE	5.00	x						0.	0.	0.
MIKE DOMBECK	`	<u> </u>	1							
TRUSTEE	5.00	x						0.	0.	0.
RICHARD JOHNSON		<u> </u>								
TRUSTEE	5.00	x						0.	0.	0.
CHRISTOPHER WOOD						<u> </u>				
PRESIDENT AND CEO	40.00	x		x				154,737.	0.	29,978.
CHARLES GAUVIN						-				
PRESIDENT EMERITUS & TRUSTEE	40.00	x		x				206,905.	0.	34,538.
HILLARY COLEY	10100									
VICE PRESIDENT/CFO/CAO	40.00			x				143,981.	0.	29,195.
PIETER FOSBURGH	10100									
VP OF DEVELOPMENT	40.00					x		146,222.	0.	29,075.
STEVEN MOYER								10,000		
VICE PRESIDENT OF GOVERNMENT AFFAIR	40.00					x		134,201.	0.	27,863.
ROBERT MASONIS								101/2011		
VP OF WESTERN CONSERVATION	40.00					x		103,775.	0.	13,952.
VP OF WESTERN CONSERVATION						43		100///01		
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047 2009 Open to Public Inspection

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

Attach to Form 990.

Name of the organization

Employer identification number 38-1612715

	TROUT UNLIMI	<u>TED, I</u>	NC.				<u>16127</u>	15	
Par									
L. Section of the Party	ананан — — — — — — — — — — — — — — — — —	(a) Check if applicable	(b) Number of contributions	(c) Revenues reporte Form 990, Part VIII,		(c Method of c reve	i) determinin nues	g	
1	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	60,6	<u>35. F</u>	<u>'MV</u>			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests	1							
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 ► ()								
27	Other ► ()		1						
28	Other ()								
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for o	contributions	1				
	for which the organization completed Form 82				29				
								Yes	No
30a	During the year, did the organization receive b	y contributi	on any property re	ported 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 exemp	ot purposes for			
	the entire holding period?						. 30a		X
b									
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standard	contribut	tions?		X	
	Does the organization hire or use third parties								
	contributions?						. 32a		X
ъ	If "Yes," describe in Part II.								
33	If the organization did not report revenues in a	column (c) fa	or a type of propert	y for which column (a	a) is chec	ked,			
	describe in Part II.			-					

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

Schedule M (Form 990) 2009

(Form 990)

932211 02-03-10

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.



TROUT UNLIMITED, INC.

Employer identification number 38-1612715

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
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
Schedule O (Form 990) 2009

(Form 990)

Department of the Treasury Internal Revenue Service______

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.



TROUT UNLIMITED, INC.

Employer identification number 38-1612715

BIPARTISAN BILL THAT WOULD HAVE SET UP A PILOT LEASING PROGRAM FOR WIND AND SOLAR ENERGY DEVELOPMENT ON PUBLIC LANDS, AND ESTABLISHED ROYALTIES AND OTHER PAYMENTS ASSOCIATED WITH THE USE OF PUBLIC LANDS FOR ENERGY PRODUCTION. A SUBSTANTIAL PORTION OF THE ROYALTY REVENUE WOULD HAVE BEEN DEDICATED TO THE CONSERVATION OF FISH AND WILDLIFE RESOURCES AND TO ENHANCING PUBLIC ACCESS.

IN NEW HAMPSHIRE, VERMONT, AND MASSACHUSETTS, TU LAUNCHED A CAMPAIGN TO REMOVE, REPLACE, AND RETROFIT CULVERTS TO ALLOW FOR PASSAGE OF BROOK TROUT.

IN WYOMING, TU'S SPREAD CREEK RESTORATION PROJECT RESULTED IN THE REMOVAL OF A DIVERSION DAM AND ITS REPLACEMENT WITH FISH-FRIENDLY IRRIGATION STRUCTURES. THE PROJECT IS DESIGNED TO MAINTAIN 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 IMPROVE STREAMFLOW IN SALMON AND STEELHEAD WATERS ON THE NORTH COAST, AND ENCOURAGE WATER USERS TO ENGAGE IN COLLABORATIVE STREAMFLOW RESTORATION PROJECTS. THE STATE WATER BOARD ADOPTED THE TU-SUPPORTED NORTH COAST INSTREAM FLOW POLICY, THE FIRST-OF-ITS-KIND IN CALIFORNIA. THE POLICY COVERS 5,900 STREAM MILES AND MORE THAN 3 MILLION WATERSHED ACRES, AND SHOULD RESULT IN NEW STREAMFLOW REQUIREMENTS FOR MORE THAN 2,000 DIVERSIONS. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009 DESCRIPTION

(Form 990)

Department of the Treasury Internal Revenue Service

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.



Employer identification number 38-1612715

TROUT UNLIMITED, INC.

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.

 TU
 BEGAN
 IMPLEMENTING
 A
 STREAM
 MONITORING
 NETWORK
 IN
 THE
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 BASIN

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 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
 Schedule O (Form 990) 2009
 Schedule O (Form 990) 2009

 932211 02-03-10
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 Schedule O (Form 990) 2009
 Schedule O (Form 990) 2009

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form	990)
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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.



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

INC.

OF STREAM AND RIPARIAN RESTORATION, WHILE ALSO GATHERING DATA ON

CLIMATE CHANGE IMPACTS. THIS EFFORT SHOULD SERVE AS A MODEL FOR OTHER

LARGE-SCALE STREAM RESTORATION MONITORING PROGRAMS.

TROUT UNLIMITED,

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

COLLEGES. THIS EXPANSION IS PART OF THE 5 RIVERS COLLEGE OUTREACH

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 2010. 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. Schedule O (Form 990) 2009 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 032211 02-03-10

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.



TROUT UNLIMITED, INC.

Employer identification number 38-1612715

FILMED THE 2012 SEASON. TU LAUNCHED A NEW PODCAST SERIES FOCUSING ON

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 EQUIPMENT 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 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 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

 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
 Schedule O (Form 990) 2009

 932211 02-03-10
 932211

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.



Employer identification number 38-1612715

TROUT UNLIMITED, INC.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

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

Schedule O (Form 990) 2009

(Form 990)

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.



Department of the Treasury Internal Revenue Service Name of the organization

TROUT UNLIMITED, INC.

Employer identification number 38-1612715

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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

(Rev. January 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

01

►	File	a se	parate	app	lication	for	each	retu	ım.

• 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 II 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 8868 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,

/isit www.irs.gov/efile :	and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-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.

Туре ог	Name of exempt organization	Employer identification number
print	TROUT UNLIMITED, INC.	38-1612715
File by the due date for filing your return. See	Number, street, and room or sulte no. If a P.O. box, see instructions. 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	Return Application			Return			
is For	Code	e is For						
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 • The books are in the care of ▶ <u>1300 N. 17TH S</u> Telephone No. ▶ <u>(703) 522-0200</u> • If the organization does not have an office or place of busine • If this is for a Group Return, enter the organization's four digit box ▶ If it is for part of the group, check this box ▶ • Irequest an automatic 3-month (6 months for a corporation MAY 15, 2011 , to file the exemption is for the organization's return for: ▶ calendar year or	ST • , # ss in the Un it Group Exe and atta on required	FAX No. ►	this is fo all memb	r the whole ers the exte	ension is for.			
 X tax year beginning <u>OCT 1, 2009</u> If the tax year entered in line 1 is for less than 12 months, Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720 	check reas				0.			
	nonrefundable credits. See instructions. 3a \$							
b If this application is for Form 990-PF, 990-T, 4720, or 606					_			
estimated tax payments made. Include any prior year over			<u>3b</u>	\$	0.			
c Balance due. Subtract line 3b from line 3a. Include your (payment wi	th this form, if required,			_			
by using EFTPS (Electronic Federal Tax Payment System). See instru	actions.	30	\$	0.			
Caution. If you are going to make an electronic fund withdrawa	l with this F	orm 8868, see Form 8453-EO and Fo	m 8879	EO for payr	nent inetructions.			
LHA For Paperwork Reduction Act Notice, see Instruction	ns.			Form	8868 (Rev. 1-2011			

.5om 990-T	Exempt Organization Bu (and proxy tax up			ax Retur	n -	2009					
Department of the Treasury Internal Revenue Service (77				EP 30. 2	010 🔐	en to Public Inspection for 1(c)(3) Organizations Only					
A Check box if	D Employer (deptification number										
	xempt under section Print TROUT UNLIMITED, INC. 38-1612715										
X 501(c)(3)	Anny triad south in the start and and and any triad to the DO have one page 9 of instructions										
408A 530											
	ARLINGTON, VA 22209-	-3311			5418	00					
	Book value of all assets F Group exemption number (See instructions for Block F.)										
at end of year 20,448,982	at end of year 🛛 G Check organization type 🕨 🕱 501(c) corporation 🗔 501(c) trust 🗌 401(a) trust 🔲 Other trust										
	tion's primary unrelated business activity. ADVER'	PTSTN	TNCOME	,	· · · · ·						
1 During the tax year. y	vas the corporation a subsidiary in an affiliated group or a p	arent-subsi	diary controlled aroun?		Yes	X No					
	ne and identifying number of the parent corporation.										
	of HILLARY P. COLEY, CPA		Teleoh	one number 🕨	(703)	522-0200					
	ted Trade or Business Income		(A) income	(B) Expens		(C) Net					
1a Gross receipts or											
b Less returns and :		► 1c									
	d (Schedule A, line 7)										
	ract line 2 from line 1c		<u> </u>			aranan managan tingga ng kanalan ng kanalan ng kanalang kang kang kang kang kang kang kang k					
•	come (attach Schedule D)	···	1								
	orm 4797, Part II, line 17) (attach Form 4797)										
	stion for trusts					· · · · ·					
	m partnerships and S corporations (attach statement)										
• •	edule C)			mentering contracting to the	ngregan generation.						
	anced income (Schedule E)		······								
	, royalties, and rents from controlled organizations (Sch. F)										
	e of a section 501(c)(7), (9), or (17) organization										
		9									
	antistik izaama (Pabadula I)	···									
• •	activity income (Schedule I)		74,423.	61	870.	12,553.					
	ne (Schedule J)		/4/4/.								
•	e instructions; attach schedule.)		74,423.	61	870.	12,553.					
	ines 3 through 12 tions Not Taken Elsewhere (See instruction				0701						
(Except	for contributions, deductions must be directly conne	cted with	the unrelated busines	, is income.)							
	f officers, directors, and trustees (Schedule K)		· · · · · · · · · · · · · · · · · · ·		14						
					·						
	ntenance										
•											
	schedule)										
	ses										
	ibutions (See instructions for limitation rules.)										
	lach Form 4562)										
21 Depreciation (at	n claimed on Schedule A and elsewhere on return		22a		22b	`					
	deferred compensation plans										
25 Employee benef											
	ess taxable income before net operating loss deduction. Su					<u>12,553.</u> 0.					
	ss deduction (limitad to the amount on line 30)					0.					
	ess taxable income before specific deduction. Subtract line					0.					
-	ion (Generally \$1,000, but see instructions for exceptions.)					1,000.					
	siness taxable income. Subtract line 33 from line 32. If				·· ···						
	siness taxable income. Subtract line 33 from line 32. fr				34	0.					
923701 LUA To	Privacy Act and Paperwork Reduction Act Notice, see ins					Form 990-T (2009					
01-08-10 LHA FO	· · · · · · · · · · · · · · · · · · ·		-			,					

Form 990-7		38-1612715	Page 2
Part I			
35	Organizations Taxable as Corporations. See instructions for tax computation.		
	Controlled group members (sections 1561 and 1563) check here 🕨 🛄 See instructions and:		1
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	(1) \$ (3) \$		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		
	(2) Additional 3% tax (not more than \$100,000)		
	Income tax on the amount on line 34	► 35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		
30	Tax rate schedule or Schedule D (Form 1041)		
	Proxy tax. See instructions		
87			
38	Alternative minimum tax		0.
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies		
	V Tax and Payments	Language and the second s	
40 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see instructions)		
C	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
e	Total credits. Add lines 40a through 40d		
41	Subtract line 40e from line 39	41	0.
42	Subtract line 40e from line 39 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (a	ttach schedule) 42	
43	Total tax. Add lines 41 and 42	1 4-	0.
	Payments: A 2008 overpayment credited to 2009		
•	2009 estimated tax payments		
	Tax deposited with Form 8868		
	Backup withholding (see instructions)		
f	Other credits and payments:		
	□ Form 4136 Other Totai ► 44f		
45	Total payments. Add lines 44a through 44f		
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🗔		
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		0.
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		0.
49		unded 🕨 49	
Part			
1 Ata	iny time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over	r a financial account	Y <u>es No</u>
	nk, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report o		<u> </u>
2 Dur	ancial 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 trust? is, see page 5 of the instructions for other forms the organization may have to file.		X
	er the amount of tax-exempt interest received or accrued during the tax year \$		
	Lie A - Cost of Goods Sold. Enter method of inventory valuation		
OCHE	N/A		
		6	
		a 2 7	
	st of labor from line 5. Enter here and in Part I, line		No. No.
	litional section 263A costs		Yes No
b Oth	er costs (attach schedule) 4b property produced or acquired for resa	ie) apply to	
<u>5 Tot</u>	al. Add lines 1 through 4b		<u> </u>
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to t correct, and complete. Declaration of preparer has any knowled	te best of my knowledge and belief, ce.	, it is true,
Sign	Correct, and Children Decharation of the state of the sta	L May the IRS discus	s this return with
Here	V V V S//5//1 OFFICER	the preparer shown	below (see
	Signature of officer	instructions)?	Yes No
	Preparer's Date / Check if	Preparer's SSN or	r PTIN
Paid	signature line to A new AR 5/16/11 self-employe		
Prepar	Firm's name (or DON MOCTADREY INC.	EIN 41-19444	
Use On	wours if self- employed, 8000 TOWERS CRESCENT DR. STE 500	Phone no.	
	address and	703-33	6-6400
	ZIP code VIENNA, VA 22182-6205		2000 T

Form 990-T (2009)

Schedule C - Rent Income	e (From Re	al Proper	ty and	Personal I	Property	/ Lease	od With Real P	rope	rty)(see instr. on pg 18)	
L. Description of property										
(1)									· · · · · · · · · · · · · · · · · · ·	
(2)										
(3)									·	
(4)				<u> </u>						
	2. Rent r	eceived or accrued	1						and the first state of the second state	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From re- of rant for the				nd personal property ersonal property exc t is based on profit (y (if the perce ceeds 50% or or income)	ntage r H	3(8) Deductions din columns 2(a) and 2(nected with the income in (b) (attach schedule)	
(1)										
(2)										
(3)									• • • • • • • • • • • • • • • • • • • •	
(4)										
Total	(). Total				0.				
c) Total income. Add totals of column nere and on page 1, Part I, line 6, column	mn (A)					0.	(b) Total deduction Enter here and on page Part I, line 6, column (B)	1, .	0	
Schedule E - Unrelated D	ebt-Finan	ced Incom	e (See	instructions or	1 page 19)					
				2. Gross inc			3. Deductions directly to debt-fi			
t. Description of debi	t-financed proper	y .		or allocable financed p		(2)	Straight line depreciation (attach schedule)	•	(b) Other deductions (attach schedule)	
(1)							····· ·			
(2)							:			
(3)							V			
(4)										
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	deb	erage adjusted ba of or allocable to it-financed proper attach schedule)		6. Column 4 divided by column 5			7. Gross income reportable (column 2 x column 6)		 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) 	
(1)	-				%					
(2)				%		<u> </u>			· · · · · · · · · · · · · · · · · · ·	
(3)				%.		ı.				
(4)				<u> </u>	%				· .	
							ere and on page 1, ine 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).	
Totals					Ì	▶		0.	. 0	
Total dividends-received deductions	a included in co	lumn 8							<u> </u>	
Schedule F - Interest, Anj	nuities, Ro	oyalties, ar					nizations (See	instru	ctions on page 20)	
1. Name of controlled organization	Emplo	2. yer identification number	Netu	2 Controlled O 3. nrelated income (see instructione)	Total c	4. of specified ents made	5. Part of column included in the co organization's gros	ntrolling	connected with income	
			()(
_(1)					<u> </u>					
(2)			<u> </u>		<u> </u>	-				
(3)										
(4)					L				<u> </u>	
Nonexempt Controlled Organizati	ons					<u> </u>	<u> </u>			
7, Taxeble Income	Taxeble Income 8. Net unrelated income (loss) 9. (see instructions)		9, To	otal of specified pay made	tal of specified payments 10. Part or in the co		of column 9 that is included controlling organization's gross income		 Deductions directly connected with income in column 10 	
(1)										
(2)										
(3)			1				· · · · ·			
			1						······································	
<u>(4)</u>			.E			Add column Enter here a line 8, colum	nd on page 1, Part I,	Enter	columns 6 and 11. r here and on page 1, Part I, 8, column (B).	
-										
Totals					P I		0	•	0	

Form 990-T (2009)

Form 990-T (2009) TROUT	UNLIMITED,	INC.					<u>38-161271</u>	5 Page 4
Schedule G - Investme	nt income of a	Section 5	01(c)(7), (9), or (17) Oi	rganizat		. <u> </u>	
(see instr	uctions on page 20)				3. Dedu			5. Total deductions
1. Desc	iption of Income		·	2. Amount of income	directly c (attach s	onnected	4. Set-asides (attach schedule)	and set-asides (col. 3 plus col. 4)
(1)		·			(
(2)								
(3)								
(4)			·····					
			F	Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totais				. 0 -				0.
Schedule I - Exploited	Exempt Activity ctions on page 21)	Income,	Other		ing Inco	me		
		9 5		4. Net income (loss)				7. Excess exempt
1. Description of	2. Gross unrelated business	3. Expension directly conr	ected	from unrelated trade or business (column 2	5. Gross from acti	vity that	6. Expenses attributable to	expenses (column 6 minus column 5,
exploited activity	income from trade or business	with produce of unrelate business inc	ed	minus column 3), if a gain, compute cols, 5	is not unrelated business income		column 5	but not more than column 4).
· · · · · · ·		Duameas m	Jone	through 7.			· · · · · · · · · · · · · · · · · · ·	colanin +j.
(1)					· · · · ·			
(2)	· · · · · · · · · · · · · · · · · · ·							
(3) (4)		·····						
	Enter here and on	Enter here a						Enter here and
	page 1, Part I, line 10, col. (A).	page 1, Pa line 10, col						on page 1, Part II, Iln e 28,
Totals	0.		0.					0.
Schedule J - Advertisi	ng Income (see i	nstructions	on page :	21)				
Part Income From	Periodicals Rep	orted on a	a Cons	solidated Basis	5			
, <u>, , , , , , , , , , , , , , , ,</u>	<u> </u>			4. Advartising gain		· · · · · ·		7. Excess readership
1. Name of periodical	advertising	2. Gross 8. D advertising advertisi		or (loss) (col. 2 minus col. 3). If a gain, compu	us 👌 Circulation		6. Readership costa	costs (column 6 minus column 5, but nut more
	income		ing coats	cols. 5 through 7.			``	than column 4).
(1)								
(1)								
(3)				-				
(4)								
Tata (a correct to Dort II, line /5))		0.	0					0.
Totals (carry to Part II, line (5)) Part II Income From					each perio	dical listed	l in Part II, fill in	· · · ·
	7 on a line-by-line ba		•	· ·	•			
	2. Gross			4. Advertising gain				7. Excess readership
1. Name of periodical	advertising		Direct or (loss) (col. 2 minus sing costs col. 3). If a gain, comput				 Readership costs 	costs (column 6 minus column 5, but not more
		_		cols, 5 through 7,				than column 4).
(1) TROUT MAGAZIN	E 74,42	<u>3. 61</u>	<u>,870</u>	. 12,553	<u> </u>	,436.	462,064.	12,553.
(2)	·		C	· · · · · · · · · · · · · · · · · · ·				
(3) (4)		1	·····					
(5) Totals from Part I		0.	0			d di Guesi		0.
	Enter here and	on Enterh	re and on	4				Enter here and
	page 1, Part I line 11, col. (A		1, Part I, , col. (8).					on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	▶ 74,42		<u>,870</u>					12,553.
Schedule K - Compen	sation of Office	rs, Direct	ors, ar	nd Trustees (se	e instructio			·····
1. Name				2. Title		3. Percer time devot	ed to to u	pensation attributable vralated business
						busines		
·							%	
							%	
							- %	
Total. Enter here and on page 1, I	Part 11, line 14							0.

Form 990-T (2009)

923731 01-08-10

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Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

0

►	File	a	separate	application	for	each	return	•

• 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 II 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 8868 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.

Part Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

Part | only All other corporations (including 1120-C filers), pertnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization	Employer Identification number
print		
	TROUT UNLIMITED, INC.	<u>38-1612715</u>
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	
filing your return, See	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	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 The books are in the care of ▶ <u>1300 N. 17TH S</u> Telephone No. ▶ (703) <u>522-0200</u> If the organization does not have an office or place of busine If this is for a Group Return, enter the organization's four dig box ▶ If it is for part of the group, check this box ▶ I request an automatic 3-month (6 months for a corporation <u>AUGUST 15, 2011</u> , to file the exemption is for the organization's return for: ▶ or ★ tax year beginning OCT 1, 2009	ST • , #	FAX No. mited States, check this box emption Number (GEN) If this ach a list with the names and EINs of all to file Form 990-T) extension of time unt	s is for memb	the whole ers the ext	group, check this ension is for.
2 If the tax year entered in line 1 is for less than 12 months D Change in accounting period	, check reas	son: 🛄 Initial return 🛄 Fina	l retur	n	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720	D, or 6069, (enter the tentative tax, less any			· ·
nonrefundable credits. See instructions.			3a	\$	<u> </u>
b If this application is for Form 990-PF, 990-T, 4720, or 606	i9, enter any	refundable credits and			
estimated tax payments made. Include any prior year ov	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$				0.
c Balance due. Subtract line 3b from line 3a. Include your	payment w	ith this form, if required,			
by using EFTPS (Electronic Federal Tax Payment System	n). See instr	uctions.	3c	\$	<u>0.</u>
Caution. If you are going to make an electronic fund withdraws			8879	EO for pay	ment instructions.
LHA For Paperwork Reduction Act Notice, see Instruction					8868 (Rev. 1-2011)

20		۶¢		** PUBLIC DISCLOSURE COPY *	**			
	Q	Qſ	1	Return of Organization Exempt From				OMB No. 1545-0047
Form JJU		J	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co benefit trust or private foundation)	ode (excep	ot black lun	g	2008	
	rtment o al Reve		ireasury sivice	The organization may have to use a copy of this return to satisfy stat	e reporting	g requireme	nts.	Open to Public Inspection
AF	or the	e 200	8 cal	endar year, or tax year beginning OCT 1, 2008 and ending	SEP 3	0, 200	09	5 ··· ·· •·····
Bc	heck if oplicabl	. F	lease	C Name of organization	D Em	ployer ider	ntifica	tion number
به 	7Addre	U U	se IRS abel or					
	Jchang TName	Pe F	rint or type,	TROUT UNLIMITED, INC.		20	16	12715
	_chang]Initial]return	e	Seo	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suit	ite F Tele	ephone nun		12/12
		n- [S		1300 17TH ST N 500			03)	522-0200
	Amen Ireturn	ded	tions.	City or town, state or country, and ZIP + 4	G Gros	s receipts \$		28,136,140.
	Applic tion pendi		•••	ARLINGTON, VA 22209-3311		this a grou		
		-		e and address of principal officer: CHARLES GAUVIN		or affiliates?		
<u>і</u> т	av.ev			E AS BOX C ABOVE s: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527				ied? Yes No t, (see instructions)
				W.TU.ORG		iroup exem		• •
		orgai	izatior	n: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other Þ 🛛 🛓 Ye				itate of legal domicile: MI
Pa	rt I		mma					
e			-	cribe the organization's mission or most significant activities: <u>TO CONSER</u>				AND
Activities & Governance				RE NORTH AMERICA'S COLDWATER FISHERIES A				KSHEDS.
Ver				f voting members of the governing body (Part VI, line 1a)			3	34
8				f independent voting members of the governing body (Part VI, line 1b)			4	33
60 60				ber of employees (Part V, line 2a)		P	5	159
viti				ber of volunteers (estimate if necessary)			6	12563
Acti			-	s unrelated business revenue from Part VIII, line 12, column (C)			<u>7a</u>	86,154.
	b	Net I	unrela	ted business taxable income from Form 990-T, line 34			7b	0.
		Con	ينه بطق			or Year 750,260	<u></u>	Current Year 26,189,013.
nue				ons and grants (Part VIII, line 1h) ervice revenue (Part VIII, line 2g)	20,7	92,94		86,154.
Revenue				t income (Part VIII, column (A), lines 3, 4, and 7d)	5	502,23		115,894.
Ē				nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		.00,21		77,614.
	12	Tota	l revei	nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		45,64		26,468,675.
				d similar amounts paid (Part IX, column (A), lines 1-3)	5	5 <u>93,96</u> 9	9.	511,546.
				aid to or for members (Part IX, column (A), line 4)		1 - 00	_	<u> </u>
Expenses				ther compensation, employee benefits (Part IX, column (A), lines 5-10)	7,9	0 <u>15,08</u> 34,96		9,001,929.
pen				nal fundraising fees (Part IX, column (A), line 11e) raising expenses (Part IX, column (D), line 25) > 2,632,580.	· · · ·	34,90	7 .	
Ш				enses (Part IX, column (A), lines 11a-11d, 11f-24f)	12.2	280,05	5.	13,177,992.
				nses. Add lines 13-17 (must equal Part IX, column (A), line 25)		324,07		22,691,467.
				ess expenses. Subtract line 18 from line 12		521,57		3,777,208.
Net Assets or Fund Balances				-		ing of Year		End of Year
Sset Bala				ts (Part X, line 16)		72,43		18,116,401.
Vet A				ties (Part X, line 26) s or fund balances. Subtract line 21 from line 20		<u>800,05</u> 972,37		<u>1,601,666.</u> <u>16,514,735.</u>
	rt II			ure Block	14,7	12,31	0 • [10,014,700.
L				ties of perjury, I declare that Lhave examined this return, including accompanying schedules and statemen ef Acclaration of preparer (cfhat than officery is based on all information of which preparer has any knowled	ts, and to the t	best of my know	wledge a	and belief, it is true, correct,
			2011121101		18e.	. 11	vill	0-10
Sign					2010			
Her	e					Date	1	
				LLARY P. COLEY, CHIEF FINANCIAL OFFICER or print name and title				······································
		Pror	arer's	Date,	Check if	Pr	eparer's	identilying number
Paid		sign	ature		self- employed	(se	e instru ₽°o/	ctions) 1008919
-	afer's Delu		5 пате	RSM MCGLADREY, INC.		EIN 🕨		
Use	UNIY	self-	s ir Employa Ess, and	■ ► 8000 TOWERS CRESCENT DR. STE 500	ļ.			
		ZIP 4		VIENNA, VA 22182-6205	F	Phone no. 🕨	70	<u>3-336-6400</u>
May	the I	RS di	scuss	this return with the preparer shown above? (see instructions)				X Yes No

632001 12-18-06 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2008) TROUT UNLIMITED, INC. 38-1612715 Page 2
Pai	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: <u>TO CONSERVE, PROTECT, AND RESTORE NORTH AMERICA'S COLDWATER FISHERIES</u> <u>AND THEIR WATERSHEDS.</u>
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. SEE SCHEDULE O FOR CONTINUATION(S)
4a	(Code:)(Expenses \$ 13314474. including grants of \$ 190,017.)(Revenue \$) IN 2009, TROUT UNLIMITED CELEBRATED 50 YEARS OF WORK TO PROTECT COLD, CLEAN, FISHABLE WATER NATIONWIDE. THE ORGANIZATION MARKED THIS MILESTONE WITH SIGNIFICANT PROGRESS ON EACH OF THE FOUR PILLARS OF ITS CONSERVATION FRAMEWORK: PROTECT THE BEST REMAINING HABITAT, THEN RECONNECT THESE PROTECTED AREAS TO AREAS TU RESTORES DOWNSTREAM. SUSTAIN THIS WORK OVER TIME BY ENGAGING A NEW GENERATION OF CONSERVATIONISTS IN TU'S WORK.
	PROTECT TU CELEBRATED PASSAGE OF THE OMNIBUS PUBLIC LANDS MANAGEMENT ACT, WHICH PERMANENTLY SET ASIDE 1.2 MILLION ACRES IN THE WYOMING RANGE FROM OIL AND GAS DEVELOPMENT, CREATED THE COPPER-SALMON WILDERNESS AREA IN
4b	(Code:) (Expenses \$ 3,611,440. including grants of \$ 321,529.) (Revenue \$) SUSTAIN SPURRED ON BY A MERGER WITH THE HEADWATERS INITIATIVE, TU'S YOUTH PROGRAM GREW SIGNIFICANTLY THIS YEAR, STRENGTHENING THE PIPELINE OF ACTIVITIES AVAILABLE TO YOUNG PEOPLE INTERESTED IN TU'S WORK.
	TROUT IN THE CLASSROOM PROGRAMS, WHICH ALLOW CHILDREN TO RAISE TROUT FROM EGGS TO FINGERLINGS IN THEIR CLASSROOM AND THEN RELEASE THE FISH INTO THE WILD, CONTINUE TO COME ONLINE QUICKLY; TU VOLUNTEERS AND STAFF NOW SUPPORT MORE THAN 800 TIC PROGRAMS NATIONWIDE. THIS TRANSLATES INTO TENS OF THOUSANDS OF STUDENTS PARTICIPATING IN THE PROGRAM ANNUALLY.
4c	FOR SLIGHTLY OLDER KIDS, TU'S CHAPTERS AND COUNCILS ARE RUNNING 19 (Code:) (Expenses \$ 1,821,719. including grants of \$) (Revenue \$ 86,154.) COMMUNICATIONS - THE COMMUNICATIONS DEPARTMENT PUBLISHES THE QUARTERLY
	TROUT MAGAZINE, THE MONTHLY "LINES TO LEADERS" NEWSLETTER, AND TU'S ANNUAL REPORT. THE COMMUNICATIONS DEPARTMENT ALSO PRODUCES TROUT UNLIMITED TELEVISION, MAINTAINS TU'S WEBSITE, GENERATES PRESS RELEASES, CONDUCTS PRESS CONFERENCES, AND IS RESPONSIBLE FOR TU'S PUBLIC RELATIONS.
	Other program services. (Describe in Schedule O.) (Expenses \$ 434,348. including grants of \$) (Revenue \$)
<u>4</u> e	Total program service expenses ►\$ 19,181,981. (Must equal Part IX, Line 25, column (B).) Form 990 (2008)

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Form	990 (2008) TROUT UNLIMITED, INC. 38-1612	715	Р	age 3
Par	t 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	Х	
з	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 II	4	Х	
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	5	N/	A
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
-	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	
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			
5	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	and program service activities outside the U.S.? 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? If "Yes," complete Schedule F, Part II	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			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K.			
	If "No", go to guestion 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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
ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a		1	
_	prior year? If "Yes," complete 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 tax year? If "Yes," complete Schedule L, Part II	26		<u>x</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x

Form 990 (2008)

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Form 990 (2008)	TROUT	UNLIMITED,	INC.
Part IV Checklist	of Required S	chedules (continu	ed)

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		,	Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		x
ь	Have a family member who had a direct or indirect business relationship with the organization?			1
-	If "Yes," complete Schedule L, Part IV	28b		x
с				
	corporation) doing business with the organization? 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		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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		X
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		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

	990 (2008) TROUT UNLIMITED, INC. 38-1612	<u>715</u>	F	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
		-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 159			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	Ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	<u> </u>
b	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		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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	<u>5c</u>	. .	
6 a	Did the organization solicit any contributions that were not tax deductible?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		_
7	Organizations that may receive deductible contributions under section 170(c).		i e e e e e	
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
ę	Did the organization, during the year, 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?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>q</u>	· · ·	<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have		· · ·	
	excess business holdings at any time during the year? <u>N/A</u>	8		<u> </u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		t et e	* .
a	Did the organization make any taxable distributions under section 4966? N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter: N/A			
а	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	Section 501(c)(12) organizations. Enter: N/A			
a	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b	l	L	L

Form 990 (2008)

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TROUT UNLIMITED, INC.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	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?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a	X	
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?	9b	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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	11		X
Sec	tion B. Policies			
			Yes	No
12 a	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			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			

C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15 <u>a</u>	X	
b	Other officers or key employees of the organization?	15b	X	
	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		X
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?	16b		
~				

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI
18	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

19 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.

20 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

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Form 990 (2008)

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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. 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, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)				(D)	(E)	(F)		
Name and Title	Average		Position (check all that apply)					Reportable	Reportable	Estimated
	hours per	\vdash			inat			compensation from	compensation from related	amount of other
	week	isdividual trestee or director						the	organizations	compensation
		e or di	lee			Highest compensated emptoyee		organization	(W-2/1099-MISC)	from the
		Ireste	al trus		yee	mpen		(W-2/1099-MISC)		organization
		ilauhi	institutional trustee	5	Key employee	est co oyee	E.			and related organizations
		hadiv	lnsül	Ufficer	Key	Hgh	FOLD			organizationa
OAKLEIGH THORNE	······································									
CHAIRMAN	5.00	х						0.	0.	0.
DUKE WELTER										
VICE CHAIRMAN & CHAIR. N	5.00	X					Ļ	0.	0.	0.
MARK GATES									_	_
SECRETARY	5.00	X				ļ	<u> </u>	0.	0.	0.
HARRIS HYMAN IV	~ 00									
TREASURER	5.00	X				-		0.	0.	0.
LARRY HARRIS	5.00	x						0.	0.	0.
SECRETARY OF NAT'L LEADE LOREN ALBRIGHT	5.00	<u> </u>						U.	0.	<u> </u>
TRUSTEE	5.00	x						0.	0.	0.
JAN ALLARDT	<u> </u>	~						<u> </u>	<u>0 </u>	<u>V•</u>
TRUSTEE	5.00	x						o.	ο.	0.
JIM ASSELSTINE										
TRUSTEE	5.00	x						0.	Ο.	0.
SHERRY BRAINERD										
TRUSTEE	5.00	X						0.	0.	0.
JON CHRISTIANSEN										
TRUSTEE	5.00	X				<u> </u>		0.	0.	0.
CHARLES CONN										
TRUSTEE	5.00	X				-		0.	0.	0.
PAUL DOSCHER	F 00							0.	0.	0.
TRUSTEE JIM EDEN	5.00	X	••••			-		U.	<u> </u>	<u> </u>
TRUSTEE	5.00	x						0.	0.	0.
BILL EGAN	5.00	<u>_</u>								
TRUSTEE	5.00	x						0.	0.	0.
LAWRENCE FINCH										
TRUSTEE	5.00	x						0.	0.	0.
RON FOSTER										
TRUSTEE	5.00	x						0.	0.	0.
DAVID GOEDDEL										
TRUSTEE	5.00	X				[<u> </u>	0.	0.	0.

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Form 990 (2008)	

TROUT UNLIMITED, INC.

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Part VII Section A Officers Directors Tru					nd l	liah	oct	Compensated Employ	<u> </u>	1 21 1	TO LARG	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E)									(F)			
(A) Name and title	Average							Reportable	Reportable	Estimated		
	hours	6	, heck				Įv)	compensation	compensation		amount of	
	per	<u>⊢</u> ••					57	from	from related		other	
	week	lecte						the	organizations		compensation	
			ee			ated		organization	(W-2/1099-MISC		from the	
		ustee	trust		8	suaqr		(W-2/1099-MISC)			organization	
		tr	ional		ıplayı	1 COIL					and related	
institutional trustee or director Key employee						Highest compensated employee	Former				organizations	
TOUN O CRIEFIN		-	F	_								
JOHN Q. GRIFFIN	F 00							0.		0.	0	
TRUSTEE	5.00	X		:		<u> </u>		U •		<u>u.</u>	0.	
PATSY ISHIYAMA TRUSTEE	5.00	v						0.		ο.	0.	
GEORGE JENKINS	5.00	┢┻						· · ·		<u>v.</u>	<u> </u>	
TRUSTEE	5.00							0.		ο.	0.	
······	5.00	<u> </u> ∧	\vdash					· · ·		0.	<u> </u>	
EADDO KIERNAN	E 00							0.		ο.	0	
TRUSTEE	5.00							U.		<u>u.</u>	0.	
SHARON LANCE	E 00									ο.	0	
TRUSTEE	5.00							0.		<u>U.</u>	0.	
PAUL MACIEJEWSKI										~	0	
TRUSTEE	5.00	A						0.		0.	0.	
SANJEEV MEHRA										~	0	
TRUSTEE	5.00	X						0.		0.	0.	
RICH MURPHREE										~	0	
TRUSTEE	5.00	X						0.		0.	0.	
KIRK OTEY											_	
TRUSTEE	5.00	<u> </u>						0.		0.	0.	
GEORGE RECORDS											<u> </u>	
TRUSTEE	5.00	X						0.		0.	0.	
<u>1b Total</u>								800,049.		0.	135,648.	
2 Total number of individuals (including those	e in 1a) who re	ceiv	ed n	ore	tha	n \$1	00,	,000 in reportable			-	
compensation from the organization			,	•••••	,,		,			. 🕨	<u>5</u> Yes No	
3 Did the organization list any former officer,	director or to	eter					orl	highest companysted or		ſ		
line 1a? If "Yes," complete Schedule J for s			-	-	•	-					3 X	
										···· -	3 21	
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	•								-		4 X	
5 Did any person listed on line 1a receive or a										···· [:	4 4	
the organization? If "Yes," complete Sched											5 X	
Section B. Independent Contractors		pers	5017.		فتقار والمقاد		****				<u> </u>	
1 Complete this table for your five highest co	mnensated in	den	ende	ent c	onti	racto	are i	that received more than	\$100.000 of com	pensai	tion from	
the organization.	inpondatoe in	- 40 P		,,,, Ç	0111				¢ (00,000 0, 00m)			
(A)				• • • •				(B)			(C)	
Name and business	address							Description of s	ervices	Co	mpensation	
PRODUCTION SOLUTIONS, 19	53 GALL	OW.	SI	ROF	۲D							
SUITE 600, VIENNA, VA 22					_	•		LETTERSHOP			462,991.	
MERKLE RESPONSE SERVICES								CAGING AND				
100 JAMISON CT, HAGERSTO	WN, MD	21	74(า				FULFILLMENT			395,257.	
MENDOCCINO REDWOOD CO.							_	WATERSHED			<u> </u>	
32600 HOLQUIST LN, FORT	BRAGG.	CA	95	543	37				ENGINEER		354,012.	
PORTAGE ENVIRONMENTAL, 1								WATERSHED			<u></u>	
AVENUE, IDAHO FALLS, ID					•			RESTORATION	ENGINEER		232,789.	
MCMILLIAN ENGINEERING								WATERSHED	الدائشة لابل بياء ت 7 يدرونه			
910 MAIN ST, STE 258, BO	תד אצו	Q.	370	12				RESTORATION	ENGINEED		221,748.	
2 Total number of independent contractors (i						hav				•••••	<u>,/±0.</u>	
from the organization	13	с ні 1	(j WI		1001				pondation	· · · · ·		
SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION									orm 990 (2008)			

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION 632006 12-16-08

				ED, INC.			38-1612	715 Page 9
	rt VII				(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 c d f f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 4 1d 1d ions) 1e ts, and 1f ve 1f 1a-1f: \$1 1	4,862,047. 51,941. 4,721,488. 16,153,537. 46,515.	26,189,013.			
Program Service Revenue		PUBLICATIONS		Business Code 541800	86,154.		86,154.	
Pro		All other program service reve Total. Add lines 2a-2f			86,154.			
	3	Investment income (including other similar amounts)	dividends, intere	est, and Þ	221,971.			221,971.
	4 5	Income from investment of ta: Royalties	• •		74,132.			74,132.
	b c	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
	d	Gain or (loss) Net gain or (loss)	••••••		-106,077.			-106077.
Other Revenue	Ь	Gross income from fundraising including \$ <u>451,9</u> contributions reported on line Part IV, line 18 Less: direct expenses	41. of 1c). See a	<u>170926.</u> 167444.				
	9 a b	Net income or (loss) from func Gross income from gaming ac Part IV, line 19 Less: direct expenses	tivities. See a b		3,482.	3,482.		
	10 a b	a Gross sales of inventory, less returns and allowancesa b Less: cost of goods soldb						
-	<u>c</u> 11 a b		0	Business Code				
83200	c d e 12	<u>,</u>		🕨	26,468,675,	3,482.	86,154.	190,026.

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 Form 990 (2008)
 TROUT UNLIMITED, INC.

 Part IX
 Statement of Functional Expenses

1 2	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
2	Grants and other assistance to governments and				
2	organizations in the U.S. See Part IV, line 21	511,546.	511,546.		
	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,	F00 11C	075 010	120 000	111 200
_	trustees, and key employees	520,116.	275,912.	132,902.	111,302.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	6,843,872.	6,006,582.	255,428.	581,862.
7	Other salaries and wages Pension plan contributions (include section 401(k)	0,043,014.	0,000,002.	200,420.	JOI,002.
8	and section 403(b) employer contributions)	259,408.	220,811.	15,643.	22,954.
9	Other employee benefits	678,954.	577,932.	40,944.	60,078.
9 10	Payroll taxes	699,579.	595,489.	42,188.	61,902.
11	Fees for services (non-employees):	055,575.	; <u>+</u> 0,		01,502
	Management				
	Legal	32,694.	14,578.	18,116.	· · · · · · · · ·
	Accounting	65,500.		65,500.	
	Lobbying	15,000.	15,000.		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	4,820,580.	4,700,811.	13,641.	106,128.
12	Advertising and promotion	95,761.	95,761.		
13	Office expenses	1,872,728.	1,328,702.	14,322.	529,704.
14	Information technology	687,689.	627,030.	27,025.	33,634.
15	Royalties				
16	Оссиралсу	<u>653,896.</u>	604,666.	<u> </u>	<u>31,753.</u>
17	Travel	1,388,919.	1,252,965.	14,987.	<u>120,967</u> .
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 ₁ 11			
19	Conferences, conventions, and meetings	356,680.	319,416.	26,690.	10,574.
20	Interest				
21	Payments to affiliates	uuuse, .			
22	Depreciation, depletion, and amortization	157,763.	133,945.	9,601.	14,217.
23	Insurance	96,824.	300.	96,524.	
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.)	1 100 017	000 145		EQ4 100
	PREMIUMS & FULFILLMENT	1,486,247.	962,145.		524,102.
	PRINTING AND PUBLICATIO	1,162,136.	787,668.	99.	374,369.
	MAINTENANCE & REPAIRS	167,250.	143,363.	9,629.	14,258,
	BAD DEBT	70,000.	0.	70,000.	31 776
	LIST RENTAL	39,335.	4,559.	C 100	34,776.
	All other expenses	8,990.	2,800.	6,190.	2 622 500
<u>25</u>	Total functional expenses. Add lines 1 through 24f	22,691,467.	19,181,981.	876,906.	2,632,580.
26	Joint Costs. Check here X 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	893,525.	258,567.		634,958.

832010 12-18-08

<u>634,958.</u> Form **990** (2008)

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ROUT	UNL	IMI	red,	INC	•

	1 990 ()		ED,	INC.		3	8-	1612715 Page 11
Pa	rt X	Balance Sheet						
					(A) Beginning of year	,		(B) End of year
	1	Cash - non-interest-bearing	12	5.	1	621.		
	2	Savings and temporary cash investments	3,115,83	1.	2	4,708,032.		
	3	Pledges and grants receivable, net	2,045,51	1.	3	3,772,479.		
	4	Accounts receivable, net	129,14	.0.	4	296,270.		
	5	Receivables from current and former officers, d						
		employees, or other related parties. Complete F	Part II o	f Schedule L			5	
	6	Receivables from other disqualified persons (as	; define	d under section				
		4958(f)(1)) and persons described in section 49	58(c)(3)	(B). Complete				
		Part II of Schedule L					6	
\$	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use			518,76	1.	8	497,692.
Ä	9	Prepaid expenses and deferred charges			335,57	3.	9	360,957.
	10a	Land, buildings, and equipment: cost basis	10a	800,210.				
	ь	Less: accumulated depreciation. Complete						
		Part VI of Schedule D	10b	384,248.			10c	415,962.
	11	Investments - publicly traded securities		•••••	8,163,18	0.	11	8,064,388.
	12	Investments - other securities. See Part IV, line	11				12	· · · · · · · · · · · · · · · · · · ·
	13	Investments - program-related. See Part IV, line	11				13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				15		
	16	Total assets. Add lines 1 through 15 (must equ	<u>ial line (</u>	34)	14,772,43		16	18,116,401.
	17	Accounts payable and accrued expenses	1,558,36	<u>;4.</u>	17	1,416,511.		
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities					20	· · · · · · · · · · · · · · · · · · ·
S	21	Escrow account liability. Complete Part IV of So	chedule	D			21	
ilti	22	Payables to current and former officers, directo						
Liabilities		highest compensated employees, and disquali	fied per	sons. Complete Part II				
-		of Schedule L					22	
	23	Secured mortgages and notes payable to unrel					23	
	24	Unsecured notes and loans payable			0.41		24	
	25	Other liabilities. Complete Part X of Schedule D			241,69		25	185,155.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check h			1,800,05	9.	26	1,601,666.
			iere 🕨	• LA and complete				
Sec		lines 27 through 29, and lines 33 and 34.			1 754 34			1 100 201
lan	27	Unrestricted net assets			1,754,24		27	<u>1,180,321.</u> 9,244,568.
Ba	28	Temporarily restricted net assets			<u>5,238,78</u> 5,979,34		28	6,089,846.
pr	29				3,313,34	<u>• 0 • </u>	29	0,009,040.
ŭ		Organizations that do not follow SFAS 117, o	спеск п	iere 🚩 🛄 and				
5		complete lines 30 through 34.			e e la data de tradectione de tra		20	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				-+	<u>30</u> 31	
As	31	Paid-in or capital surplus, or land, building, or e					31 32	
Net	32	Retained earnings, endowment, accumulated in			12,972,37	16	<u>32</u> 33	16,514,735.
_	33	Total net assets or fund balances Total liabilities and net assets/fund balances			14,772,43		<u>33</u> 34	18,116,401.
Pa	<u> 34</u> rt XI							1 10/110/401.
L								Yes No
4	Acco	punting method used to prepare the Form 990:	Пс	ash X Accrual	Other			

1	Accounting method used to prepare the Form 990: 🔛 Cash 🛛 🛣 Accrual 🔛 Other								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
Ь	b Were the organization's financial statements audited by an independent accountant?								
С	If "Yes" to lines 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						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?	3a_	X						
b	If "Yes," did the organization undergo the required audit or audits?	3b	X						
			~~~ .						

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

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

nonexempt charitable trusts.

l	OMB No. 1545-0047
	2008 Open to Public

	timent of the Treasury al Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.						Open to F Inspect		C			
Name of t	he organizati	on						E	mployer	identification	ı nur	nber
		TROUT U	NLIMITED, IN	C.					3	8-16127	15	
Part I	Reason		ity Status (All organiz		st complet	te this par	t.) (see ins	tructions)				
The organ	ization is not a	private foundation	because it is: (Please ch	eck only o	ne organiz	zation.)						
1 🗔	A church, co	nvention of churches	s, or association of churc	ches desc	ribed in se	ection 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗌	A hospital or	a cooperative hospi	tal service organization of	described	in section	170(b)(1)	( <b>A)(iii).</b> (At	tach Sche	dule H.)			
4 🗔	A medical res	earch organization o	perated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's	nami	8,
	city, and state:											
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	nental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	te, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(*	I)(A)(v).					
7	An organizati	on that normally rec	eives a substantial part (	of its supp	ort from a	governme	ental unit c	r from the	general	public describ	oed ir	ı
	section 170(	b)(1)(A)(vi). (Comple	te Part II.)									
8 🛄			ection 170(b)(1)(A)(vi). (									
9 X	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	iembershi	p fees, a	nd gross recei	ipts f	rom
			nctions - subject to certa							-		
	income and u	Inrelated business ta	axable income (less sect	ion 511 ta	x) from bu	isínesses a	acquired b	y the orga	nization	after June 30,	197	5.
	See section	509(a)(2). (Complete	the Part III.)									
10	-		perated exclusively to te		-			-				
11 📖			erated exclusively for th									)r
			itions described in section				2). See seo	tion 509(	a)(3). Ch	eck the box th	nat	
		·· ·· <u>·</u>	organization and comple		_				_	-		
	a 🔄 Type I		• • •	• •		tionally inf	-		d	Type III - Oth		
e			t the organization is not									1
-			han one or more publicly						9(a)(1) or	section 509(a	)(2).	
f			ten determination from t									
			his box								• • • • • • •	
g	-	, ,	rganization accepted ar			•				5		<u>.</u>
			irectly controls, either al								(es	No
			upported organization? n described in (i) above?									
			person described in (i) above r									<u> </u>
h			about the organizations							[119](07]		
	1 104106 116 1		about the organizations	ine organ	20101100							
(1) Noma	of supported		(iii) Type of	(iv) is the c	roanization	(v) Did voi	u notify the	(vi) ls	: the	(vii) Amo		د ـــــــ
	of supported	(ii) EIN	organization	N	sted in your		ion in col.	(vi) Is organizatio (i) organiz	on in col.	(VII) Annoi Suppo		
organization			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	(i) organiz U.S	?	00440	•	
			(see instructions))	Yes	No	Yes	No	Yes	No			
	· · ·						· .					

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

Schedule A (Form 990 or 990-EZ) 2008

Total

	adule A (Form 990 or 990 EZ) 2008	<u> </u>		0			Page 2
Pa	rt II Support Schedule for	-		Sections 170	(b)(1)(A)(iv) ani	a 170(b)(1)(A)(V	IJ
0-	(Complete only if you checke	a the box on line a	, 7, 018 01 Part I.)				
	ction A. Public Support	1			I		
	endar year (or fiscal year beginning in)	<b>(a)</b> 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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 - 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)						
e	Public Support. Subtract line 5 from line 4.						
	tion B. Total Support			<u>.</u>	<b>1</b>		
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4		107 2000	(0) 2000	(4) 2001	(0) 2000	(1) 10101
8	Gross income from interest,						
Ŭ	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 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 instructi	ons)			12	
13	First five years. If the Form 990 is fo						
·	organization, check this box and sto	p here					<u> </u>
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
14	Public support percentage for 2008 (					14	%
15	Public support percentage from 2003						%
16a	33 1/3% support test - 2008. If the						
	stop here. The organization qualifies						
t	33 1/3% support test - 2007. If the						
	and stop here. The organization qua						
<b>1</b> 7a	17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets t				-		
	organization meets the "facts-and-cir						. —
18	Private foundation. If the organization	on did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17</u>	b, check this box a	Ind see instructions	me

Schedule A (Form 990 or 990-EZ) 2008

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### Schedule A (Form 990 or 990-EZ) 2008 TROUT UNLIMITED, INC.

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38-1612715 Page 3

Concours /							
Part III	Support Schedule for	or Organization	s Described in	Section 509(a)(2)	(Complete only if you che	cked the box on line	9 of Part I.)
Sontion	A Bublic Support						

Sec	tion A. Public Support			·····				
Cale	endar year (or fiscal year beginning in) 🍉	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	15,834,273.	19,443,021.	21,902,544,	20,750,260.	26,198,899,	104,128,997.	
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	365.507.	308,018.	243,239.	171,349.	161,040.	1,249,153,	
3	Gross receipts from activities that	000/00/1						
U	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ-		· · ·			<u> </u>		
	ization's benefit and either paid to or expended on its behalf							
6	The value of services or facilities					······		
5	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 - 5	16,199,780,	19,751,039,	22,145,783,	20,921,609,	26,359,939,	105,378,150,	
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons	363,749.	1,282,874,	567,124.	442,840.	612,872.	3,269,459	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 196 of the total of lines 8, 10c, 11, and 12 for the year or \$5,000							
	Add lines 7a and 7b	363,749.	1,282,874,	567,124.	442,840.	612,872.	3,269,459.	
	Public support (Subtract line 7c from line 6.)	<u> </u>					102 108 691.	
	ction B. Total Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
	Amounts from line 6	16,199,780.	19,751,039.	22,145,783.	20,921,609.	26,359,939.		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	323,745.				296,103.		
h	Unrelated business taxable income					······································	,,,,	
~	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
_	Add lines 10a and 10b	323,745.	446,024.	626,135.	588,428.	296,103.	2,280,435,	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		440,011				<u> </u>	
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.)	· · · · · · · · · · · · · · · · · · ·					107 658 585,	
	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,	
	check this box and stop here							
Sec	ction C. Computation of Publ							
	Public support percentage for 2008 (			olumn (fi)		15	94.84 %	
16	Public support percentage from 2007		-			16	94.35 %	
	ction D. Computation of Inve					<u> </u>	<b>Varianti Anno 1999 - 1999 - 1999 - 1999</b> - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 199 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 -	
17	• • • • •			ne 13. column (fi)		17	2.12 %	
18	Investment income percentage for 20					18	2.15 %	
	a 33 1/3% support tests - 2008. If the							
198								
b	b 33 1/3% support tests - 2007. 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%, ch		-					
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2008

## Schedule of Contributors

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

OMB No. 1545-0047

2008

Employer identification number

3	8	 1	6	1	2	7	1	5	

Scheuule D
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury

Internal Revenue Service

Name of the organization

TROUT	UNLIMITED,	INC.
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					

Check if your organization is covered by the General Rule or a Special Rule. (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

K For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

### Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of crueity to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2008)
for Form 990. These instructions will be issued separately.	

Contributors (see instructions)				
(b) Name, address, and ZIP + 4	(c) Aggregate contributions			
	\$25,000.			

			(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		\$81,000.	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		\$ <u>7,500.</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
114		\$ <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
115		\$ <u>95,000.</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
116		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

18

TROUT UNLIMITED, INC.

### Part I Contributors (see instructions

Name of organization

(a)

No.

<u>112</u>

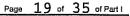
Employer identification number

38-1612715

Person Payroll

Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)



(d) Type of contribution

Х

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	\$ <u>51,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	\$ <u> </u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
· · · · · · · · · · · · · · · · · · ·	\$24,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	\$ <u>41,750.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
· · · · · · · · · · · · · · · · · · ·	\$ <u>5,000</u> .	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	\$9,907.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)

19

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

(a)

No.

<u>43</u>

(a) No.

<u>117</u>

(a) No.

<u>78</u>

(a) No.

118

(a) No.

<u>34</u>

(a) No.

<u> 119</u>

TROUT UNLIMITED, INC.

#### Part I Contributors (see instructions)

(b)

Name, address, and ZIP + 4

Employer identification number

38-1612715

(c)

Aggregate contributions

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

(d)

Type of contribution

⁸ of 35 of Part I Paga

(a)

No.

<u>38</u>

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>97</u>		\$8,148.	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		\$ <u>10,000</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
51		\$40,000.	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>94</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
121	······································	s412,700.	Person X Payroll Noncash (Complete Part II if there

(b)

Name, address, and ZIP + 4

TROUT UNLIMITED, INC.

Employer identification number

38-1612715

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Person Payroll

Noncash

(c)

Aggregate contributions

\$

20

10,000.

is a noncash contribution.)

(d)

Type of contribution

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

X

Schedule B (Form 990,	990-EZ,	or 990-PF) (2008)

Name of organization

:9

TROUT UNLIMITED, INC.

### Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
122		\$ <u>25,000.</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> 123</u>		\$20,000.	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
5		\$ <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
28		\$ <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
124		\$ <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
56		\$ <u> </u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

21

Page 21 of 35 of Part 1 Employer identification number

38-1612715

54

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

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4

Part I

(a)

No.

TROUT UNLIMITED, INC.

Contributors (see instructions)

(b)

Name, address, and ZIP + 4

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
126		\$ <u>5,000.</u>	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> 127</u>		\$ <u>5,000.</u>	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
128		\$ <u> </u>	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
129		\$ <u>28,656.</u>	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

(d) Type of contribution

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

X

Employer identification number

38-1612715

Person Payroll

Noncash

(c)

Aggregate contributions

\$

10,000.

\$

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

5,000.

Person Payroll

Noncash

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

X

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)	
Name of organization	

\$

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TROUT UNLIMITED, INC.

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>49</u>		\$ <u>500,000.</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
68		\$ <u>25,000.</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
<u>130</u>		\$ <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
<u>131</u>		\$ <u>8,542.</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>132</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
<u>133</u>		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

23

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

· · · · ·

Employer identification number

38-1612715

		(Complete Part II if there
		is a noncash contribution.)
	Schedule B (Form S	990, 990-EZ, or 990-PF) (2008)
24		

No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
92		\$ <u>8,350.</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>134</u>		\$ <u>    10,000.</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
<u>106</u>		\$5,000.	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
1.		\$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
45		\$ <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
88		\$10,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)

#### Part I Contributors (see instructions)

(b)

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(a)

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TROUT UNLIMITED, INC.

Page 16 of 35 of Part I Employer identification number

(d)

38-1612715

(c)

8234	52	12-1	8-08

2	12-1	8-09		

Schedule	В	(Form	990,	990-EZ,	٥Г	990-	-FF)	(2008)
	-							*****

Name of organization

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### TROUT UNLIMITED, INC.

#### Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
135		\$ <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
102		\$ <u>7,800.</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>96</u>		\$40,000.	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>136</u>		\$ <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 contributions	(d) Type of contribution
<u>74</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
_137		\$20,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)

25

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Employer identification number

38-1612715

Page 23 of 35 of Part I

	<u> </u>	\$
(a) No.	(b) Name, address, and ZIP + 4	
		\$.
(a) No.	(b) Name, address, and ZIP + 4	A

(b) Name, address, and ZIP + 4

TROUT UNLIMITED, INC.

Contributors (see instructions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Part I

(a)

No.

138

(a)

No.

105

139

(a)

No.

86

(a)

No.

140

#### 10,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (b) (c) (d) Aggregate contributions Type of contribution Name, address, and ZIP + 4 X Person Payroll Noncash 10,000. (Complete Part II if there is a noncash contribution.) (c) (d) Aggregate contributions Type of contribution Х Person Payroli Noncash 32,000. (Complete Part II if there is a noncash contribution.) (c) (d) Aggregate contributions Type of contribution Name, address, and Ził X Person Payroll Noncash 22,734. \$ (Complete Part II if there is a noncash contribution.) (d) (b) (c) Name, address, and ZIP + 4 Type of contribution Aggregate contributions Х Person Pavroll Noncash 25,000. \$ (Complete Part II if there is a noncash contribution.) (c) (d) (b) Name, address, and ZIP + 4 Aggregate contributions Type of contribution X Person Payroll Noncash 14,500. \$

38-1612715

Person Payroli

(d)

Type of contribution

X

(c)

Aggregate contributions

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

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

<u>46</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
141		\$ <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
_142		- \$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_143		_ \$ <u>5,500.</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
144		- \$\$ <u>9,898.</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
145		- \$\$000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
823452 12-18-	-08	Schedule B (Form	990, 990-EZ, or 990-PF) (2008)

### TROUT UNLIMITED, INC.

Contributors (see instructions)

(b)

Name, address, and ZIP + 4

### Name of organization

: 5

8

Part I

(a)

No.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

8 of 35 of Part I Page

(d)

Type of contribution

Employer identification number

38-1612715

(c)

Aggregate contributions

		\$ <u>5,000</u> .	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>    66                               </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
<u>62</u>		\$5,000.	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
		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
B23452 12-18-08	2	Schedule B (Form 8	990, 990-EZ, or 990-PF) (2008)

Name of organization	
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TROUT UNLIMITED, INC.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

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(a)

No.

<u>90</u>

(a)

No.

(a)

No.

146

8

### Part I Contributors (see instructions)

(b)

Name, address, and ZIP + 4

(b) Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Employer identification number

38-1612715

Person Payroll Noncash

Person Payroll Noncash

Person

(c)

Aggregate contributions

(c)

Aggregate contributions

(c)

Aggregate contributions

\$

\$

17,500.

25,000.

Page 15 of 35 of Part I

(d)

Type of contribution

(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

X

X

X

Page 25 of				
		Page	25	a!

35 of Part I Employer identification number

Name of organization

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

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# TROUT UNLIMITED, INC.

#### Contributors (see instructions) Part I

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
147		\$ <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
_148		\$ <u>516,092.</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
149		\$ <u> </u>	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
<u>150</u>		\$5,000.	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
<u>151</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
<b>7</b> 823452 12-7		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2008)

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# 38-1612715

23452	12-18-08	

823452	12-18-08

TROUT	UNLIMITED	, INC.
Part I	Contributors	(see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>48</u>		\$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
		\$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>10,000.</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
<u> </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
<u>40</u>		\$70,000.	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
		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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Employer identification number

38-1612715

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

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	· *		Page 12 of 35 of Part I
Name of org	orm 990, 990-EZ, or 990-PF) (2008) ganization	Em	ployer identification number
TROUT	UNLIMITED, 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>    69</u>		\$17,500	Person X Payroli 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
109		\$19,901	Person Payroll Noncash X (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> </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 contribution	(d) s Type of contribution
18		\$50,000	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Is Type of contribution
35		\$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 contribution	(d) Is Type of contribution
153			Person X

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

25,000.

\$

31

Payroll

Noncash

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

<u>33</u>		\$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
<u>    47                                </u>		\$300,000.	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
		\$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
<u>   154</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
		\$63,000.	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>155</u> <u></u> 823452 12-18-06		\$\$,012. 	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2008)

### TROUT UNLIMITED, INC. Part I Contributors (see instructions)

(b)

Name, address, and ZIP + 4

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(a)

No.

18

Name of organization

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Page 6 of 35 of Part I Employer identification number

(d)

Type of contribution

38-1612715

(c)

Aggregate contributions

823452	12-18-08	

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		\$ 5,000.	Noncash
			(Complete Part II if there
			is a noncash contribution.)
•m 14			
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u>   36                                 </u>		\$13,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u>42</u>		\$15,000.	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>    77                               </u>		\$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>   30                                 </u>		\$ <u>30,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u>   156                                 </u>		\$ <u>5,463.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
823452 12-18-08		Schedule B (Form	990, 990-EZ, or 990-PF) (2008)

TROUT UNLIMITED, INC.

#### Part I Contributors (see instructions)

(b)

Name, address, and ZIP + 4

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(a)

No.

<u>75</u>

Employer identification number

Person Payroll

38-1612715

(c)

Aggregate contributions

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(d)

Type of contribution

X

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)
Name of organization

TROUT UNLIMITED, INC.

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Part I

### (b) (a) Name, address, and ZIP + 4 No. 9

Contributors (see instructions)

		\$ <u>20,000.</u>	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>157</u>		\$ <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
23		\$ <u> </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
158		\$ <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
17		\$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
<u>   159</u>		\$\$,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
823452 12-18	8-08	Scheanie a (Falm	990, 990-EZ, or 990-PF) (2008)

Employer identification number 38-1612715

Person

Page	2	af	35	of Part I

(d)

Type of contribution

X

(c)

Aggregate contributions

Part I Contributors	(see instructions)
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(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ <u>60,000.</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
32		\$ <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
<u>    64</u>		\$7,100.	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
<u>    70</u>		\$ <u> </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>160</u>		\$7 <u>,500.</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>161</u>		\$ <u>20,275.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

823452 12-18-08

Page	<b>6</b> of	35	of Part I

Employer identification number

38-1612715

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Name of organization

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

TROUT UNLIMITED, INC.

823452	12-18-06

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Schedule B (Form 990, 990-EZ, or 990-PF) (2008) Name of organization			Page 18 of 35 of Part I Employer identification number	
TROUT	UNLIMITED, INC.		38-1612715	
Part I	Contributors (see instructions)		<u></u>	<u></u>
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	tions	(d) Type of contribution
<u> 107</u>		\$ <u>25,7</u>	<u>68.</u>	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
<u>162</u>		\$5,2	<u>03.</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	tions	(d) Type of contribution
<u>   14</u>		\$20,7	<u>'61.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	tions	(d) Type of contribution
27		\$ <u>37,5</u>	<u>00.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	tions	(d) Type of contribution
<u> 163</u>		\$ <u>10,0</u>	<u>.00.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	tions	(d) Type of contribution
164				Person

Person Payroll

Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

X

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

5,121.

TROUT	UNLIMITED,	INC.

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>165</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
10		\$ <u>    10,000.</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
83		\$ <u>10,000.</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
87		\$ <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>79</u>		\$ <u>80,000.</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
_167		\$6,021.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

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Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

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823452	12-18-08	

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	Schedule B (Form S	90, 990
38		

<u>84</u>		\$ <u> </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> 168</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
<u>169</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
26		\$ <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
		\$ <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
<u>171</u> 623452 12-18		\$ <u>12,680.</u> Schedule B (Form	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2008)

#### Part I Contributors (see instructions)

(b)

Name, address, and ZIP + 4

TROUT UNLIMITED, INC.

# Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

(a)

No.

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38-1612715

(c)

Aggregate contributions

Employer identification number

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(d)

Type of contribution

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)
Name of organization

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## TROUT UNLIMITED, INC.

## Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22		\$ <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
<u>   172</u>		\$ <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
<u>80</u> -		\$ <u>10,000.</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
<u>173</u> _		\$7,044.	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>174</u> -		\$ <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
<u>60</u>		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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Page 4 of 35 of Part I

Employer identification number

38-1612715

52	12-1	8-08			

 \$ <u>5,000.</u>	P P N (Com is a r
Schedule B (Form S	90, 99

		_ \$ <u>50,000.</u>	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
15			Person X
<u> </u>		-	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
108			Person
		-	Payroll
		\$ 5,524.	Noncash X
			(Complete Part II if there
		****	is a noncash contribution.)
	11-3	(-)	(J)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
41		_	Person X
			Payroli
		_ \$10,000.	Noncash
			(Complete Part II if there is a noncash contribution.)
	••••••••••••••••••••••••••••••••••••••	-	is a noneast contribution.y
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u> 175</u>		_	Person X
		10 (58	Payroll Noncash
		_ \$ <u>10,658.</u>	
			(Complete Part II if there is a noncash contribution.)
		-	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
10			Person X
<u>    19</u>		-	Person X Payroll
		\$5,000.	Noncash
:			(Complete Part II if there
		_	is a noncash contribution.)
823452 12-1	18-D8	Schedule B (Form	990, 990-EZ, or 990-PF) (2008)

#### Part I Contributors (see instructions)

(b)

Name, address, and ZIP + 4

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TROOT	ONTERFT	

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(a)

No.

<u>4</u>

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Name of organization

## Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Employer identification number

38-1612715

Person Payroll

(c)

Aggregate contributions

(d)

Type of contribution

X

823452 12-18-08

# TROUT UNLIMITED, INC.

Schedule 8 (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

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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>   176</u>		\$ <u>7,000.</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
<u>   177</u> . -	······································	\$ <u>28,000</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
<u>178</u> _		\$6,000.	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
		\$ <u>24,918.</u>	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
<u>39</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
1.6		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

<u>38-1612715</u>

Schedule B (Form 990, 990-EZ, or 990-PF) (20	081
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Name of organization

TROUT UNLIMITED, INC.

## Part I Contributors (see instructions)

1			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>179</u>		\$ <u>10,000.</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
24		\$ <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
180		\$ <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
_110		\$5,000.	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
_181		\$ <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
_182		\$ <u>25,110.</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)

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Employer identification number

38-1612715

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TROUT	UNLIMITED,	INC.

### Part I Contributors (see instructions)

•			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>183</u>		\$ <u>5,500.</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>184</u>		\$ <u>22,260.</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>185</u>		\$ <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
59		\$ <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
99		\$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
186		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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Employer identification number

38-1612715

Schedule	B (Form	990,	990-EZ,	or 990-PF)	(2008)
Name o	f organ	izati	on		

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u>188</u>		\$80,000.	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		\$ <u>154,265.</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>189</u>		\$ <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>190</u>		\$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
71		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
823452 12-18	3-06 <b>44</b>	Schedule B (Form	990, 990-EZ, or 990-PF) (2008)

## TROUT UNLIMITED, INC.

#### Part I Contributors (see instructions)

(b)

Name, address, and ZIP + 4

4

Name of organization

(a)

No.

187

Page 32 of 35 of Part I Employer identification number

> Person Payroll

Noncash

(d)

Type of contribution

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

X

38-1612715

(c)

Aggregate contributions

\$

28,000.

No.

<u> 194</u>

(a) No.

89

(a)	(b)	(c)
No.	Name, address, and ZIP + 4	Aggregate contributions
93		
<u> </u>		
		\$\$,994
(a)	(b)	(c)
No.	Name, address, and ZIP + 4	
_191	the second second second second second second second second second second second second second second second se	
		\$ 85,000
·		** <u></u>
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions
	· · · · · · · · · · · · · · · · · · ·	
		\$ 10,000
·····		\$10,000
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contributions
<u>No.</u>	Name, address, and ZIP + 4	Aggregate contributions
193		
	No. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	\$39,000
(a)	(b)	(c)

		_						
Schedule		(Form I	aon	000.F7	05	bon.	PE!	120081
JUNCHONE	w.	(+ 1,4) +11 -	<i></i> ,	000.00	<b>U</b> I	000		(2000)

Name of organization

×

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TROUT UNLIMITED, INC.

#### Part I Contributors (see instructions)

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 Employer identificat
 38-16127

	\$\$,994.	Noncash 📃
		(Complete Part II if there
		is a noncash contribution.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
	\$85,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
	\$10,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
	\$39,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
	\$11,625.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
	Schedule B (Form	990, 990-EZ, or 990-PF) (2008)

(d) Type of contribution

X

tion number

Person Payroll

715

12,000.

\$

46

Person Payroli

Noncash



<u>196</u>

Schedule B /Fi	orm 990, 990-EZ, or 990-PF) (2008)		Page 12 of 35 of Part
Name of org		Emp	loyer 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
67		\$106,000	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
101		\$40,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
53		\$275,000	Person X Payroli
(a) No,	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61		\$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
<u>195</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

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

X

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributior	
<u>197</u>			
		\$5,000	
(a)	(b)	(c)	
No.	Name, address, and ZIP + 4	Aggregate contributions	
100			

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>198</u>		\$ <u>10,000.</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
<u>    63</u>		\$ <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
<u>199</u>		\$ <u>25,000.</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
200		\$ <u>7,700.</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
82		\$8,908.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

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TROUT UNLIMITED, INC. Employer identification number

Person Payroll

Noncash

38-1612715

5,000.

Page 33 of 35 of Part I

(d)

Type of contribution

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

X

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Schedule & (Form 990.	990-EZ, or 990-PF) (2008)	ı I

Name of organization

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TROUT UNLIMITED, INC.

# Part I Contributors (see instructions)

			<u>,</u>
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55		\$ <u>20,000.</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
201		\$ <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
202		\$ <u>23,000.</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
25		\$5,000.	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
<u>104</u>		\$ <u>100,000.</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
<u>73</u>		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Employer identification number

38-1612715

48

Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
	\$12,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	\$220,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
 (b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	\$70,000.	Person X Payroll Noncash (Complete Part II if there

Part I Contributors (see instructions)

INC.

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

TROUT UNLIMITED,

(a)

No.

103

(a)

No.

<u> 203 </u>

(a) No.

57

(a) No.

204

(a) No.

52

(a) No.

85

Employer identification number

Person Payroll Noncash

Person Payroli

Noncash

38-1612715

(c)

Aggregate contributions

(c)

Aggregate contributions

(c)

\$

\$

50,000.

24,750.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Page 18 of 35 of Part 1

(d)

Type of contribution

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

(d)

Type of contribution

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

(d)

X

X

Cebadula B (Eer	m 000 000.F7 (	or 990-PF) (2008)
	, 11 000, 100° take, 1	

Name of organization

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# TROUT UNLIMITED, INC.

# Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
58		\$ <u>45,000.</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
81		\$ <u>305,000.</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
205		\$7 <u>,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
207		\$ <u>30,000.</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
206		\$5,049.	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
3		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Page 10 of 35 of Part I

Employer identification number

38-1612715

Name of org	anization	

#### Contributors (see instructions) Part I

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
100		\$ <u>18,000.</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
2		\$ <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
91		\$ <u>5,872.</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>95,000.</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
<u>95</u>		\$ <u>18,000.</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
<u>44</u>		\$ <u>5,600,000.</u>	Person X Payroli Noncash (Complete Part II if there

38-1612715

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

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TROUT UNLIMITED, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u>98</u>		\$\$,000.	Person X Payroli 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
		\$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>    65                                </u>		\$ <u>602,800.</u>	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
		\$	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
		\$	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
			Person Payroli Noncash

# Name of organization

Contributors (see instructions)

(b)

TROUT UNLIMITED, INC.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

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Part I

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Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Page 17 of 35 of Part I

(d)

Employer identification number

38-1612715

(c)

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	- 1	(d) Date received
	STOCK	n		
<u>119</u>		\$ <u>9,9</u>	<u>07.</u>	09/30/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions		(d) Date received
149	STOCK			
		\$10,3	02.	09/30/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions		(d) Date received
	STOCK			
<u>   109    </u>				
		\$19,9	<u>01.</u>	09/30/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instruction:	-	(d) Date received
107	STOCK.			
<u>   107                                 </u>		\$25,6	78.	09/30/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimated) (see instructions)		(d) Date received
·····	STOCK			
<u>162</u>		\$5,2	03.	09/30/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (see instruction:		(d) Date received
164	STOCK			
<u> </u>		\$5,1	.21.	09/30/09

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Name of organization

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Page <u>1</u> of <u>2</u> of Part II Employer identification number

Schedule	B	(Form	9	90,	990-E	Z, a	r 990	-PF)	(2008)

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Page <u>1 of</u> <u>2 of Part II</u> Employer identification number

38-1612715

## TROUT UNLIMITED, INC.

#### Part II Noncash Property (see instructions)

(a)(b)(c)No.(b)FMV (or estimate)fromDescription of noncash property given(see instructions)Part I(see instructions)	<i>F_</i> 33
108 STOCK.	
\$\$	<u>09/30/09</u>
(a)(c)No.(b)fromDescription of noncash property givenPart I(see instructions)	
111 <u>STOCK</u>	
\$\$\$	<u>09/30/09</u>
(a)(c)No.(b)FMV (or estimate)fromDescription of noncash property given(see instructions)Part I(see instructions)	
<u>182</u> <u>STOCK</u>	
\$ <u>25,11</u>	LO. <u>09/30/09</u>
(a) No. (b) from Description of noncash property given Part I	
\$	
(a)     (c)       No.     (b)       from     Description of noncash property given       Part I     (see instructions)	
\$\$	
(a)     (c)       No.     (b)       from     Description of noncash property given       Part I     (see instructions)	
	/Form 000_000_E7_or 000_BE)//

SCHEDULE C	CHEDULE C Political Campaign and Lobbying Activities				
(Form 990 or 990-EZ)	⁷ 2008				
Department of the Treasury Internal Revenue Service	Open to Public Inspection				
If the organization answ	vered "Yes," to Form 990, Part IV, I		<u>90 or Form 990-EZ</u> 1 990-EZ, Part VI, li		lign Activities), then
	anizations: Complete Parts I-A and E				
	than section 501(c)(3)) organizations	s: Complete P	arts I-A and C below	. Do not complete Part	1-8.
•	tions: Complete Part I-A only.			us 47 (Labbuina Astud	ting) they
-	rered "Yes," to Form 990, Part IV, I anizations that have filed Form 5768	-			
	anizations that have NOT filed Form				
	ered "Yes," to Form 990, Part IV, I				• • • • • • • • • • • • • • • • • • • •
	or (6) organizations: Complete Part	<u>III.</u>	-		
Name of organization				E	mployer identification numbe
Part I-A To be c	TROUT UNLIMITED, : ompleted by all organizatio	INC.	under section	501(c) and section	<u>38-1612715</u>
	structions for Schedule C for details		under section		rozr organizations.
	n of the organization's direct and inc		campaion activities	in Part IV	
	s				► \$
					·
	maanmaanyo oo				
	ompleted by all organizatio	-	under section	501(c)(3).	
	structions for Schedule C for details				
	any excise tax incurred by the organiza any excise tax incurred by organiza				►\$ ► ૡ
	curred a section 4955 tax, did it file				
-	ide?				
b If "Yes." describe in	Part IV.				
Part I-C To be c	ompleted by all organizatio	ons exempt	under section	501(c), except sec	ction 501(c)(3).
	structions for Schedule C for details				
	rectly expended by the filing organiz				►\$
	the filing organization's funds contri				• *
exempt function act	ivities Idirect exempt function expenditure				▶\$
	17b				► \$
	ation file Form 1120-POL for this ye				Yes N
5 State the names, ac	dresses and employer identification	number (ElN)	of all section 527 po	olitical organizations to v	
	id and indicate if the amount was p				
	y delivered to a separate political or		ch as a separate seg	pregated fund or a politi	cal action committee (PAC).
<b>*</b>	needed, provide information in Par	Т			
(a) Name	(b) Addre	SS	(c) EIN	(d) Amount paid fro filing organization' funds. If none, enter	s contributions received an
					NIN III
<u> </u>					

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Schedule C (Form 990 or 990-EZ) 2008	TROUT UNLI	MITED, INC.		38-1	612715 Page 2
Part II-A To be completed by				t filed Form 5768	}
(election under sec			edule C for details.		
	tion belongs to an affil				
B Check 🕨 🔄 if the filing organiza	tion checked box A an	d "limited control" pro	visions apply.		
	ts on Lobbying Exper ditures" means amou		)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (g	grassroots lobbying)		0.	
b Total lobbying expenditures to influ	uence a legislative bod	ly (direct lobbying)		190,701.	
c Total lobbying expenditures (add li	ines 1a and 1b)			190,701.	
d Other exempt purpose expenditure				<u>22913640.</u>	
e Total exempt purpose expenditure				23104341.	
f Lobbying nontaxable amount. Ente	er the amount from the	e following table in bot	h columns.	1,000,000.	
If the amount on line 1e, column (a) c	or (b) is: The lob!	bying nontaxable am	ount is:		
Not over \$500,000	20% of 1	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	<u>\$00,000 \$175,00</u>	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	00.			
g Grassroots nontaxable amount (er				250,000.	
h Subtract line 1g from line 1a. Enter	r •0• if line g is more tha	an líne a		0.	
i Subtract line 1f from line 1c. Enter				0.	
j If there is an amount other than ze		line 1i, did the organiz	ation file Form 4720	г	<u> </u>
reporting section 4911 tax for this				L	Yes No
(Some organiz	4-Year Ave zations that made a s	eraging Period Under	Section 501(h) n do not have to com	nlete all of the five	
colum	ns below, See the ins	tructions for lines 2a	through 2f of the ins	tructions.)	
		nditures During 4-Yea			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2005	<b>(b)</b> 2006	(c) <b>2</b> 007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	1 000 000	1 000 000.	1,000,000.	1 000 000-	4,000,000.
b Lobbying ceiling amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	±,000,000t
(150% of line 2a, column(e))					6,000,000.
				panagana ang ang ang ang ang ang ang ang	0/000/0001
c Total lobbying expenditures	125,390.	314,794.	434,017.	190,701.	1,064,902.
		· · · · · · · · · · · · · · · · · · ·			
d Grassroots non-taxable 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.
	a malan bilang mbalakan para kana kana kana kana kana kana kana k				
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

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# Schedule C (Form 990 or 990 EZ) 2008 TROUT UNLIMITED, INC. 38-1612715 F Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

		(;	a)	(b	)
		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				- The second
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
a	Direct contact with legislators, their staffs, government officials, or a legislative body?	1			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?				
	Other activities? If "Yes," describe in Part IV				
	Total 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	the first second			
	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?	<u> </u>			
Par	t III-A To be completed by all organizations exempt under section 501(c)(4)	. section	501(c)(5	). or sect	ion
	501(c)(6). See the instructions for Schedule C for details.	•			
				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?				
2					
	t III-B To be completed by all organizations exempt under section 501(c)(4)	section		), or sect	ion
1 01	501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR				
	answered "Yes." See Schedule C instructions for details.		, quo		
			1	<b>I</b>	
1	Dues, assessments and similar amounts from members				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of polit	icai			
	expenses for which the section 527(f) tax was paid).				
	Current year			· · ·	
	Carryover from last year			· · · · · ·	
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		<u>3</u>		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?				
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5		<del></del>
L	t IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B,	line 1i. Als	o, complete	this part
for a	ny additional information.				

-	hedule D ^{n 990)}	Supplement	al Financia	I Statement	S			OMB No. 1545-0	3047 <b>3</b>
	ment of the Treasury I Revenue Service	Attach to Form 99 answered "Yes," to Form						Open to Pu Inspection	blic
Nam	e of the organizati	on TROUT UNLIMITED, :				Emp	-	entification n -161271!	
Pa	rt I Organiz	ations Maintaining Donor Advis	ed Funds or O	ther Similar Fund		ccoi	ints Co	-101271	J
I G		n answered "Yes" to Form 990, Part IV, li			10 01 71	0000		inpiece ir trie	
·	organizatio			advised funds	(	b) Fun	ds and o	ther accounts	
1	Total number at e	nd of year			<u> </u>				
2	Aggregate contrib	utions to (during year)							
3		from (during year)	i						
4		t end of year						т. т. т.	
5		on inform all donors and donor advisors ir					_		
		on's property, subject to the organization'					L	_ Yes _	No
6	-	on inform all grantees, donors, and donor					_		_
D.		ooses and not for the benefit of the donor						Yes	No
Pa		ation Easements. Complete if the o			, Part IV,	line 7.		•	
1		servation easements held by the organiza							
		n of land for public use (e.g., recreation or	pleasure)	Preservation of an h		• •		id area	
	X Protection o			Preservation of cert	ified hist	oric st	ructure		
		n of open space							
2	-	-2d if the organization held a qualified cor	servation contribut	tion in the form of a co	nservatio	on eas	sement or	n the last day	
	of the tax year.				1				
_	T-+-!						Held at	the End of th	<u>e year</u> 1
a 		onservation easements				2a Oh		1,715.	<u>4</u> 00
6		ricted by conservation easements				2b 2c		<u></u>	0
ے د		vation easements on a certified historic s vation easements included in (c) acquired				 2d	,		0
d							a during f		U
3	vear >	vation easements modified, transferred, r 0	eleased, exanguisit	ed, of terminated by t	ne organ	izatioi	r uunng t		
4	• •	where property subject to conservation e	asomont is located	▶ 1					
4 5		tion have a written policy regarding the p			- and				
3	-	e conservation easements it holds?	—					X Yes	No
6		hours devoted to monitoring, inspecting,					40		
7		ses incurred in monitoring, inspecting, and					0.		
8		vation easement reported on line 2(d) abo							
Ŭ		)(4)(B)(ii)?					Г	∐γes []	X No
9	In Part XIV. descri	be how the organization reports conserva	tion easements in i	ts revenue and expen	se stater	nent. a	and balar		
-		ple, the text of the footnote to the organiz		-					
	conservation ease				-			5	
Pa	rt III   Organiza	ations Maintaining Collections	of Art, Historic	al Treasures, or	Other \$	Simil	ar Asso	ets.	
	Complete i	f the organization answered "Yes" to Forr	n 990, Part IV, line i	3.					
-									
1a	If the organization	elected, as permitted under SFAS 116, r	ot to report in its re	venue statement and	balance	sheet	works of	fart, historical	
	treasures, or othe	r similar assets held for public exhibition,	education, or resea	rch in furtherance of p	ublic ser	vice, p	orovide, i	n Part XIV, the	text of
	the footnote to its	financial statements that describes these	e items.						
b	If the organization	elected, as permitted under SFAS 116, t	o report in its reven	ue statement and bala	ance she	et wor	rks of art,	historical trea	sures,
	or other similar as	sets held for public exhibition, education,	or research in furth	erance of public servi	ce, provi	de the	following	g amounts rela	ating to
	these items:								
	(i) Revenues incl	uded in Form 990, Part VIII, line 1					\$		
							\$		
2	If the organization	received or held works of art, historical tr					e		
	the following amo	unts required to be reported under SFAS	116 relating to the	e items:					
а	Revenues include	d in Form 990, Part VIII, line 1					\$		
b									

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

Schedule D (Form 990) 2008

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	dule D (Form 990) 2008 TROUT UL	LIMITED,	INC.	·······.						i Page <b>2</b>
Par		ollections of A	rt, His	torical Tr	easures, o	or Othe	er Simila	ir Asset	ts (contir	nued)
	Using the organization's accession and other	records, check any	of the f	ollowing that	t are a signif	cant use	of its colle	ection iter	ms (checł	< all
	that apply):									
а	Public exhibition	d			hange progra					
b	Scholarly research	e		Other						<u> </u>
C	Preservation for future generations									
4	Provide a description of the organization's co							se in Part	: XIV.	
	During the year, did the organization solicit or							·	-	
	to be sold to raise funds rather than to be ma								<u>Yes</u>	<u>No</u>
Par	t IV Trust, Escrow and Custodial		. Comp	lete if organi	ization answe	ered "Ye	s" to Form	990, Parl	t IV, line 9	), or
	reported an amount on Form 990, Part								L	
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contributior	ns or other as	sets not	included	_	-	_
	on Form 990, Part X?							L	Yes	l No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	llowing	table:			<b></b>			
									Amount	
с	Beginning balance						1c			
d	Additions during the year						<u>1d</u>			
е	Distributions during the year						<u>1e</u>			
	Ending balance									
2a	Did the organization include an amount on Fo	orm 990, Part X, line	217						Yes	No No
b	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete if	organization answ	ered "Ye	es" to Form S	990, Part IV,	line 10.				·····
		(a) Current year	(b) F	^p rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	5600985.								
	Contributions	110,500.								
	Investment earnings or losses	-102,350.	1 · · · · · ·							
	Grants or scholarships									
	Other expenditures for facilities									
č	and programs	138,275.								
f	Administrative expenses									
	End of year balance	5470860.								
2	Provide the estimated percentage of the year				·•				<b>.</b>	~
	Board designated or quasi-endowment		%							
	Permanent endowment > 100.00	%	_^^							
		^/10								
	Are there endowment funds not in the posse	-	ration th	at are held a	and administe	ered for t	he or <b>o</b> aniz	ation		
Ja	by:	bolon of the organiz							Γ	Yes No
	(i) unrelated organizations									X
	(ii) related organizations									X
Ь	If "Yes" to 3a(ii), are the related organizations									
4	Describe in Part XIV the intended uses of the								· <u></u>	
	t VI Investments - Land, Building				). Part X. line	10.		· ·		
	Description of investment	(a) Cost or o		1	t or other		Depreciatio	n l	(d) Book	value
	Description of investment	basis (invest		1	(other)	(0) 2			(0,000.	
		······	·····,		7,801.					7,801.
	Land				,,001.		· · · · ·			<u>. 190</u> 4 •
b	Buildings				35,029.		18,9	61	11	5,068.
	Leasehold improvements				13,043.			<u>v</u>	<u> </u>	
	Equipment			70	57,380.		365,2	87	20.	2,093.
	Other					I .		<u>~</u>		<u>2,093.</u> 5,962.
Tota	I. Add lines 1a-1e. (Column (d) should equal Fo	лтп 990, <i>Ра</i> п X, Col	umn (B),	ne (U(C).)	**********************		<u></u>		<u>** 1.</u>	

Schedule D (Form 990) 2008

(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuation: st or end-of-year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
			0.4. (Alternative and a state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o
Table 2 and 2 and 2 and 2 and 2 and 2 and 2 and 2 and 2 and 2 and 2 and 2 and 2 and 2 and 2 and 2 and 2 and 2 a			erekkanningen ander erek av an ander ange egge er egge egge
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-			
	······································		
Tatel (Cal (b) about armal Form 000, Part X, cal (P) line 12.)	<b>N</b>		
Totai. (Col (b) should equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related			
			(c) Method of valuation:
(a) Description of investment type	(b) Book value	Co	st or end-of-year market value
			annan, 10
2000-2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000			· · ·
an an an an an an an an an an an an an a			
Ne - 199 C	······································		
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, I		· · · · · · · · · · · · · · · · · · ·	
	(a) Description		(b) Book value
	•		
·····			
••••••••••••••••••••••••••••••••••••••			1.10 and 100 million 1.10
		1.00	
	n 4		
Total. (Column (b) should equal Form 990, Part X, col (E			<b>N</b>
Part X Other Liabilities. See Form 990, Part	t X line 25		<b>P</b>
(a) Description of liability		(b) Amount	
Federal income taxes			
REFUNDABLE ADVANCES		185,155.	
annanna, ee y martanannaan a san a annea y y y y			
- · · · · · · · · · · · · · · · · · · ·		innon i a	
· · · · · · · · · · · · · · · · · · ·		a an ann an	
	10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10. UL 10		
		· ·	
		Samon come to	
Total. (Column (b) should equal Form 990, Part X, col (l	B) line 25.) 🕨	185,155.	

INC.

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.

Schedule D (Form 990) 2008

TROUT UNLIMITED,

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

38-1612715 Page 3

	dule D (Form 990) 2008 TROUT UNLIMITED, INC.			-		<u> 38-</u>	1612715	Page <b>4</b>
Pa	t XI   Reconciliation of Change in Net Assets from Form 990 to	Finan	cial Sta	teme	nts			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			26,468	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			<u>22,691</u>	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			<u>3,777</u>	208.
4	Net unrealized gains (losses) on investments			4			-234	849.
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 4-8						-234	.849.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9						3,542	
	t XII Reconciliation of Revenue per Audited Financial Stateme				ber R	eturr		<u></u>
1	Total revenue, gains, and other support per audited financial statements					-	26,401	270.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•••••	•••••		•••••		20, 202	
2		2a	_ 2	34,8	10			
a	Net unrealized gains on investments		41	<u>, , , , , , , , , , , , , , , , , , , </u>				
b	Donated services and use of facilities	1 1		· · ·				
c	Recoveries of prior year grants							
d	, , , , , , , , , , , , , , , , , , , ,						024	040
е						2e	-234	
3	Subtract line 2e from line 1	·····			•••••	3	26,636	<u>, 119.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	1						
b	Other (Describe in Part XIV)	4b	-1	67,4	44.			
C	Add lines 4a and 4b					4c	<u>-167</u>	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)					5	26,468	<u>,675.</u>
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents V	Vith Exp	enses	s per	Retu	Irn	
1	Total expenses and losses per audited financial statements					1	22,858	<u>,911.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a						
b	Prior year adjustments	1 I						
c	Losses reported on Form 990, Part IX, line 25							
	Other (Describe in Part XIV)							
	Add lines 2a through 2d		•			2e		0.
3	Subtract line 2e from line 1					3	22,858	.911.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		••••••	•••••		Ŭ		
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
			-1	67 /	11			
	Other (Describe in Part XIV)						-167	A A A
	Add lines 4a and 4b					4c	$\frac{-107}{22,691}$	
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) rt XIV Supplemental Information					5	44,091	,40/•
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	II, línes 1	la and 4; F	Part IV,	lines 1	b and	2b; Part V, line	4; Part
	rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.							
PAI	RT II, LINE 5: ANNUALLY A TU REPRESENTATIV	<u>e vi</u>	STTS_	THE	PRC	PER	TY AND	· .
<u>SP</u>	SAKS WITH THE LANDOWNER TO REVIEW THE PROP	ERTY	AND	IDEN	ITIF	<u>'Y A</u>	<u>NY NEW</u>	
<u>AC</u>	FIVITIES OR DAMAGES SINCE THE LAST INSPECT	ION	THAT	COUI	D A	FFE	<u>CT THE</u>	
PR	OPERTY. THE REPRESENTATIVE DISCUSSES WITH	THE	LAND	OWNE	RA	NY	POTENTIA	AL
<u> </u>			•					
OR	PLANNED ACTIVITIES CONCERNING THE LAND IN	CLUD	ING,	BUT	NOT	' LI	MITED TO	э,
<u></u>								-
ጥሀገ	E TRANSFER OF THE LAND, AGRICULTURAL ACTIV	ግጥ ጉ	S. TT	MBEE	۲НА	RVE	STING.	
	- HEMOLDA OF THE DAMP, MONTCOHIONAL ACTIV	<u> </u>	<u> + _</u> _	بالالسك مجدعه	- 226	<u></u>	<u></u>	
<u>WA</u>	TER DEVELOPMENT, ROAD CONSTRUCTION, AND CO	MMER	CIAL	ACTI	VII	IES		

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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 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.

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 ENDING SEPTEMBER 30, 2009 AND 2008.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EVENT EXPENSE REPORTED ON LINE 8B: -167444.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

EVENT EXPENSE REPORTED ON LINE 8B: -167444.

SCHEDULE G

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(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

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1	<u>ار الا</u>	Puic.	1.4		- H20	1.1	- 1

OMB No. 1545-0047

Internal Hevenue Service						i ji	nspection
Name of the organization	**************************************					Employer ider	ntification number
TROUT U	NLIMITED, INC.					38-1612	715
	Complete if the organization answe	ered "\	'es" to	o Form 990, Part IV, I	ine 1	7.	
1       Indicate whether the organization rais         a       Mail solicitations         b       Email solicitations         c       Phone solicitations         d       In-person solicitations	e Solicitat f Solicitat g Special	ion of ion of fundra	non•g gover aising	overnment grants nment grants events			
<ul> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	art VII) or entity in connection with p ividuals or entities (fundraisers) purs	rofess uant to	ional f o agre	undraising services? ements under which	the f	🔤 Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	i have c	Did raiser ustody utrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
				· · ·			
							ная и,
•							
Total							
3 List all states in which the organization		funds	or has	been notified it is ex	emp	t from registrati	on or licensing.
				••			
				um ( +,			<u> </u>
						WI 201 W .	
	- mar						<b>w</b> 100 U
<b>50.</b>	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec						

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

Schedule G (Form 990 or 990-EZ) 2008

	edu Int l	le G (Form 990 or 990 EZ) 2008 TROUT				1612715 Page 2
6		on Form 990-EZ, line 6a. List events with	•			nore than \$15,000
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through
Ð			DINNER (event type)	DINNER (event type)	(total number)	- col. (c)
Яечепие	1	Gross receipts	310,111.	202,988	. 109,768.	622,867.
	2	Less: Charitable contributions	245,005.	142,787	. 64,149.	451,941.
	3	Gross revenue (line 1 minus line 2)	65,106.	60,201	45,619.	170,926.
	4	Cash prizes				
lses	5	Non-cash prizes		· ····		
<b>Direct Expenses</b>	6	Rent/facility costs		·····		- 1
Direct	7	Other direct expenses	62,858.	60,038	44,548.	167,444.
	8	Direct expense summary. Add lines 4 throug	h 7 in column (d)		►	( 167,444.)
_	9	Net income summary. Combine lines 3 and 8	in column (d)		<b>.</b>	3,482.
Pa	irt	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Forπ	1 990, Part IV, line 19, or	reported more than	
Вечепие			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Rev	1	Gross revenue		• ••••• ·		
ses	2	Cash prizes				
Expen	з	Non-cash prizes				
Direct Expenses	4	Rent/facility costs	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • •		
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	[(]
•••	8	Net gaming income summary, Combine lines	1 and 7 in column (d)	Nadaalaanaa ahaa ahaa ahaa ahaa ahaa ahaa a		
9		ter the state(s) in which the organization opera				Yes No
		the organization licensed to operate gaming at No," Explain:	ctivities in each of these	states?		
40.0		ere any of the organization's gaming licenses r		proving to during the ter	(vear)	10a
		Yes," Explain:	evokea, saspenaea or k	anningreo ooning me ray	( year f	
	_			аннанияния и ванц , и и в ни		
11 12	ls f	es the organization operate gaming activities v the organization a grantor, beneficiary or truste	ee of a trust or a membe	r of a partnership or oth		
	ad	minister charitable gaming?				

12 Schedule G (Form 990 or 990-EZ) 2008

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Schedule G (Form 990 or 990 EZ) 2008 TROUT UNLIMITED, INC.	<u>38-161271</u>	<u>L5 P</u> i	age 3
		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility13a	%		
b An outside facility	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and r	ecords:		
Νате ▶			
Address 🕨			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<u>15a</u>		
b If "Yes," enter the amount of gaming revenue received by the organization $ ightarrow$ \$ and the ar	nount		
of gaming revenue retained by the third party $\blacktriangleright$ \$			
c if "Yes," enter name and address:			
Name 🕨			
Address 🕨	[1,1,1,1,1]		
16 Gaming manager information:			
Name 🕨			
Gaming manager compensation 🕨 💲			
Description of services provided 🕨	[1.1.1]		
	[]]		
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?			<u> </u>
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the	пе		
organization's own exempt activities during the tax year 🕨 \$			

Schedule G (Form 990 or 990-EZ) 2008

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SCHEDULE I (Form 990)		Grants and Governn	Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	to Organizations uals in the U.S.			0047 0047 0047 2008
Oepartment of the Treasury Internal Revenue Service	Comp	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.	n answered "Yes," on F ▶ Attach to Form 990.	" on Form 990, Pa n 990.	rt IV, lines 21 or 22.		Open to Public Inspection
Name of the organization 까ROTIT TINT.TMTTPED.		TNC.				<u>Ш</u>	Employer identification number 38–1.61.2715
Part I General Information on Grants and Assistance							
1 Does the organization maintain records to substantiate the amount of the	to substantiate th		or assistance, the	grantees' eligibility	for the grants or assi	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	[
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	toring the use of grant	funds in the United	l States.			
Part II Grants and Other Assistance to Governments and Organization	Governments an	d Organizations in the	e United States. Co	omplete if the orga	nization answered "Y	s in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	V, line 21, for any
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	\$5,000. Check thi	s box if no one recipier	it received more th	an \$5,000. Use Pa	rt IV and Schedule I-1	(Form 990) if additional	space is needed 🐦 📃
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	<ul> <li>(f) Method of valuation (book, FMV, appraisal, other)</li> </ul>	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CACHE ANGLERS CHAFTER OF TROUT UNLIMITED - 655 W 150 N - HYRUM,							
UT 84319	870556952	501(C)(3)	5 000.	0		<b>H</b>	EMBRACE-A-STREAM GRANT
ILLINOIS COUNCIL OF TROUT UNLIMITED - 223 BARBERRY RD - HIGHLAND PARK, IL 60035	521765995	501(C)(3)	90 30 30 30	Ó		<u> </u>	NEMBER REBATE
OHIO COUNCIL OF TROUT UNLIMITED 26857 MORGAN RUN 200501388 CH ANIA5	011078778	501(0)(3)	767 2	c		<u> </u>	MEMBER REBATE
			•				
HILLSBORO, OR 97124	931253141	501(C)(3)	5,537.	0		W	MEMBER REBATE
MINNESOTA COUNCIL OF TROUT UNLIMITED - 18776 TWILIGHT TRL - EDEN PRAIRIE, MN 55436	521766036	501(C)(3)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	C			ИЕМВЕК КЕВАТЕ
EE							
ОБР МІЬКОКИ МІЬЬ КИ - РІКЕЗУІЬЬК, МР 21208	521118808	501(C)(3)	5,569.	0.		Σ	MEMBER REBATE
2 Enter total number of section 501(c)(3) and government organizations	and government o	rganizations					• 42.
3 Enter total number of other organizations	IS	- 1					
4	uction Act Notice	, see the instructions	for Form 990.				Schedule I (Form 990) 2008

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Schedule I (Form 990) 2008 TROUT UNLIMITED ,	O, INC.				38-1612715 Page 2
ler Assist: 1 (Form 99	i <b>ited States.</b> Com ed.	plete if the organiz:	ation answered "Yes"	on Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book. FMV. appraisal. other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ide the information	n required in Part <u>I.</u>	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: THE M ²	MAJORITY OF	F THE GRANTS	ARE	GIVEN OUT TO TU	
CHAPTERS AND COUNCILS AND ARE MONITORED BY	ITORED BY	THE	ACE-A-STREA	EMBRACE-A-STREAM COMMITTEE	
FOR COMPLIANCE WITH THEIR GRANT AGREEMENT.	GREEMENT.	FOR THOS	THOSE GRANTS ISSUED TO	SSUED TO	
OUTSIDE ORGANIZATIONS, THOSE ARE 1	TYPICALLY	PART OF	A LARGER GR	A LARGER GRANT AGREEMENT	
THAT DICTATES THE TERM OF THE ARR	ARRANGEMENTS	ИІТН ТНЕ	APPROPRIATE	E TU EMPLOYEE	
MONITORING COMPLIANCE.					
		<b>F J</b>			
832102 12-18-08		67			Schedule I (Form 990) 2008

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832102 12-18-08

SCHEDULE I-1 (Form 990) Department Answins Exercise		Continua ▲ Attach to Fo Part II :	Continuation Sheet for Schedule I (Form 990) ach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).	nedule   (Form 99) ttional informatio dule   (Form 990).	0) n far		OMB No. 1545-0047 2008 Open to Public Inspection
Name of the organization TROUT UNLIMITED.		INC.				Employe 3	Employer identification number 38-1612715
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)	Assistance to Go	overnments and Orga	nizations in the U.	.S. (Schedule I (Fo	rm 990), Part II.)		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TENNESSEE COUNCIL OF TROUT UNLIMITED - 1106 MELVIN AVE - MARYVILLE TN 37803	510225114	501(C)(3)	5 650.	0			MEMBER REBATE
CONNECTICUT COUNCIL OF TROUT UNLIMITED - 50 FRINCES FINE RD - NORWALK, CT 06850	510208498	501(C)(3)	6,485.	D			MEMBER REBATE
MONTANA COUNCIL OF TROUT UNLIMITED 2B9 BOWMAN RD HAMILTON, MT 58940	237355289	501(C)(3)	6.918.	0			MEMBER REBATE
WEST VIRGINIA COUNCI OF TROUT UNLIMITED - 2307 MOUNT VERNON CIR - PARKERSBURG, WV 26101	911928275	501(C)(3)	7,250.	0			MEMBER REBATE
GEORGIA COUNCIL OF TROUT UNLIMITED 194 KITCHINS LN CLAYTON, GA 30525	510225125	501(C)(3)	7,388.	0			MEMBER REBATE
JACKSON HOLE CHAFTER OF TROUT UNLIMITED - PO BOX 11067 - JACKSON, WY 83002	521491981	501(C)(3)	7,545.	0			MEMBER REBATE
SOUTH CAROLINA COUNCIL OF TROUT UNLIMITED - 10 TRANQUIL AVE - GREENVILE SC 29615	521315522	501(C)(3)	7,748.	0			MEMBER REBATE
8 ° 6	521766267	501(C)(3)	7,748,				MEMBER REBATE
2 Enter total number of Section 501(c)(3) and government organizations <u>3 Enter total number of other organizations</u> 832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice,	ld government o	e,	see the Instructions for Form 990.	Form 990.			Schedule I-1 (Form 990) 2008

affoi TROUT UNLINFTED. INC. Transforment and address of and address of address of	In of the organization and a communic of the organization and a communic of the organization and a communic of cares and Other Astationes of Communic of Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and Care and	SCHEDULE 1-1 (Form 990) Department of the Treasury Internal Berwanius Service		Continua ▲ Attach to Fo Part II	Continuation Sheet for Schedule I (Form 990) ach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).	nedule I (Form 99) itional informatio Jule I (Form 990).	)) n for		OMB No. 1545-0047 2008 Open to Public Inspection
art I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 890), Far II ). (e) Name and address of intervention of grant factors in the U.S. (Schedule I (Form 800), Far II ). (e) Name and address of intervention of grant factors in the U.S. (Schedule I (Form 800), Far II ). Assistance approximation of grant factors in the U.S. (Schedule I (Form 800), Far II ). Assistance approximation of grant factors in the U.S. (Schedule I (Form 800), Far II ). Assistance approximation of grant factors in the U.S. (Schedule I (Form 800), Far II ). Assistance assistance and the U.S. (Schedule I (Form 800), Far II ). Assistance assistance approximation of grant factors in the U.S. (Schedule I (Form 800), Far II ). Assistance assistance and the U.S. (Schedule I (Form 800), Far II ). Assistance assistance and the U.S. (Schedule I (Form 800), Far II ). Assistance assistance assi	art 1 Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schould is [Toma60, Parti).  a "Jarker on poerment a not operand and advises of a performant a material on spoerment a population a poerment a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a population a	ation	L .	•				Employ	rr identification number 8 1612715
(a) Name and address of organization or government, in spottant         (b) ENN         (c) FIC Code section in spottant         (a) Amount of section in spottant         (a) Amount of section in spottant         (a) Amount of section in spottant         (b) Enn (c) section in spottant           M - Instance unarration or government, in strates, M - State in spottant         - 439         Final (c) section in spottant         (a) Amount of in spottant         (b) Enn (c) in spottant           M - Instance in strates, M - State in strates, M - State in strates, M - State in strates, M - State         - 237355333         501(C) (3)         7, 918         (a) Amount of instrates, M - State instrates, M - State         (b) Method (c) instrates, M - State instrates, M - State         (b) Method (c) instrates, M - State instrates, M - State         (b) Enn (c) instrates, M - State         (c) instrates, M - State         (c) instrates, M - State         (c) instrates, M - State         (c) instrates, M - State         (c) instrates, M - State         (c) instrates, M - State         (c) instrates, M - State         (c) instrates, M - State         (c) instrates, M - State         (c) instrates, M - State         (c) instrates, M - State         (c) instrates, M - State         (c) instrates, M - State         (c) instrates, M - State         (c) instrates, M - State         (c) instrates, M - State         (c) instrates, M - State         (c) instrates, M - State         (c) instrates, M - State         (c) instrates, M - State         (c) instrat         (c) instrates, M - State         (c	(a) Name and address of organization of goterminet         (b) EIN         (s) FIC-Code (s) Recurrence         (a) Amount of (s) Recurrence         (b) Chocker (s) Recurrence         (c) Chocker (s) Recurrence		Assistance to G	overnments and Orga	inizations in the U	S. (Schedule I (Fo	rm 990), Part II.)		
W JERSEY COUNCIL OF TROUT LINETED - 439 STARECOACH ED - 237355313 501(C)(13) 7,918 0.0 ARKERTED - 1204 ARITTANY FOLTY C ARKER - 1204 ARITTANY FOLTY C JATE - 1204 ARITTANY FOLTY C ARKER - 1204 ARITTANY FOLTY C ARKER - 1204 ARITTANY FOLTY C ARKER - 1204 ARITTANY FOLTY C ARKER - 1204 ARITTANY FOLTY C ARKER - 1204 ARITTANY FOLTY C ARKER - 1204 ARITTANY FOLTY C ARKER - 1204 ARITTANY FOLTY C ARKER - 1204 ARITTANY FOLTY C ARKER - 1204 ARITTANY FOLTY C ARKER - 1204 ARITTANY FOLTY C ARKER - 1204 ARITTANY FOLTY C ARIES - 1870 352 4418 FL - 742047393 501(C)(13) 8,003 ARIES - 1870 352 4400 FROUT ARITTED - 1970 352 4418 FL - 742047393 501(C)(13) 9,180 ARIES - 1870 352 4400 FL - 742047393 501(C)(13) 9,180 ARIES - 1870 353 4418 FL - 742047393 501(C)(13) 9,180 ARIES - 1870 353 4418 FL - 742047393 501(C)(13) 9,180 ARIES - 1870 353 4418 FL - 742047393 501(C)(13) 9,180 ARIES - 1870 353 4418 FL - 742047393 501(C)(13) 9,180 ARIES - 1870 353 4418 FL - 742047393 501(C)(13) 9,180 ARIES - 1870 353 4418 FL - 742047393 501(C)(13) 9,180 ARIES - 1870 471 471 471 471 471 471 471 471 471 471	Mariaser counctin or moor Mariaser counctin or moor Mariaser counctin or moor Mariaser counctin or moor Mariaser canoner in a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a static a	(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
RFF CAROLTIAN COUNCIL OF THOUT AFFX, NC 27502 AFFX, NC 27502 AFFX, NC 27502 AFFX, NC 27502 AFFX, NC 27503 AFFX, NC 27503 AFFX FIL AFFX, NC 27503 AFFX FIL AFFX FIL AF	RET CARDITAL CUMCTL OF THOUT LINITED - 1304 RETTANY POLYT T AND NO 2353 AND AND AND AND AND AND AND AND AND AND	COUNCIL OF TROUT - 499 STAGECOACH RD - NJ 85101	237355313	501(C)(3)		C			MEMBER REBATE
L OF TROUT UNLIMITED M 02462 510225123 501(C)(3) 9,082 0 0 ADUMAI CHARFER OF TROUT 18703 SE 44TH FL - 742047393 501(C)(3) 9,400 0, 0 18703 SE 44TH FL - 742047393 501(C)(3) 9,400 0, 0 000CLL OF TROUT 000CLL OF TROUT P0 DOX 2652 - 510225116 501(C)(3) 9,400 0, 0 000CLL OF TROUT 23450 VERNERS ROAD - 237188794 501(C)(3) 9,408 0, 0 408 0, 0 0, 0 0, 0 EAPER OF TROUT 2322 WOODWARD - 510208545 501(C)(3) 9,500 0, 0 EAVER CHAFTER OF TROUT 23718494 501(C)(3) 9,500 0, 0 EAVER CHAFTER OF TROUT 23718494 501(C)(3) 9,500 0, 0 EAVER CHAFTER OF TROUT 23718494 501(C)(3) 9,500 0, 0 EAVER CHAFTER OF TROUT 23718494 501(C)(3) 9,500 0, 0 EAVER CHAFTER OF TROUT 23718494 501(C)(3) 9,500 0, 0 EAVER CHAFTER OF TROUT 23718494 501(C)(3) 9,500 0, 0 EAVER CHAFTER OF TROUT 23718494 501(C)(3) 9,500 0, 0 EAVER CHAFTER OF TROUT 23718494 501(C)(3) 9,500 0, 0 EAVER CHAFTER OF TROUT 23718494 501(C)(3) 9,500 0, 0 EAVER CHAFTER OF TROUT 23718494 501(C)(3) 9,500 0, 0 EAVER CHAFTER OF TROUT 23718494 501(C)(3) 9,500 0, 0 EAVER CHAFTER OF TROUT 23718494 501(C)(3) 9,500 0, 0 EAVER CHAFTER OF TROUT 23718494 501(C)(3) 9,500 0, 0 EAVER CHAFTER OF TROUT 23718494 501(C)(3) 9,500 0, 0 EAVER CHAFTER OF TROUT 23718494 501(C)(3) 9,500 0, 0 EAVER CHAFTER OF TROUT 23718494 501(C)(3) 9,500 0, 0 EAVER CHAFTER OF TROUT 23718494 501(C)(3) 9,500 0, 0 EAVER CHAFTER OF TROUT 23718494 501(C)(3) 9,500 0, 0 EAVER CHAFTER OF TROUT 23718494 501(C)(3) 9,500 0, 0 EAVER CHAFTER OF TROUT 23718494 501(C)(3) 9,500 0, 0 EAVER CHAFTER OF TROUT EAVER CHAFTER OF TRO	L OF TROUT UNLIMITED MA 02462 S1025123 S01(C)(3) B, 082, 0 MOMH CRAFER OF TROUT 18703 SE 44TE PL - 18703 SE 44TE PL - 18704 SE 44TE PL - 18704 SE 44TE PL - 18704 SE 44TE PL - 18704 SE 44TE PL - 18704 SE 44TE PL - 18704 SE 44TE PL - 18704 SE 44TE PL - 18704 SE 44TE PL - 18704 SE 44TE PL - 17204 SE 410 SE () () () () () () () () () () () () ()	RTH CAROLINA COUNCIL OF TROUT LIMITED - 1204 BRITTANY FOINT APEX, NC 27502		501(C)(3)		0.			MEMBER REBATE
153AQUAH CHAPTER OF TROUT       15103 SE 44TH PL -       742047393 501(C)(3)       8,400,       0,         NA 98027       742047393 501(C)(3)       501(C)(3)       8,400,       0,         Na 00027       510225116 501(C)(3)       9,188,       0,       0,         P PO 50X 2652 -       510225116 501(C)(3)       9,188,       0,       0,         Na 98027       510225116 501(C)(3)       9,188,       0,       0,         Na 98027       510225116 501(C)(3)       9,188,       0,       0,         Na 98027       237188784       501(C)(3)       9,408,       0,         N 54806       237184744       501(C)(3)       9,500,       0,         N 59601       510208545       501(C)(3)       9,500,       0,         N 59601       23714494       501(C)(3)       9,500,       0,         N 59601       23714494       501(C)(3)       9,500,       0,	ISSAQUAH (HAFTER OF TROUT       13103 SE 44TH FL -       742047393 501(C)(3)       8,400       0       BMBRACE-A-STREAM         WA 9027       742047393 501(C)(3)       9,180       0       0       BMBRACE-A-STREAM         WA 9027       FROUT       742047393 501(C)(3)       9,180       0       MBRACE-A-STREAM         WA 9027       510225116       501(C)(3)       9,180       0       MBRACE-A-STREAM         WA 9027       510225116       501(C)(3)       9,180       0       MBRACE-A-STREAM         WA 9027       510225116       501(C)(3)       9,180       0       MBRACE-A-STREAM         WA 9027       510225116       501(C)(3)       9,180       0       MBRACE-A-STREAM         WA 99027       510205116       501(C)(3)       9,180       0       MBRACE-A-STREAM         WA 54806       237189784       501(C)(3)       9,400       0       MBRACE-A-STREAM         WA 54806       2322 WODWARD -       23718434       501(C)(3)       9,500       0       MBRACE-A-STREAM         WA 54806       2322 WODWARD -       23718434       501(C)(3)       9,500       0       MBRACE-A-STREAM         WA 54806       2322 WODWARD -       23718434       501(C)(3)       9,500       0	ы I	510225123	501(C)(3)	•	.0			MEMBER REBATE
IL OF TROUT OX 2652 - 210225116 501(C)(3) 9,188, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	II. OF TROUT       II. OF TROUT       0       MEMBER REBATE         OX 2652 -       510225116       501(C)(3)       9,188       0       MEMBER REBATE         I. OF TROUT       0       VERNERS ROAD -       237189784       501(C)(3)       9,408       0       MEMBER REBATE         I. OF TROUT       0       VERNERS ROAD -       237189784       501(C)(3)       9,408       0       MEMBER REBATE         ER OF TROUT       137180784       501(C)(3)       9,408       0       0       MEMBER REBATE         ER OF TROUT       13718474       501(C)(3)       9,408       0       0       MEMBER REBATE         ER OF TROUT       13718474       501(C)(3)       9,500       0       0       MEMBER REBATE         MODWARD -       510208545       501(C)(3)       9,500       0       0       MEMBER REBATE         R CHAPTER OF TROUT       317184494       501(C)(3)       9,500       0       MEMBER REBATE       MEMBER REBATE         R CHAPTER OF TROUT       2,371184494       501(C)(3)       9,500       0       MEMBER REBATE       MEMBER REBATE         R CHAPTER OF TROUT       2,371184494       501(C)(3)       9,500       0       MEMBER REBATE       MEMBER REBATE	ISSAQUAH CHAPTER OF ) - 18703 SE 44TH PL WA 98027	742047393	501(C)(3)	*	.0			EMBRACE-A-STREAM GRANT
L OF TROUT D VERNERS ROAD - 237188784 501(C)(3) 9,408, 0, ER OF TROUT WOODWARD - 510208545 501(C)(3) 9,500, 0, R CHAPTER OF TROUT R CHAPTER OF TROUT R CHAPTER OF TROUT OX 1604 - 237184494 501(C)(3) 9,500, 0, CALON CONTROUT CONTROL CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED OF CONTINUED	L OF TROUT       L OF TROUT       NEMBER REBATE         0 VERNERS ROAD -       237188784       501(C)(3)       9,408       0       MEMBER REBATE         FE OF TROUT       237188784       501(C)(3)       9,408       0       MEMBER REBATE         FE OF TROUT       237188784       501(C)(3)       9,500       0       EMBRACE-A-STREAM         R CHAPTER OF TROUT       510208545       501(C)(3)       9,500       0       EMBRACE-A-STREAM         NO CONARD -       510208545       501(C)(3)       9,500       0       EMBRACE-A-STREAM         NO CONARD -       237184494       501(C)(3)       9,500       0       EMBRACE-A-STREAM         OCT 1604 -       237184944       501(C)(2)       9,500       0       EMBRACE-A-STREAM         OCT 1604 -       237184944       501(C)(3)       0       EMBRACE-A-STREAM	AFHINGTON COUNCIL OF TROUT ALIMITED - PO BOX 2652 - SSAQUAH, WA 98027	510225116	501(C)(3)		.0			
ER OF TROUT WOODWARD - 510208545 501(C)(3) 9,500, 0, 0 R CHAPTER OF TROUT OX 1604 - 237184494 501(C)(3) 9,500, 0, 0	ER OF TROUT WOODWARD - 510208545 501(C)(3) 9,500, 0, EMBRACE-A-STREAM R CHAPTER OF TROUT R CHAPTER OF TROUT (X 1604 - 237184494 501(C)(3) 9,500, 0, 0, EMBRACE-A-STREAM 41 2377184494 501(C)(3) and government organizations	N COUNCIL OF TROUT SD - 29450 VERNERS ROAD WI 54806	237188784	501(C)(3)	+	0.			MEMBER REBATE
237184494 501(C)(3) 9,500, 0, 0,	237184494 501(C)(3) 9,500, 0, EMBRACE-A-STREAM	AT BARNES CHAPTER OF TROUT MLIMITED - 2522 WOODWARD - SLENA, MT 59601	510208545	501(C)(3)	9,500.	0.			EMBRACE-A-STREAM GRANT
and a substance (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	total number of Section 501(c)(3) and government organizations ortal number of other ornanizations	PPER GREEN RIVER CHAPTER OF TROUT VLIMITED - PO BOX 1604 - CNEDALE WY 82941	237184494	501(C)(3)		.0			EMBRACE-A-STREAM GRANT
Enter total number of Section SU (c)(3) and government organizations		Enter total number of Section 501(c)(3) ar	nd govemment o						

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Name of the organization TROUT UNL_IMITED, INC. Part   Continuation of Grants and Other Assistance to Governments and (a) Name and address of organization or government organization or government (b) EIN (c) IRC Cod section if applicable TRUCHAS CHAPTER OF TROUT UNLIMITED 142 RIO SEC0 ST SANTA FE, NM 87501 B50474429 501(C)(3)		Charles and a second second second second second second second second second second second second second second	בפורון פוות בפורוווי ממופממנכז (בתווון ממתי			Inspection
art I     Continuation of Grants and Other Assistance to       (a) Name and address of     (b) EIN       organization or government     (b) EIN       organization or government     (b) EIN       2 RIO SECO ST     850474429       ATA FE, NM 87501     850474429	INC.				Employ.	Employer identification number 38–1612715
a) Name and address of ganization or government SHAPTER OF TROUT UNLIMITED SECO ST NM 87501		Organizations in the U.S.	.S. (Schedule I (Form 990), Part II.)	m 990), Part II.)		
CHAPTER OF TROUT UNLIMITED SECO ST NM 87501	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<ul> <li>(f) Method of valuation</li> <li>(book, FMV, appraisal, other)</li> </ul>	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_	501(C)(3)	9 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	°. 0			EMBRACE-A-STREAM GRANT
HEART OF OREGON CORPS PO BOX 279 REND OR 97709	501(C)(3)	10 000	D		:	DESCHUTTES RESTORATION
C CHAPTER OF TROUT UNLIMITED			C			
NUKTH ALAMS, MA 124/9 LITTLE RIVER CHAPTER OF TROUT UNLIMITED - 3611 MORNING DEW DR - 621533095		000 01				ENTRACE - A - STRFAM GRAWT
R CHAPTER OF TROUT W 75 S -		*				- STRRAM
ENY CHAPTER OF TROUT - 406 FRAZEE ESTATES DR MD 21550					-	
FOOT CHAPTER OF TROUT - 8470 SUNSET HILL RD - MT 59823		10,000	0			EMBRACE-A-STREAM GRANT
CHAPTER OF TROUT - 2592 NE AWBREY POINT D. OR 97716		10,000.	0			EMBRACE-A-STREAM GRANT
Enter total	it organizations					

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SCHEDULE I-1 Form 990) Department and the Treasury Internal Revortes		Continua ▲ Attach to For Part II a	Continuation Sheet for Schedule I (Form 990) ach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).	nedule I (Form 990 itional information Iule I (Form 990).	)) 1 for		OMB No. 1545-0047 2008 Open to Public Inspection
Name of the organization TROUT UNLIMITED		INC.				Employe 3	Employer identification number 38-1612715
Part I Continuation of Grants and Other Assistance to Governments and	Assistance to G		Organizations in the U.S. (Schedule ! (Form 990), Part II.)	S. (Schedule 1 (For	m 990), Part II.)		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COULEE REGION CHAPTER OF TROUT UNLIMITED - 1900 MAIN ST - LACROSSE, WI 54601	510208665	501(C)(3)	10,000.	0			EMBRACE-A-STREAM GRANT
TETON VALLEY CHAPTER OF TROUT UNLIMITED - PO BOX 716 - VICTOR, ID 83455	820528838	501(C)(3)	10,000.	o			EMBRACE-A-STREAM GRANT
TUALATIN VALLEY CHAPTER OF TROUT UNLIMITED - PO BOX 822 - EAU CLAIRE, WI 54702	381612725	501(C)(3)	10,000.	0			EMBRACE-A-STREAM GRANT
WISCONSIN CLEAR WATER CHAFTER OF TROUT UNLIMITED - PO BOX 1425 - EAU CLAIRE, WI 54702	510208686	501(C)(3)	10,000.	0			EMBRACE-A-STREAM GRANT
GUADALUPE RIVER CHAFTER OF TROUT UNLIMITED - 1854 PONDEROSA - NEW BRAUNFELS TX 78132	237184499	501(C)(3)	10,000.	0			EMBRACE-A-STREAM GRANT
NEW YORK COUNCIL OF TROUT UNLIMITED - PO BOX 815 - PORT EWEN, NY 12466	237355317	501(C)(3)	16,388.	0			MEMDER REBATE
MA/RI COUNCIL OF TROUT UNLIMITED 5 BAKER PL NEWTON LOWER, MA 02462	510225123	501(C)(3)	8,800,	0			EMBRACE-A-STREAM GRANT
	521765533	501(C)(3)	19,941.	0,			MEMBER REBATE
<ol> <li>Enter total number of Section 501(c)(3) and govemment organizations</li> <li>Enter total number of other organizations</li> </ol>	nd gavemment a	rganizations					
832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice,	aperwork Reduct		see the instruction's for Form 990	Farm 990.			Schedule I-1 (Form 990) 2008

SCHEDULE 1-1 (Form 990) Department of the Treasury Internal Revenue Service		Continua ▲ Attach to Fo Part II :	Continuation Sheet for Schedule I (Form 990) ach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).	nedule I (Form 990 Itional information Jule I (Form 990).	)) 1 for		OMB No. 1545-0047 2008 Open to Public Inspection
ation TROUT	UNLIMITED, 1	INC.				Employe 3	Employer identification number 38-1612715
	Assistance to G		Organizations in the U.S. (Schedule I (Form 990), Part II.)	.S. (Schedule I (For	rm 990), Part II.)		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COLORADO COUNCIL OF TROUT UNLIMITED - FO BOX 1029 - CARBONDALE, CO 81623	840628113	501(C)(3)	20,375.	O			MEMBER REBATE
MICHIGAN COUNCIL OF TROUT UNLIMITED - 334 COUNTY ROAD - NEGAUNEE, MI 49866	237188803	501(C)(3)	14,772.	0			MEMBER REBATE
MICHIGAN COUNCIL OF TROUT UNLIMITED - 334 COUNTY ROAD - NEGAUNEE, MI 49866	237188803	501(C)(3)	9,737.	0			EMBRACE-A-STREAM GRANT
FENNSYLVANIA COUNCIL OF TROUT UNLIMITED - 70 MAIN RD - JERSEY SHORE, PA 17740	237188794	(E)(3)	24,465.	0			MEMBER REBATE
FENNSYLVANIA COUNCIL OF TROUT UNLIMITED - 70 MAIN RD - JERSEY SHORE, PA 17740	237188794	501(C)(3)	5,500.	0			EMBRACE-A-STREAM GRANT
VIRGINIA COUNCIL OF TROUT UNLIMITED - P.O. BOX 521 - UPPERVILLE, VA 20185	237355308	501(C)(3)	25,000.	0.			WATERSHED RESTORATION GRANT.
VIRGINIA COUNCIL OF TROUT UNLIMITED - P.O. BOX 521 - UPPERVILLE, VA 20185	237355308	501(C)(3)	B_603.	0.			MEMBER REPATE
	ind government o	rganizations					
3 Entrem total number of onther organizations	aperwork Reduct	tion Act Notice, see th	see the Instructions for Form 990	Form 990.	化化学学 化化学学 化化学学 化化学学 化化学学 化化学学 化化学学		Schedule I-1 (Form 990) 2008

SCI	HEDULE J	Compensation Information	I	OMB No. 1	545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	N9	
		Compensated Employees			υu	<b>y</b>
Oepar	tment of the Treasury	Attach to Form 990. To be completed by organizations that		Open to		
Intern	al Revenue Service	answered "Yes" to Form 990, Part IV, line 23.	Employer ic	Inspe		
мап	e of the organizat			61271		mper
Da	rt I Question	TROUT UNLIMITED, INC. s Regarding Compensation	7-05	012/1	<u> </u>	
Га	It Question	s Regarding Compensation	n		Vee	No
4-	Check the secret	iate box(es) if the organization provided any of the following to or for a person listed in Form	aan		Yes	NO
<b>1</b> a	•••	line 1a. Complete Part III to provide any relevant information regarding these items.	550,			
	First-class or (		nal usa			
	Travel for con					
		cation and gross-up payments I Health or social club dues or initiation fee				
		spending account				
			nonj			
L	If line to in checks	d, did the organization follow a written policy regarding payment or reimbursement or provision	00			
D				1b		
~	•	es described above? If "No," complete Part III to explain n require substantiation prior to reimbursing or allowing expenses incurred by all officers, dim		IU		<u> </u>
2	_	EO/Executive Director, regarding the items checked in line 1a?		2		
	trustees, and the C	EO/Executive Director, regarding the items checked in line Tar	•••••	····		
~	1	an af the following the exercication uses to establish the comparenties of the econization?				
3		ny, of the following the organization uses to establish the compensation of the organization's	i			
		ector. Check all that apply.				
	X Compensatio					
	`	compensation consultant				
	X Form 990 of c	ther organizations	ommittee			
4		1 any person listed in Form 990, Part VII, Section A, line 1a:				
а		ce payment or change of control payment?				X
		ceive payment from, a supplemental nonqualified retirement plan?			X	<u> </u>
С	•	ceive payment from, an equity-based compensation arrangement?		<u>4c</u>		X
	If "Yes" to any of li	nes 4a·c, list the persons and provide the applicable amounts for each item in Part III.				
		1501(c)(4) organizations must complete lines 5-8.				
5	For persons listed	in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the	revenues of:			i i e	
а	The organization?			<u>5a</u>		X
		zation?				X
	If "Yes," to line 5a	or 5b, describe in Part III.			n an ta A ta A a	
6	For persons listed	in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the	net earnings of:				
а	The organization?			<u>6a</u>		<u>x</u>
		zation?				X
		or 6b, describe in Part III.			:	1
7		in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	3			1
-		les 5 and 67 If "Yes," describe in Part III		7		x
8		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Ì	1
-	-	eption described in Regs. section 53,4958-4(a)(3)? If "Yes," describe in Part III		8		x
LHA		Ind Paperwork Reduction Act Notice, see the Instructions for Form 990.		ile J (Forπ	1 990)	

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Part I   Unicers, Directors, Instates, Ney Employees, and Figures Compensated Employees. Use Science of a duality and from related organizations, described in the instructions, 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.	be repo Form 9	ees, and rignest v inted in Schedule J 90. Part VII.	, report compensati	ioyees. Use scileuri ion from the organiza	ion on row (i) and from	related organizations	, described in the instr	uctions, on row (i).	*
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.	the app	ilicable column (D)	or column (E) amou	nts on Form 990, Pa	t VII, line 1a.				
		(B) Breakdown of W-2 and/		or 1099-MISC compensation	(C)	(D) Montavahla	(E) Total of columns	(F) Comnensation	
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(()-(D)	Form 990-EZ	
1		210,425.	0	0	18,942.	14,790.	244,157.	0	
CHARLES F. GAUVIN	9	- 1	0.					•	
	Ξ	147,707.	0.		<u>13,258.</u>	12,640.	173,605.		
HILLARY COLEY		1 20 200			0.1	12 665	186 337		
CHRTS WOOD		-			۲ ۲	3		•0	
	8	134,201.	0.		12,267.	12,665.	159,13	•0	
STEVE MOYER	(11)	.0	.0					.0	
	e	148,426.	0.	.0	13,480.	12,665.	174,57	.0	
PIETER FOSBURGH	8	•0	0.		.0	•	•0	0.	
	Ξ					<b>F</b> ( <b>B C m</b> ), <b>m</b> ),			
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Page 2

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

TROUT UNLIMITED, INC.

Schedule J (Form 990) 2008

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Schedule J (Form 990) 2008 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.	part for any additional information.	
PART I, LINE 4B: TU IS CURRENTLY PAYING INTO AN UNQUALIFIED PLAN FOR ITS		
OFFICERS AND KEY EMPLOYEES IN WHICH NONE OF THE OFFICERS OR KEY EMPLOYEES		
VEST IN UNTIL JANUARY OF 2012.		
		-
	Schedule J (Form 990) 2008	90) 200B

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SCHEDULE J-2

(Form 990)

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## **Continuation Sheet for Form 990**



Employer Identification number

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Department of the Treasury Internal Revenue Service

TROUT UNI	IMITED	- 	IN(	<u>C.</u>		E		waan and Higher	<u>38-161</u>	
Part I Continuation of Officers, Di		<u>us</u> t 	(ee:			EII	ipic			
(A) Name and Title	(B) Average			بر Posi	C)			<b>(D)</b> Reportable	(E) Reportable	(F) Estimated
	hours			k all			(v)	compensation	compensation	amount of
	per	È		T			<u> </u>	from	from related	other
	week	_				loyee		the	organizations	compensation
		lirecto				d and		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		EE OL I	stee			nsate		(***2/1000/10100/		and related
		1 trust	nal tru		oyee	ame	ļ			organizations
		individual trustee or director	nstitutional trustee	Officer	/ empl	Highest compensated employee	mer			
			su	5	ê.	물	Ē		····	
THEODORE ROOSEVELT, IV	F 00								0	
TRUSTEE	5.00	A A			-	<u> </u>	[	0.	0.	0.
MICHAEL W. SLATER	5.00	v						0.	0.	0.
TRUSTEE MICHAEL "SQUEAK" SMITH	5.00						<u> </u>	0.	<u> </u>	
TRUSTEE	5.00	x						0.	0.	0.
ELIZABETH STORER		<u> </u>	1							
TRUSTEE	5.00	X						0.	0.	0.
MARK ULLMAN										
TRUSTEE	5.00	X		<u> </u>		ļ		0.	0.	0.
CHARLES F. GAUVIN									_	
PRESIDENT & CEO	40.00			X				210,425.	0.	31,626.
HILLARY COLEY	40.00							140 000	•	25 000
CFO & CAO	40.00			X			· ·	147,707.	0.	25,898.
CHRIS WOOD CHIEF OPERATING OFFICER	40.00			x				159,290.	0.	27,047.
STEVE MOYER	40.00						<u> </u>			<u> </u>
VP-GOVERNMENT AFFAIR	40.00			ļ		x		134,201.	0.	24,932.
PIETER FOSBURGH	20.00	1				1.4				
CHIEF DEVELOPMENT OFFICE	40.00					x	ļ	148,426.	0.	26,145.
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE	М
(Form 990)	

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## **NonCash Contributions**

OMB No. 1545-0047

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.



#### Department of the Treasury Internal Revenue Service

#### Name of the organization

Attach to Form 990.

Employer	identif	ication n	umber
3	8-16	1271	5

-			TROUT	UNLIMITED,	INC
Pa	art l	Types of	Property		

<u>ر ملکار کا</u>	

		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions	<b>(c)</b> Revenues reported on Form 990, Part VIII, line 1g	(d) Method of dete revenue:	-	
1	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		· · · · · · · · · · · · · · · · · · ·		n anna a,		
8	Intellectual property						
9	Securities - Publicly traded	X	18	146,515.	FMV		
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 🕨 ()						
27	Other 🕨 ()						
28	Other 🕨 ( )						
29	Number of Forms 8283 received by the organi	zation durin	g the tax year	for contributions			
	for which the organization completed Form 82	83, Part IV,	Donee Acknov	vledgment 29			
						Yes	No
30a	During the year, did the organization receive b	y contributio	on any propert	y reported in Part I, lines 1-2	8 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		1
	the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that r	equires the rev	iew of any non-standard co	ntributions?	31	X
32a	Does the organization hire or use third parties	or related o	rganizations to	solicit, process, or sell non	cash		
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization did not report revenues in c	olumn (c) fo	r a type of pro	perty for which column (a) is	s checked,		
	describe in Part II.					la de la deserva	·
	Car Drivery Act and Dependence! Deduction	NI_4!	للمعالية مالي	wetterne fer Ferrer 000	Sebedule M		0000

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Schedule M (Form 990) 2008

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(Form 990)

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Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.



Employer identification number 38-1612715

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

TROUT UNLIMITED,

OREGON AND CEMENTED PROTECTION FOR 26 MILLION ACRES OF PRIME HUNTING

INC.

AND FISHING LAND IN THE WEST AND ALASKA. TU ADVOCATED STRONGLY FOR

THESE PROTECTIONS AND HELPED ANGLERS AND HUNTERS IN IDAHO SECURE

PERMANENT PROTECTION OF 9 MILLION UNTAMED, ROADLESS ACRES.

IN ALASKA, TU CONTINUED ITS MULTI-PRONG CAMPAIGN TO STOP CONSTRUCTION

OF A MASSIVE, OPEN-PIT MINE IN BRISTOL BAY AND CONVINCED THE ALASKA

BOARD OF FISHERIES TO BEGIN PHASING OUT THE USE OF FELT-SOLED WADING

GEAR IN SOUTHEAST ALASKA STARTING IN 2010. ELIMINATING FELT WILL HELP

TO PREVENT NON-NATIVE SPECIES FROM TAKING HOLD IN ALASKA AS THEY HAVE

IN THE LOWER 48.

IN THE EAST, TU'S STAFF AND GRASSROOTS MEMBERS MOBILIZED IN RESPONSE TO A NATURAL GAS RUSH UNDERWAY IN THE MARCELLUS SHALE, WHICH UNDERLIES PARTS OF PENNSYLVANIA, WEST VIRGINIA, NEW YORK, MARYLAND AND OHIO. TU IS ADVOCATING FOR STRONG HABITAT PROTECTIONS, TIGHTER STATE AND FEDERAL REGULATIONS, AND BETTER ENFORCEMENT OF EXISTING PROTECTIONS.

RECONNECT

TU CELEBRATED WITH ITS PARTNERS IN THE PENOBSCOT RIVER RESTORATION

TRUST IN JUNE, WHEN THE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

AWARDED THE TRUST A \$6 MILLION GRANT TO BEGIN REMOVAL OF THE GREAT

WORKS DAM. THE DAM IS ONE OF THREE THAT WILL BE PURCHASED AND REMOVED

OR BYPASSED TO RESTORE NEARLY 1,000 MILES OF HABITAT FOR ATLANTIC

SALMON AND 10 OTHER SPECIES OF SEA-RUN FISH.

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(Form 990)

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Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.



Employer identification number 38-1612715

OUT WEST, NATIVE BONNEVILLE CUTTHROAT TROUT SHOWED UP JUST A WEEK AFTER

INC.

TU COMPLETED THE RESTORATION WORK NECESSARY TO RECONNECT GRADE CREEK

WITH THE SMITHS FORK OF THE BEAR RIVER. TU WORKED WITH PRIVATE

LANDOWNERS AND THE NATURAL RESOURCES CONSERVATION SERVICE TO

TROUT UNLIMITED,

RECONSTRUCT MORE THAN 5,000 FEET OF STREAM CHANNEL, THEN INSTALLED A

FISH-FRIENDLY DIVERSION STRUCTURE AND FISH SCREEN, AND BURIED OVER FOUR

THOUSAND FEET OF PIPE FOR A MORE EFFICIENT WATER DELIVERY SYSTEM.

AND IN IDAHO, THE GOVERNOR SIGNED INTO LAW A NEW MANAGEMENT PLAN FOR

THE CHRONICALLY OVERSUBSCIBED EASTERN SNAKE PLAIN AQUIFER. TU

REPRESENTED THE CONSERVATION COMMUNITY DURING CREATION OF THE PLAN AND

SUCCESSFULLY TURNED ITS FOCUS AWAY FROM NEW STORAGE PROJECTS IN FAVOR

OF MORE CREATIVE, FISH-FRIENDLY WATER MANAGEMENT TOOLS.

RESTORE

ON-THE-GROUND PROJECTS TO RESTORE LOCAL STREAMS AND RIVERS ARE AMONG

TU'S GREATEST STRENGTHS. IN 2009, TU MEMBERS DONATED A REMARKABLE

676,000 HOURS TO HELP THEIR HOME WATERS. TU'S EMBRACE-A-STREAM

GRANTING PROGRAM SUPPORTED THESE LOCAL EFFORTS BY GIVING OUT JUST OVER

\$180,000 TO 25 TU CHAPTERS IN 15 STATES. THESE GRANTS SUPPORTED

HABITAT RESTORATION, YOUTH EDUCATION AND OTHER ON-THE-GROUND WORK.

IN CALIFORNIA, TU'S NORTH COAST COHO PROJECT CELEBRATED A DECADE OF

SUCCESS AND \$9 MILLION IN PUBLIC AND PRIVATE FUNDING INVESTED TO

 
 RESTORE
 SALMON
 AND
 STEELHEAD
 HABITAT
 THE
 PROJECT
 HAS
 DECOMMISSIONED

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 Schedule O (Form 990) 2008

 B32211 12-18-09
 12-18-09
 Schedule O (Form 990) 2008

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(Form 990)

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Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.



TROUT UNLIMITED, INC.

Employer identification number 38-1612715

OR UPGRADED MORE THAN 400 MILES OF ROAD, INSTALLED MORE THAN 250

IN-STREAM STRUCTURES AND KEPT A REMARKABLE 37,000 DUMP TRUCKSO WORTH OF

SEDIMENT FROM ENTERING COASTAL STREAMS.

AT THE NATIONAL LEVEL, TU LAUNCHED AMBITIOUS RESTORATION PROJECTS ON

THE SHENANDOAH HEADWATERS IN VIRGINIA AND THE UPPER DESCHUTES IN

OREGON. THESE PROJECTS ARE AMONG MORE THAN 15 HOME RIVERS EFFORTS,

WHICH WORK IN PARTNERSHIP WITH THE LOCAL COMMUNITY TO FIND INNOVATIVE

SOLUTIONS TO LARGE-SCALE CONSERVATION CHALLENGES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

YOUTH CAMPS, FROM MAINE TO GEORGIA TO WASHINGTON STATE. THE CAMPS

ENGAGED MORE THAN 150 KIDS AND MORE THAN 250 VOLUNTEERS AND INCLUDED

LESSONS IN ENTOMOLOGY, FISHING AND FLY TYING. ON AVERAGE, TU ADDS TWO

NEW CAMPS A YEAR, AND FORMER CAMPERS ARE NOW COMING BACK TO VOLUNTEER.

HIGH SCHOOL STUDENTS ALSO PLANTED HUNDREDS OF NATIVE TREES AND GRASSES

ON THE POTOMAC HEADWATERS IN WEST VIRGINIA AND ON MORES AND GRIMES

CREEKS ON THE BOISE RIVER. TU IS WORKING TO ADD A YOUTH EDUCATION

COMPONENT TO ALL OF ITS WATERSHED RESTORATION PROJECTS NATIONWIDE.

THROUGH THE TROUT IN THE CLASSROOM PROGRAM, TU STAFF AND VOLUNTEERS REACHED MORE THAN 20,000 KIDS WITH INFORMATION ABOUT THE IMPORTANCE OF CLEAN WATER AND HEALTHY FISHERIES. THE ORGANIZATION ALSO SIGNED AN MOU WITH THE BOY SCOUTS OF AMERICA, AND A TU VOLUNTEER WROTE THE

 CONSERVATION
 Section
 UPDATES
 FOR
 THE
 FLY
 FISHING
 MERIT
 BADGE
 NEARLY

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 Schedule O (Form 990) 2008
 Schedule O (Form 990) 2008

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 12-18-08
 Schedule O (Form 990)
 Schedule O (Form 990) 2008

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(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.



TROUT UNLIMITED, INC

Employer identification number 38-1612715

7,000 SCOUTS HAVE EARNED SINCE THE BADGE'S INCEPTION IN 2002.

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 \$ 434348. INCLUDING GRANTS OF \$ 0. 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 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 SLATE OF BOARD MEMBERS AND CHANGES TO THE BYLAWS AS PRESENTED AT THE ANNUAL MEETING.

 FORM
 990,
 PART
 VI,
 SECTION A,
 LINE
 10:
 A
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 OF
 THE
 FORM
 990
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(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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# Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.



Employer identification number 38-1612715

TROUT UNLIMITED, INC.

#### 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 AS THEY COMPARE 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 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: AK,AL,AR,AZ,CA,CO,CT,DC,DE,FL,GA,HI,IA,ID,IL,IN,KS,KY,LA,MA,MD,ME,MI,MS,MN MO,MT,NC,ND,NE,NJ,NH,NM,NV,NY,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VA,VT,WA,WI,WV, WY

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

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(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

INC.



Employer identification number 38-1612715

#### THE DOCUMENTS AVAILABLE UPON REQUEST.

#### FORM 990, PART XI, LINE 2C

THE PROCESS HAS BEEN CONSISTENT WITH PRIOR YEARS.

TROUT UNLIMITED,

•			** PUBL	IC DISCLOSURE	СО	РҮ **				
	ົດເ	חו	Return of Organ	ization Exemp	ot Fi	rom In	come	e Tax		OMB No. 1545-0047
Forr	n 95	<b>JU</b>		or 4947(a)(1) of the Internal	Reven	ue Code (exc				200/
Depa	uriment of	the Treasury	<b>N -</b>	benefit trust or private found	-					Open to Public
	nal Revenu		The organization may have						<u> </u>	Inspection
				СТ 1, 2007	and er	iding SE	<u>P 30</u>	-		
Bc	Check if applicable:	Piease	ame of organization					D Employ	er iden	tification number
	Address	use IRS I label or mp	OUT UNLIMITED, INC					20	161	2715
<u>_</u>	change ]Name	type.	Umber and street (or D.O. hav if melling	• at delivered to otreat address)		0.0	om/suite	E Telepho		
<u> </u>	change Initial	See	umber and street (or P.O. box if mail is n 00 17TH ST N	of delivered to street address)	i	50				522-0200
<u> </u>	_lretum ]Termin-	Inchas	ity or town, state or country, and ZIP + 4				0	F Accountin		
<u> </u>	lation Amende return		LINGTON, VA 22209	-3311					er cify)	
Ē	Applicat	tion e Sectio	on 501(c)(3) organizations and 4947(a)(		sts	H and I are	not appl			527 organizations.
	-penomp	' must	attach a completed Schedule A (Form 9	90 or 990-EZ).		H(a) is this				
G١	Nebsite:	►WWW.T	U.ORG			H(b) If "Yes				
J (	Organiza	tion type (check	only one) 🏲 🔀 501(c) ( 3 🛛 ) ◀ (inser	t no.) 4947(a)(1) or	527	H(c) Are all	affiliates i	ncluded?		
K (	Check he	re 🕨 🛄 if 1	he organization is not a 509(a)(3) suppo	rting organization and its gros	S	(If 'No H(d) is this	," attach a a seoarati		ed by ar	
			t more than \$25,000. A return is not requ	iired, but if the organization		ganiza	tion cover	ed by a gr	oup ruli	ng? 🔄 Yes 🔯 No
	chooses	to file a return,	be sure to file a complete return.					n Number		N/A
				00 041 00	~					is not required to attach
		<u>.</u>	s 6b, 8b, 9b, and 10b to line 12 ►	22,341,29			(Form 99	0, 990-EZ	, or 990	-PF).
Pa	1		Expenses, and Changes in		Bala	Inces			<b>武</b> 王	
	1		, gifts, grants, and similar amounts receiv		<b>-</b> -	1				
	I .		to donor advised funds		<u>1a</u> 1b	12 3	08,6	28		
			Support (not included on line 1a)		10	12/3	0070			
	d d		contributions (grants) (not included on lin		1d	4.2	93,3	65.		
	e		es 1a through 1d) (cash $ = 16, 6 $						e	16,601,993.
	2		ice revenue including government fees ar						2	92,942.
	3	-	dues and assessments	•				· -	3	4,148,267.
	4		vings and temporary cash investments						4	44,385.
	5	Dividends and	I interest from securities	,	,,	·····			5	450,648.
	6 a	Gross rents								
	b		xpenses						09999 10990	
e	C _ C		ome or (loss). Subtract line 6b from line 6	Sa		•••••			jc	
Revenue	7		ient income (describe 🕨		1		00	)	7	
Re	6 8 a		t from sales of assets other	(A) Securities 738, 319.	8a	(8)	Other			
	b		/ other basis and sales expenses	731,115.						
			(attach schedule)							
	d		oss). Combine line 8c, columns (A) and (I		00	1		8	3d	7,204.
	9		s and activities (attach schedule). If any a		here I	Image: A state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	• • • • • • • • • • • • • • • • •			
	a			f contributions reported on line 1b)	9a		71,3 64,5	49.		
	b		penses other than fundraising expenses		9b	1	64,5	34.		
	C	Net income of	(loss) from special events. Subtract line	9b from line 9a S	EE	STATEM	ENT	2 9	lc	6,815.
	10 a	Gross sales o	f inventory, less returns and allowances		10a					
	b		goods sold		10b					
	C	-	r (loss) from sales of inventory (attach so						<u>0c</u>	0.0 .0.5
	11		(from Part VII, line 103)						1	<u>93,395.</u> 21,445,649.
	12	Total revenue	e. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	Jc, and 11	• • • • • • • • • • •		• • • • • • • • • • • • • • • •	1	2	<u>17,601,432.</u>
SS	13		ices (from line 44, column (B))						3  4	875,911.
SUS	14 15		and general (from line 44, column (C)) from line 44, column (D))						14	2,346,735.
Expenses	16		affiliates (attach schedule)						6	
ш	17		es. Add lines 16 and 44, column (A)						7	20,824,078.
	18		ficit) for the year. Subtract line 17 from li						8	621,571.
Net Assets	19		fund balances at beginning of year (from		•••••				9	13,778,075.
Å SS	20		s in net assets or fund balances (attach e						20	-1,427,270.
	21		fund balances at end of year. Combine lin						21	12,972,376.

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38-1612715 Page 2

orn	n 990 (2007) TROUT UN	ТТЫТ	TED, INC.			<u>12715 Page 2</u>
Pa	Statement of         All o           Functional Expenses         and	rganizati (4) orgai	ons must complete column nizations and section 4947(a	l)(1) nonexempt charitabl	d (D) are required for section e trusts but optional for other	\$
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
2a	Grants paid from donor advised funds					
	(attach schedule)					
	γodan φ ποποσοπ φ	•				
	If this amount includes foreign grants, check here 🕨 📃	<u>22a</u>				
	Other grants and allocations (attach schedu	le)			STATEMENT 5	
	(cash \$ 593969 noncash \$ 0	•)	500.000			
	If this amount includes foreign grants, check here 🕨 📃	_ <u>22b</u>	593,969.	593,969.		
3	Specific assistance to individuals (attach					
	schedule)	23				
1	Benefits paid to or for members (attach					
	schedule)	. 24				
Бa	Compensation of current officers, directors, key			c		C7 C75
	employees, etc. listed in Part V-A	. 25a	765,151.	641,426.	56,050.	67,675
b	Compensation of former officers, directors, key			0		0
	employees, etc. listed in Part V-B	25b	0.	0.	0.	0
C	Compensation and other distributions, not include	ed				
	above, to disqualified persons (as defined under					
	section 4958(f)(1)) and persons described in					
	section 4958(c)(3)(B)	25c				
	Salaries and wages of employees not					
	included on lines 25a, b, and c	26	5,822,532.	4,886,358.	424,377.	<u> </u>
	Pension plan contributions not included on					
	lines 25a, b, and c	. 27	165,589.	137,832.	12,525.	15,232
8	Employee benefits not included on lines					
-	25a - 27	28	610,552.	508,205.		56,164
9	Payroll taxes		551,260.	458,852.	41,698.	50,710
	Professional fundraising fees	- I i	34,969.			34,969
	Accounting fees	1 1	48,700.		48,700.	
	Legal fees	1 1	38,380.	17,249.	21,131.	
	Supplies		387,375.	364,683.		21,437
	Telephone		205,291.	187,151.	4,206.	13,934
	Postage and shipping		919,216.	583,241.		334 <b>,</b> 998
	Occupancy		550,579.	496,107.	16,438.	38,034
17	Equipment rental and maintenance	. –	124,728.	106,589	7,651.	10,488
38	Printing and publications	1 1	1,236,929.	863,723		372,997
	Travel		1,387,943.	1,255,077	. 20,173.	112,693
10	Conferences, conventions, and meetings		511,799.	454,803	. 35,319.	21,677
11	Interest		·····			
12	Depreciation, depletion, etc. (attach schedule		104,151.	88,531	6,588.	9,032
	Other expenses not covered above (itemize		·			
		43a				
	1	43b				
				····		
l	1	43e				
	3	431		<u></u>		
	SEE STATEMENT 4	43g	6,764,965.	5,957,636	. 132,431.	674,898
<u>ا</u> م			0770175001			
14	Total functional expenses. Add lines 22a throug 43g. (Organizations completing columns (B)-(D)	1				
			20,824,078.	17,601.432	. 875,911.	2,346,735
	carry these totals to lines 13-15)			1110011102		
A re	int Costs. Check ▶ 🛄 if you are follow e any joint costs from a combined educational caπ Yes," enter (i) the aggregate amount of these joint	ipaign ar	nd fundraising solicitation re	ported in (B) Program set (ii) the amount allocated	to Program services \$	X Yes
	) the amount allocated to Management and genera		0 <u>; a</u> nd	(iv) the amount allocated	to Fundraising \$ 56	0,529.
	27-07			·		Form <b>990</b> (20

TROUT	UNLIMITED,	INC.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its retum. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 8	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 6	
	_
(Grants and allocations \$ 300, 362.) If this amount includes foreign grants, check here	12,383,150.
b SEE STATEMENT 8	
	-
(Grants and allocations \$ 5,826.) If this amount includes foreign grants, check here	3,342,104.
c <u>SEE STATEMENT</u> 7	
	1,489,907.
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► L d 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	5 ) 
FOR TROUT AND SALMON PROGRAMS.	_
(Grants and allocations \$ ) If this amount includes foreign grants, check here 🕨 L	386,271.
e Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ L	17,601,432.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	Form <b>990</b> (2007)

Form 990 (2007)

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TROUT	UNLIMITED,	INC.

Form 990 (2007)

Part IV	Balance Sheets (See the instructions.)				,	
	ere required, attached schedules and amounts w	ithin the	description column	(A)		(B)
shot	uld be for end-of-year amounts only.			Beginning of year		End of year
				400		105
45	Cash • non-interest-bearing			409.	45	125.
46	Savings and temporary cash investments		·····	2,981,096.	46	3,115,832.
		1	101 400			
47 a	Accounts receivable		131,422.	204 526		100 140
b	Less: allowance for doubtful accounts	47b	2,282.	204,526.	47c	129,140.
			207 226			
48 a	•		287,326.	464,881.	10-	287,326
b				1,454,342.		1,758,185
49	Grants receivable			1,434,342.	49	1,150,105
50 a					50.0	
	key employees				50a	~~~~~~
6	Receivables from other disqualified persons (a				50b	
stesset 51 a	4958(f)(1)) and persons described in section 49		I(B)			
%, ⊳⊺a ≪	Other notes and loans receivable				51c	
				511,152.		518,761
52 53	Inventories for sale or use Prepaid expenses and deferred charges			306,599.		335,573
54 a	amy			7,057,819.		7,395,074
	Investments - other securities STM	τ. <u>1</u> 0		1,997,310.		768,105
	Investments - land, buildings, and	÷÷.•				
JU 4	equipment: basis	55a				
h	Less: accumulated depreciation	55b			55c	
56	Investments - other				56	
57 a		1	700,384.			
Ь	Less: accumulated depreciation STMT 9	57b	236,070.	425,376.	57c	464,314.
58	Other assets, including program-related investments	;				
	(describe 🕨		)		58	
59	Total assets (must equal line 74). Add lines 45	5 throug	<u>h 58</u>	15,403,510.		14,772,435
60	Accounts payable and accrued expenses			1,340,063.	60	1,558,364
61	Grants payable				61	
62	Deferred revenue	,		· ····································	62	
19 63	Loans from officers, directors, trustees, and ke	ey emplo	oyees		63	
			·····		64a	
Lie	b Mortgages and other notes payable				64b	241 605
65	Other liabilities (describe <b>REFUNDABLE</b>	ADV	ANCES )	285,372.	65	241,695
		n.		1 635 435		1,800,059
66	Total liabilities. Add lines 60 through 65			1,625,435.	66	1,000,009
Org	anizations that follow SFAS 117, check here		and complete lines			
s c	67 through 69 and lines 73 and 74.			2,372,458.	67	1,754,242
8 67	Unrestricted			5,636,463.		5,238,788
	Temporarily restricted			5,769,154.		5,979,346
69 72 12	Permanently restricted			5776571511	03	
	anizations that do not follow SFAS 117, check	v nete l				
Vet Assets or Fund Balances 89 80 80 80 81 82 83 83 83 83 83 83 83 83 83 83	complete lines 70 through 74. Capital stock, trust principal, or current funds			70		
si 70 82 71	Paid-in or capital surplus, or land, building, and				71	
SSA 72	Retained earnings, endowment, accumulated		1		72	
tej 73	Total net assets or fund balances. Add lines 67 thr		1		0.500	
z  ′°	(Column (A) must equal line 19 and column (B) must	-		13,778,075.	73	12,972,376
74	Total liabilities and net assets/fund balance			15,403,510.		14,772,435.
				·····		Form <b>990</b> (2007

For	n 990 (2007) TROUT UNLIMITED, INC.				16127	
Line of the second	IT IV-A Reconciliation of Revenue per Audited Finar	ncial Statements Wi	th Revenue pe	er Re	turn (Se	e the
2535	instructions.)		-			
	Total revenue, gains, and other support per audited financial statemer				a 2	0182913.
a Þ	Amounts included on line a but not on Part I, line 12:					
b -	Net unrealized gains on investments	h	1 -14272	70.		
1	Net unrealized gains on investments					
2	Donated services and use of facilities		2			
3	Recoveries of prior year grants	L .				
4	Other (specify):				1999) h	1427270.
	Add lines <b>b1</b> through <b>b4</b>					1610183.
C	Subtract line b from line a	••••••••			<u> </u>	1010103.
đ	Amounts included on Part I, line 12, but not on line a:	1	1			
1	Investment expenses not included on Part I, line 6b	<u>d</u>	1			
2	Other (specify): EVENT EXPENSE	<u>d</u>	<b>2</b> -164,5	34.		
	Add lines d1 and d2					164,534.
e	Total revenue (Part I, line 12). Add lines c and d art IV-B Reconciliation of Expenses per Audited Fina				<u>e 2</u>	1445649.
Pa	art IV-B Reconciliation of Expenses per Audited Fina	incial Statements W	ith Expenses	per l	Return	
а	Total expenses and losses per audited financial statements		****	,	a 2	0988612.
b	Amounts included on line a but not on Part I, line 17:					
1	Donated services and use of facilities	b	1			
2		b	2			
3		h	3			
4			4 164,5	34.		
4	Add lines <b>b1</b> through <b>b4</b>				A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A	164,534.
-						0824078.
C	Subtract line b from line a					
0	Amounts included on Part I, line 17, but not on line a:	١.	•			
1	•••••••		2			
2	Other (specify):		2			0
	Add lines d1 and d2				d n	0.
8	Total expenses (Part I, line 17). Add lines c and d				e 2	0824078.
e Pi	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke	y Employees (List eau	h person who was		e 2	0824078.
e Pi	Total expenses (Part I, line 17). Add lines c and d	y Employees (List each of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	h person who was the instructions.)	s an of	e 2 fficer, dire	0824078 . ctor, trustee,
e Pi	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke	y Employees (List each of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	h person who was the instructions.)	s an of	e 2 fficer, dire	0824078 . ctor, trustee,
• •	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	y Employees (List eau	h person who was the instructions.)	s an of	e 2 fficer, dire	0824078 . ctor, trustee,
• • •	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	y Employees (List each of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	h person who was the instructions.)	s an of	e 2 fficer, dire	0824078 . ctor, trustee,
	Total expenses (Part  , line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List each of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D) Co emple plans compe	e 2 fficer, dire ntributions to over benefit s & deferred insation plans	(E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	y Employees (List each of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	h person who was the instructions.)	(D) Co emple plans compe	e 2 fficer, dire ntributions to over benefit s & deferred insation plans	0824078 . ctor, trustee,
	Total expenses (Part  , line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List each of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D) Co emple plans compe	e 2 fficer, dire ntributions to over benefit s & deferred insation plans	(E) Expense account and other allowances
	Total expenses (Part  , line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List each of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D) Co emple plans compe	e 2 fficer, dire ntributions to over benefit s & deferred insation plans	(E) Expense account and other allowances
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Form **990** (2007)

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	990 (2007) TROUT UNLIMITED, INC.	<b></b>		38-16127		,	age <b>6</b>	
سيحت تشتقه	t V-A Current Officers, Directors, Trustees, and Ke	······································		88		Yes	No	
75 a	Enter the total number of officers, directors, and trustees permitted t			26				
	meetings		🕨	36				
b	b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees							
	listed in Schedule A, Part I, or highest compensated professional and	d other independent contr	actors listed in Sch	nedule A,				
	Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies							
	the individuals and explains the relationship(s)				75b		X	
C	Do any officers, directors, trustees, or key employees listed in Form 9							
	listed in Schedule A, Part I, or highest compensated professional and					/.S=0.S1		
	Part II-A or II-B, receive compensation from any other organizations,							
	organization? See the instructions for the definition of "related organ		•••••••	·····	75c	000000	X	
	If "Yes," attach a statement that includes the information described					v V		
	Does the organization have a written conflict of interest policy? TV-B Former Officers, Directors, Trustees, and Ke	y Employees That D	Pageived Com			X		
Pa	<b>TV-B</b> Former Officers, Directors, Trustees, and Ke Benefits (If any former officer, director, trustee, or key en	y Employees mat r	sation or other ben	efits (described	r Qu belov	ici Mur	ina	
	the year, list that person below and enter the amount of co	mpensation or other benel	fits in the appropria	ate column. See	the ins	tructio	ons.)	
			(C) Compensation	(D) Contributions to		) Expe		
	(A) Name and address	(B) Loans and Advances	(if not paid,	employee benefit plans & deferred		count		
<u></u>	NONE		enter-0-)	compensation plans		diiQW	ances	
- <b>-</b>								
	<b></b>							
		······			+	••••••		
		· · · · · · · · · · · · · · · · · · ·			1		••••••	
				·····				
<del></del>	anna a tha ann an ann ann ann an 1970 ann an 1970 ann an 1970.				1			
<u></u>	,							
			]	L				
Pa	rt VI Other Information (See the instructions.)				·	Yes	No	
76	Did the organization make a change in its activities or methods of co	nducting activities? If "Ye	s," attach a detaile	d				
	statement of each change				76		X	
77	Were any changes made in the organizing or governing documents I	but not reported to the IRS	\$?		77		X	
	If "Yes," attach a conformed copy of the changes.							
78 a	Did the organization have unrelated business gross income of \$1,00	0 or more during the year	covered by this ret	urn?	78a	X		
b					78b	Х		
79	Was there a liquidation, dissolution, termination, or substantial contr				79		X	
80 a	Is the organization related (other than by association with a statewid							
	membership, governing bodies, trustees, officers, etc., to any other	exempt or nonexempt org	anization?		80a		X	
b	If "Yes," enter the name of the organization $\blacktriangleright$ N/A							
	· · · · · · · · · · · · · · · · · · ·	and check whether it is		nonexempt				
04 -	Ester direct and indirect calibleal expanditures. (See line 91 instruction	288 )	219	0.1		1000 (SS)		

81 a	Enter direct and indirect political expenditures. (See line	81 instructions.)	 81a	
<u>         b</u>	Did the organization file Form 1120-POL for this year?		 	

81b Form 990 (2007)

Х

_ `,	990 (2007) TROUT UNLIMITED, INC.	38-1612	2715	p	age <b>7</b>
	990 (2007) TROUT UNLIMITED, INC.				No
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or	at substantially			
02 a	less than fair rental value?		82a		x
5	If "Yes," you may indicate the value of these items here. Do not include this				
b	amount as revenue in Part I or as an expense in Part II.				
	(See instructions in Part III.)	N/A			
83 -	Did the organization comply with the public inspection requirements for returns and exemption applications?			X	69999494648
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	<u> </u>
~ .	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	84a		<u> </u>
84 a	If "Yes," did the organization include with every solicitation an express statement that such contributions or g	ifts were not			
u	tax deductible?	N/A	84b	00000000	ardobrakosta.
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	85a	1	
00 q h	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b	<u> </u>	
u	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	received a			
	waiver for proxy tax owed for the prior year.				
~	Dues, assessments, and similar amounts from members	N/A			
С г	Section 162(e) lobbying and political expenditures	N/A			
đ	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A			
8	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A			
1	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g	ioovioi va	Coloradore (
g b	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f		009		1
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the				
	following tax year?	N/A	85h		
96	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on				
86		N/A			
h		N/A			
07	501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A			
87 b					
b	against amounts due or received from them.)	N/A			1000050
00 -	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or pa	4000MINT			
00 4	or an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7				
	If "Yes," complete Part IX		88a	100,000,000	X
b	and the second second second second second second second second second second second second second second second	nina of			1
ч	section 512(b)(13)? If "Yes," complete Part XI		► 88b		x
90 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:				
05 0	section 4911 ► ; section 4912 ► 0 •; section 4955 ►	0.			1
ь	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit				
U	transaction during the year or did it become aware of an excess benefit transaction from a prior year?				1250.651
	If "Yes," attach a statement explaining each transaction		89b		X
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under				
Ŀ	sections 4912, 4955, and 4958	0.			
н	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.			
u P	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter tran	saction?	89e	100000000	X
C f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract			1	X
י ת	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the support				1
y	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the ye	ar?	89a	, presidente († 196	X
00 2	List the states with which a copy of this return is filed <b>E</b> SEE STATEMENT 13				_l
	Number of employees employed in the pay period that includes March 12, 2007	90b			94
	The books are in care of ► THE CORPORATION Telephone n	o.▶ (703)	522	2-02	200
91 a	Located at ► 1300 N. 17TH ST., # 500, ARLINGTON, VA	ZIP + 4			
F	At any time during the calendar year, did the organization have an interest in or a signature or other authority				No
U	a financial account in a foreign country (such as a bank account, securities account, or other financial accou		91b		X
	If "Yes," enter the name of the foreign country $\blacktriangleright$ N/A			35.38693 	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
	and Financial Accounts.				
	anu manuja Autounta.		Providence -	<u></u>	<u>,</u>

Form 990 (2007)

•					
Form 990 (2007) TROUT UNLIMI	TED, INC	•		38-1	612715 Page 8
Part VI Other Information (continued)					Yes No
c At any time during the calendar year, did the orga			the Unit	ed States?	91c X
If "Yes," enter the name of the foreign country 🕨					— <b>、</b> —
92 Section 4947(a)(1) nonexempt charitable trusts filin	ng Form 990 in li	eu of Form 1041- Ch	ieck her	∍	
and enter the amount of tax-exempt interest received	ved or accrued o	during the tax year		🖻   92	N/A
Part VII Analysis of Income-Producing A	ACLIVILIES (See	e the instructions.) Dusiness income	Evolution	by section 512, 513, or 514	
Note: Enter gross amounts unless otherwise	(A)	(B)	(C)	(D)	(E)
indicated.	Business	Amount	Exclu- sion	Amount	Related or exempt function income
93 Program service revenue:		02 042	code		
a <u>PUBLICATIONS</u>	541800	92,942.			
b					
C					
d					
8					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					1 140 267
94 Membership dues and assessments			1.4	44 205	4,148,267.
95 Interest on savings and temporary cash investments			14	44,385.	
96 Dividends and interest from securities			14	450,648.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
t not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets					7 204
other than inventory				<u> </u>	7,204.
101 Net income or (loss) from special events			01	6,815.	
102 Gross profit or (loss) from sales of inventory		3.00000 <del>0</del>	-		
103 Other revenue:			1	40.000	
a ROYALTIES			15	48,882.	<u></u>
<b>MAILING LIST RENTAL</b>			15	44,513.	
C					·
d					
е		00.040	100000000		
104 Subtotal (add columns (B), (D), and (E))		92,942.		595,243.	4,155,471.
105 Total (add line 104, columns (B), (D), and (E))			• • • • • • • • • • • • • • • • • • • •	▶_	4,843,656.
Note: Line 105 plus line 1e, Part I, should equal the amo					. <u> </u>
Part VIII Relationship of Activities to the					
Line No. Explain how each activity for which income is rep			l importa	ntly to the accomplishment o	if the organization's
exempt purposes (other than by providing funds			NODE		
94 MEMBERS BENEFIT FROM PH			NORT	H AMERICA WH.	ICH REDUCE
POLLUTION AND IMPROVE H	SHING 1	ABITATS.			
	Out the state	Diana manal	1 51		
Part IX Information Regarding Taxable	Subsidiarie	(C)	ea En	(D)	ns.) (E)
Name address and FIN of cornoration. Percentage of	. N	lature of activities		Total income	End-of-year
partnership, or disregarded entity ownership inter					assets
	%				
N/A	%				
	%			1_ 000000000	
	%	-1	<b>D</b>		
Part X Information Regarding Transfe			~		
(a) Did the organization, during the year, receive any funds,					Yes X No
(b) Did the organization, during the year, pay premiums, dir		on a personal benefit c	ontract?		Yes X No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (s	ee instructions).				

Form 990 (2007)

Part XI       Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).       N / A         Yes No	Form 99	TROUT UNLIMITED, INC.		38-161	
Ves No       108     Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code7 If 'Yes.'     (D)       (A)     (B)     (B)     (C)     (D)       (A)     (B)     (B)     (D)     (D)       (B)     (C)     (D)     (D)     (D)       (A)     (B)     (B)     (D)     (D)       (B)     (D)     (D)     (D)     (D)       (C)     (D)     (D)     (D)     (D)       (B)     (D)     (D)     (D)     (D)       (C)     (D)     (D)     (D)     (D)       (D)     (D)     (D)     (D)     (D) <tr< td=""><td></td><td>Information Regarding Transfers To and From C</td><td></td><td>s. Complete only if the organiz</td><td>zation is a</td></tr<>		Information Regarding Transfers To and From C		s. Complete only if the organiz	zation is a
196       Did the reporting organization make any transfere to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes.'       (D)         Image: address, of each       (B)       (C)       (D)         Image: address, of each       (D)       (D)       (D)       (D)         Image: address, of each       (D)       (D)       (D)       (D)       (D)         Image: address, of each       (D)       (D)       (D)       (D)       (D)         Image: address, of each       (D)       (D)       (D)       (D)       (D)         Image: address, of each       (D)       (D)       (D)       (D)       (D)       (D)         Image: address, of each       (D)       (D)       (D)       (D)       (D)       (D)       (D)       (D)       (D)         Image: address, of each       (D)		controlling organization as defined in section 512(b)(13).	N/A		
complete the schedule below for each controlled entity.       (8)       (3)       (9)       (3)       (2)       (0)         Name, address, of each controlled entity       Smiphore item item item item item item item ite					
(A) Nome, address, of each controlled entity       (B) Entitive Iteratilization Number       (C) Description transfer       (D) Amount of transfer         a			as defined in section 5	12(b)(13) of the Code7 It "Yes,	
Name, address, of each     Endlayer transfer     Description of transfer     Amount of transfer       a			(B)	(C)	
controlled entity     Itentification     transfer     transfer       a		••	Employer		
a				-	transfer
b					
b	a – –				
Totals         Totals         Yes No.         Yes No.         (C)       (C)       (D)       (D	-				
Totals         Totals         Yes No.         Yes No.         (C)       (C)       (D)       (D					
Totals         Yes No.         107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"       Yes No.         Complete the schedule below for each controlled entity.         (A)       (B)         Name, address, of each         Complete the schedule below for each controlled entity.         (C)       (D)         Amount of transfer         Totals         Totals         Yes No.         Piewed to regular the prepart of the scolared din prepart of the prepart of the prepart t	b				
Totals         Yes No.         107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"       Yes No.         Complete the schedule below for each controlled entity.         (A)       (B)         Name, address, of each         Complete the schedule below for each controlled entity.         (C)       (D)         Amount of transfer         Totals         Totals         Yes No.         Piewed to regular the prepart of the scolared din prepart of the prepart of the prepart t					
Totals         Yes No.         107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"       Yes No.         Complete the schedule below for each controlled entity.         (A)       (B)         Name, address, of each         Complete the schedule below for each controlled entity.         (C)       (D)         Amount of transfer         Totals         Totals         Yes No.         Piewed to regular the prepart of the scolared din prepart of the prepart of the prepart t					
Yes No         107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"       Yes No         107 Did the reporting organization receive any transfers from a controlled entity.       (B)       (C)       (D)         a       (B)       (C)       (D)       Amount of transfer         a       (C)       (D)       Amount of transfer       Amount of transfer         b       (C)       (D)       (D)       Amount of transfer         b       (C)       (D)       (D)       Amount of transfer         c       (C)       (D)       (D)       (D)         c       (D)       (D)       (D)       (D)       (D)         d       (D)       (D)       (D)       (D)       (D)         c       (D)       (D)       (D)       (D)       (D)         c       (D)       (D)       (D)       (D)       (D)         d       (D)	c				
Yes No         107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"       Yes No         107 Did the reporting organization receive any transfers from a controlled entity.       (B)       (C)       (D)         a       (B)       (C)       (D)       Amount of transfer         a       (C)       (D)       Amount of transfer       Amount of transfer         b       (C)       (D)       (D)       Amount of transfer         b       (C)       (D)       (D)       Amount of transfer         c       (C)       (D)       (D)       (D)         c       (D)       (D)       (D)       (D)       (D)         d       (D)       (D)       (D)       (D)       (D)         c       (D)       (D)       (D)       (D)       (D)         c       (D)       (D)       (D)       (D)       (D)         d       (D)					
Yes No         107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"       Yes No         107 Did the reporting organization receive any transfers from a controlled entity.       (B)       (C)       (D)         a       (B)       (C)       (D)       Amount of transfer         a       (C)       (D)       Amount of transfer       Amount of transfer         b       (C)       (D)       (D)       Amount of transfer         b       (C)       (D)       (D)       Amount of transfer         c       (C)       (D)       (D)       (D)         c       (D)       (D)       (D)       (D)       (D)         d       (D)       (D)       (D)       (D)       (D)         c       (D)       (D)       (D)       (D)       (D)         c       (D)       (D)       (D)       (D)       (D)         d       (D)		Tetolo			
107       Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes."         (A)       (B)         (B)       (C)         (D)       Name, address, of each         controlled entity       (C)         (D)       Amount of transfer         (D)       Name, address, of each         (Employer       Description of transfer         (D)       Name, address, of each         (D)       Name, address, of each         (D)       Name, address, of each         (Employer       Description of transfer         (D)       Transfer         (D)       Amount of transfer         (D)       Totals         (D)       Totals         (D)       Totals         (D)       Totals         (D)       Index enabling written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annutites described in question 107 above?         (D)       Under enabling the projung, tackate an ethild method on ethild regard o		IO(dis			Yes No
complete the schedule below for each controlled entity.         (A)       (B)       (C)       (D)         Name, address, of each controlled entity       Employer identification in Number       Description of transfer       Amount of transfer         a       Image: address, of each controlled entity       Image: address, of each controlled entity       Image: address in the state of transfer       Amount of transfer         a       Image: address in the state of transfer         b       Image: address in the state of transfer         c       Image: address in the state of transfer       Image: address in the state of transfer       Image: address in the state of transfer       Image: address in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st	107 Di	d the reporting organization <b>receive</b> any transfers <b>from</b> a controlled er	ntity as defined in sect	tion 512(b)(13) of the Code? If	
(A)     (B)     (C)     (D)       Name, address, of each controlled entity     Implyor item/liteation Number     Description of transfer     Amount of transfer       a		• • •	•		
Identification     transfer       icontrolled entity     itentification       icontrest <td></td> <td></td> <td>(B)</td> <td></td> <td></td>			(B)		
a       Number         b			Identification	-	
b		controlled entity	Number	transfer	transier
b					
c       Totals         Totals         Yes No         108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annulites described in question 107 above?         Under penaltific of perjury, I declare that I have exampled this? Tetur, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaratory of preparer (other than office) is plaated on all information of which preparer has any knowledge.         Please       3/13/09         Signature of officer       3/13/09         HILLARY P. COLEY, CHIEF FINANCIAL OFFICER       Date         Type or print name and title       3/13/09         Preparer's signature       Signature         Firm's name (or yours if scale, and the scale)       Signature         scale-molecy of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the s	a				
c       Totals         Totals         Yes No         108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annulites described in question 107 above?         Under penaltific of perjury, I declare that I have exampled this? Tetur, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaratory of preparer (other than office) is plaated on all information of which preparer has any knowledge.         Please       3/13/09         Signature of officer       3/13/09         HILLARY P. COLEY, CHIEF FINANCIAL OFFICER       Date         Type or print name and title       3/13/09         Preparer's signature       Signature         Firm's name (or yours if scale, and the scale)       Signature         scale-molecy of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the s					
c       Totals         Totals         Yes No         108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annulites described in question 107 above?         Under penaltific of perjury, I declare that I have exampled this? Tetur, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaratory of preparer (other than office) is plaated on all information of which preparer has any knowledge.         Please       3/13/09         Signature of officer       3/13/09         HILLARY P. COLEY, CHIEF FINANCIAL OFFICER       Date         Type or print name and title       3/13/09         Preparer's signature       Signature         Firm's name (or yours if scale, and the scale)       Signature         scale-molecy of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the scale of the s	.				
Totals         Totals         108       Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?       Yes       No         Under penaltic of penaltic of penaltic of propert (becievation of propert (becievation of propert (becievation of propert (becievation of propert) is taskd on all/filtermation of which preparer has any knowledge       3 / 13 / 04       Yes       No         Please       Signature of officer       Bignature of officer       3 / 13 / 04       Date       Date       Date         Preparer's signature of officer       HILLARY P. COLEY, CHIEF FINANCIAL OFFICER       Date       Preparer's SN or PTIN (See Gen. Inst. X)         Paid       Preparer's signature of officer       Bate       2//3 / 04       Preparer's SSN or PTIN (See Gen. Inst. X)         Firm's name (or yours if sett-mstoyed), address, and ZIP + 4       NO       Step A 200       Preparer's SON or PTIN (See Gen. Inst. X)	^a				
Totals         Totals         108       Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?       Yes       No         Under penaltic of penaltic of penaltic of propert (becievation of propert (becievation of propert (becievation of propert (becievation of propert) is taskd on all/filtermation of which preparer has any knowledge       3 / 13 / 04       Yes       No         Please       Signature of officer       Bignature of officer       3 / 13 / 04       Date       Date       Date         Preparer's signature of officer       HILLARY P. COLEY, CHIEF FINANCIAL OFFICER       Date       Preparer's SN or PTIN (See Gen. Inst. X)         Paid       Preparer's signature of officer       Bate       2//3 / 04       Preparer's SSN or PTIN (See Gen. Inst. X)         Firm's name (or yours if sett-mstoyed), address, and ZIP + 4       NO       Step A 200       Preparer's SON or PTIN (See Gen. Inst. X)					
108       Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?       Yes       No         Index penalting of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty	c				
108       Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?       Yes       No         Index penalting of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty					
108       Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?       Yes       No         Index penalting of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty of penalty					
108       Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?         Under penaltities of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bellef, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Please       3/13/09         Sign Here       HILLARY P. COLEY, CHIEF FINANCIAL OFFICER         Preparer's       Date         Preparer's signature       0         Preparer's signature       RSM MCGLADREY, INC.         Signature for my knowledge, and bellef, if end preparer is signature for preparer is signature       RSM MCGLADREY, INC.         Boot TowERS CRESCENT DR. STE 500       EliN ▶         Phone no. ▶ 703-336-6400       Phone no. ▶ 703-336-6400		Totals			
annuities described in question 107 above?         Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Please       3/3/04         Sign       Signature of officer         Here       HILLARY P. COLEY, CHIEF FINANCIAL OFFICER         Type or print name and title       Date         Preparer's signature       Bate         Signature       Signature         Preparer's       Bate         Signature					Yes No
Please       Under penaltide of perjury, I declare that I have examined this/fetum, including accompanying schedules and statements, and to the best of my knowledge and bellef, it is true, correct, and complete Declaration of preparer (other than officer) is tasked on all/information of which preparer has any knowledge.         Please       3/3/09         Sign       Bignature of officer         HILLARY P. COLEY, CHIEF FINANCIAL OFFICER         Type or print name and title         Preparer's         Signature         Preparer's         Signature         Paid         Preparer's         Signature         Bignature         Preparer's         Signature         Vise Only         Self-employed, address, and ZIP + 4		-	17, 2006, covering the	e interest, rents, royalties, and	
Please Sign Here       Signature of officer       3/3/09         HILLARY P. COLEY, CHIEF FINANCIAL OFFICER         Type or print name and title         Paid Preparer's         Signature         Preparer's signature         Bate         Signature         Preparer's signature         Firm's name (or yours if self-employed), address, and ZIP + 4         8000 TOWERS CRESCENT DR. STE 500         VIENNA, VA 22182-6205	an	Inuities described in question 107 above?	ving schedules and statemen	ts, and to the best of my knowledge and	bellef, it is true, correct,
Sign Here       Signature of officer       Date       Date         HILLARY P. COLEY, CHIEF FINANCIAL OFFICER         Type or print name and title         Preparer's signature       Preparer's SSN or PTIN (See Gen. Inst. X)         Signature       Signature         Preparer's name (or yours if self-employed), address, and ZIP + 4       RSM MCGLADREY, INC.         8000 TOWERS CRESCENT DR. STE 500       EIN ▶         Phone no. ▶ 703-336-6400		and complete Declaration of preparer (other than officer) is trased on all information of wh	ich preparer has any knowled	lge.	
Here       HILLARY P. COLEY, CHIEF FINANCIAL OFFICER         Paid       Preparer's signature       Date       Check if self-employed       Preparer's SSN or PTIN (See Gen. inst. X)         Preparer's Use Only       Preparer's name (or yours if self-employed), address, and ZIP + 4       SOOO TOWERS CRESCENT DR. STE 500       EIN ►         Phone no. ► 703-336-6400	Please			1 3/13/04	4
Paid Preparer's Use Only       Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4       Preparer's COLEY, CHTEF FINANCIAL OFFICER       Preparer's OFFICER         Paid Preparer's Signature Self-employed, address, and ZIP + 4       Preparer's SSN or PTIN (See Gen. inst. X) 3/13/04       Preparer's SSN or PTIN (See Gen. inst. X)	Sign	Signature of officer		Date	
Paid     Preparer's signature     Date     Check if self-employed     Preparer's SSN or PTIN (See Gen. inst. X)       Preparer's Use Only     Firm's name (or yours if self-employed), address, and ZIP + 4     RSM MCGLADREY, INC.     B000 TOWERS CRESCENT DR. STE 500     EIN ►	Here	HILLARY P. COLEY, CHIEF FINANCI	AL OFFICER		
Paid       Preparer's signature       Self-employed         Preparer's signature       Firm's name (or yours if self-employed), address, and ZIP + 4       RSM MCGLADREY, INC.         Use Only       Self-employed, address, and ZIP + 4       8000 TOWERS CRESCENT DR. STE 500		Type or print name and title			
Signature       signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature	Paid	Preparer's	aboli	self-	N or PTIN (See Gen. Inst. X)
Use Only vours if self-employed), address, and ZIP + 4 VIENNA, VA 22182-6205 Phone no. ► 703-336-6400			5/13/09	employed	
ziP + 4 SOUC TOWERS CRESCENT DR. STE 500 Phone no. ► 703-336-6400		volume if RSM MCGLADREY, INC.			······································
		self-employed), 8000 TOWERS CRESCENT DR.	9.1F 200		336-6400
		20044 VIEWNA, VA 22102-0203			

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SCHEDULE A

(Form 990 or 990-EZ)

## **Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(i), 501(k).

	501(n), or 4947(a)(1)	Nonexempt Charitable Trus	st		2007
Department of the Treasury	Supplementary Information			-	LUUI
Internal Revenue Service	MUST be completed by the above organized	zations and attached to the	17 Form 990 or 990-E	Z Employer identi	lightion number
Name of the organization				38 1612	
	TROUT UNLIMITED, INC.		Officere Dire	·····	
	ensation of the Five Highest Paid Emp e 1 of the instructions. List each one. If there are none, en		Onicers, Dire	ctors, and i	Iuslees
	d address of each employee paid	(b) Title and average hours per week devoted to	(c) Compensation	(d) Contributions to employee benefit plans & deferred	(e) Expense account and other
·	more than \$50,000	position		compensation	allowances
STEVE MOYER		VP-GOVERNMEN	I AFFAIR 135,400.	22 640	0
	7TH ST, ARLINGTON, VA 222	40.00 SENIOR SCIEN	· · · · · · · · · · · · · · · · · · ·	23,640	. 0.
JACK WILLIAM	S 7TH ST, ARLINGTON, VA 222	40.00	101,121.	15,853	. 0.
LORI HELD	THE DI, ACTINGION, VA 222	MEM. MARKETIN		137033	· · · · ·
	7TH ST, ARLINGTON, VA 222		98,506.	15,748	. 0.
MELINDA KASS	EN	WEST. WATER 1			
	7TH ST, ARLINGTON, VA 222		97,708.	15,716	. 0.
MCGURRIN JOS	EPH	RESOURCES DI	RECTOR		
1300 NORTH 1	7TH ST, ARLINGTON, VA 222	40.00	96,005.	8,286	. 0.
Total number of other empl					
over \$50,000	•	21			
	ensation of the Five Highest Paid Inde e 2 of the instructions. List each one (whether individuals			ional Servic	es
		[	(b) Type of	envice	(c) Compensation
	IND address of each independent contractor paid more that				(6) 00111011388011
	OLOGICAL CONSULTING		BIOLOGICAI	E10 000	
	ST, ASHLAND, OR 97520		CONSULTING	512,282.	
MENDOCINO RE	ST LANE P.O. BOX 489, FOR				425,836.
	RONMENTAL, INC.	I DIAGG, CA	ENGINEERIN	4257050.	
1075 SOUTH U	TAH AVENUE, IDAHO FALLS,		ENVIRONMEN		324,349.
	CHNOLOGIES, INC.				
	105, PITTSBURGH, PA 15251	<b></b>	IT SUPPORT	-	236,325.
CDM, INC	• <u></u>		ENGINEERIN	IG AND	
FILE 25354,	LOS ANGELES, CA 90074-535	4	ENVIRONMEN	ITAL SER	183,176.
Total number of others rec	eiving over				
\$50,000 for professional se		18			
	ensation of the Five Highest Paid Inde			ervices	
•	h contractor who performed services other than profession there are none, enter "None." See page 2 of the instruction				
Locality			(b) Truce of		
(a) Name a	and address of each independent contractor paid more the	an \$50,000	(b) Type of	SELVICE	(c) Compensation
NONE					
					waara ta
Total number of other cont					
\$50,000 for other services	<u> </u>	0			
		<u> </u>			

P	art III Statements About Activities (See page 2 of the instructions.)		Yes	NO
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence         public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the         lobbying activities       \$	1	X	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			v
	a Sale, exchange, or leasing of property?	<u>2a</u>	<u> </u>	X
l	b Lending of money or other extension of credit?	<u>2b</u>		X
I	c Furnishing of goods, services, or facilities?	20		X
I	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
	e Transfer of any part of its income or assets?	<u>2</u> e		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) <u>SEE STATEMENT 14</u>	3a	x	
	b Did the organization have a section 403(b) annuity plan for its employees?	3b_	X	<u> </u>
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	<u>3c</u>		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		<u>X</u>
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g	4a		X
	h. Did the organization make any taxable distributions under section 4966? N/A	4b		<u> </u>
	m c Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		<u></u>
	d Enter the total number of donor advised funds owned at the end of the tax year		<u>N/</u>	
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	A
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			_
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts 🕨			0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0

Schedule A (Form 990 or 990-EZ) 2007

77))<u>(</u>2))

Sched	ule A (F	orm 990 or 990-EZ) 2007 TROUT UNLIMIT	ED, INC.			38-16	512715	Page 3
Par	t IV	Reason for Non-Private Foundation S	<b>Status</b> (See pages 4 ti	nrough 8 of the instruction	ıs.)			
l certif 5 6 7 8 9	<ul> <li>A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)</li> <li>A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).</li> <li>A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).</li> </ul>							
10 11a		An organization operated for the benefit of a college or (Also complete the <b>Support Schedule</b> in Part IV-A.) An organization that normally receives a substantial pa Section 170(b)(1)(A)(vi). (Also complete the <b>Support</b>	art of its support from a g				iv).	
11b 12	X	A community trust. Section 170(b)(1)(A)(vi). (Also con An organization that normally receives: (1) more than receipts from activities related to its charitable, etc., fur its support from gross investment income and unrelate by the organization after June 30, 1975. See section 5	33 1/3% of its support fr nctions - subject to certai ad business taxable incor	om contributions, membe n exceptions, and <b>(2) no r</b> ne (less section 511 tax) i	nore than 33 irom busines	1/3% of		
13		An organization that is not controlled by any disqualifie 509(a)(3). Check the box that describes the type of sup Type I Provide the following information al	pporting organization: Type III-Fu	nctionally Integrated		Type III		ion
					I			
		(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	organizatio the sup organiz	pported on listed in porting	(e) Arnount suppor	
					Yes	No		
14		An organization organized and operated to test for put	olic safety. Section 509(a	)(4). (See page 8 of the in	structions.)			

Schedule A (Form 990 or 990-EZ) 2007

N6665.665.665.665.665.666**8** 

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Schedule A (	Form 990 or	990-EZ) :	2007	TROUT	UNLIMITED,	INC

38-1612715 Page 4

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

begint	lar year (or fiscal year ling in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual			10059101		
	grants. See line 28.)	18643931.	14261346.		9,263,566.	<u>55,125,944.</u> 14,648,540.
	Membership fees received	3,844,144.	3,966,155.	3,099,440.	2,930,001.	14,040,540.
	Gross receipts from admissions, merchandise sold or services performed, or fumishing of facilities in any activity that is related to the organization's charitable, etc., purpose	246,590.	254,998.	461,724.	479,348.	1,442,660.
18	Gross income from interest, divid- ends, amounts received from pay- ments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	626,135.	446,024.	323,745.	178,957.	1,574,861.
19	Net income from unrelated business					
	activities not included in line 18	107,132.	108,799.	122,928.		338,859.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEME	5,363.	5,363.
23	Total of lines 15 through 22	23467932.				
24	Line 23 minus line 17	23221342.	18782324.			
25	Enter 1% of line 23	234,679.				N/A
26	Organizations described on lines 1					N/A
b	Prepare a list for your records to she unit or publicly supported organizati					
	Do not file this list with your return					N/A
	Total support for section 509(a)(1) t					N/A
	Add: Amounts from column (e) for I					
-						N/A
8	Public support (line 26c minus líne 2				► <u>26e</u>	N/A
f	Public support percentage (line 26	ie (numerator) divided by	/ line 26c (denominator)	<u>)</u>	▶ 26f	N/A %
27	Organizations described on line 12	: a For amounts included	1 in lines 15, 16, and 17 t	hat were received from a	"disqualified person," pre	pare a list for your
	records to show the name of, and to	otal amounts received in e	each year from, each "disc	juaimed person." Do not i	ne this list with your rea	urn. Enter the sum of
	such amounts for each year: (2006) $567, 124$	1 (2005) 1	.282.874. v	2004) 363	<b>3.749.</b> (2003)	0.
b	For any amount included in line 17 t	that was received from ea	ch nerson (other than "dis	squalified persons"), prep	are a list for your records	s to show the name of,
'n	and amount received for each year,	that was more than the la	arger of (1) the amount o	n line 25 for the year or (	2) \$5,000. (Include in the	list organizations
	described in lines 5 through 11b, as	s well as individuals.) Do r	not file this list with your	return. After computing	the difference between th	e amount received and
	the larger amount described in (1) o	or (2), enter the sum of th	ese differences (the exce	ss amounts) for each yea	r:	<u>,</u>
	(2006)	) (2005)		2004)	0. (2003)	<u>U.</u>
C	Add: Amounts from column (e) for	lines 15	55,125,944.	, 16 14,040,	540.	
	17 <u>1,4</u> Add: Line 27a total <u>2,2</u>	$\frac{142,660}{12,747}$ 20		_ 21	0 2/6	71,217,144 2 213,747
d	Add: Line 27a total <u>Z z Z</u>	<u>213;747    al</u> Nice 07d totel)	nd line 270 total		276	69,003,397.
e f	Public support (line 27c total minus Total support for section 509(a)(2)	test: Enter amount on line	23. column (e)	▶ 27f 73.	136,227.	1
1 0	Public support percentage (line 27	le (numerator) divided b	v line 27f (denominator)	)	▶ 27g	94.3491%
ĥ	Investment income percentage (lin	ne 18, column (e) (nume	rator) divided by line 27	<u>f (denominator))</u>	🕨   27h	2.1533%
28 l	Inusual Grants: For an organization of how, for each year, the name of the c	described in line 10, 11, o contributor, the date and a	r 12 that received any uni	usual orants during 2003	through 2006, prepare a	list for your records to at file this list with your
	eturn. Do not include these grants in 1 12-27-07	line 15. <b>N</b>	NONE		Scher	dule A (Form 990 or 990-E2) 2007

Schedule A (Form 990 or 990-EZ) 2007 TROUT UNLIMITED, INC.	<b>.</b>	ige 5
Part V Private School Questionnaire (See page 9 of the instructions.)	N/A	
(To be completed ONLY by schools that checked the b	ox on line 6 in Part IV)	
	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement	t in its charter, bylaws, other governing	
instrument, or in a resolution of its governing body?		8192393
30 Does the organization include a statement of its racially nondiscriminatory policy toward stu		
and other written communications with the public dealing with student admissions, program		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or b		
solicitation for students, or during the registration period if it has no solicitation program, in		1435114
to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate si	tatement.)	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative st		
b Records documenting that scholarships and other financial assistance are awarded on a rac	cially nondiscriminatory basis?	
c Copies of all catalogues, brochures, announcements, and other written communications to t		
admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a s	separate statement.)	
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?	1 I I I I I I I I I I I I I I I I I I I	
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		51830.
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a	separate statement.)	
	34a	88938
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended?	341	
<ul><li>If you answered "Yes" to either 34a or b, please explain using an attached statement.</li><li>35 Does the organization certify that it has complied with the applicable requirements of section</li></ul>	ne 4.01 through 4.05 of Rev. Proc. 75-50	1993
19/0-2 U.B. 00/, COVERING TACIAL NUMERSCH HIMALION / H. NO., ALLACH AN EXPLANATION		1 000

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## Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

#### (To be completed ONLY by an eligible organization that filed Form 5768)

	(To be completed ONLY by an eligible organization that lieu Point 5766)			
Check	🕨 a 🛄 if the organization belongs to an affiliated group. Check 🕨 b 🗌	<u>if you che</u>	cked "a" and "limited contro	ol" provisions apply
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
			N/A	
36 Te	otal lobbying expenditures to influence public opinion (grassroots lobbying)			0.
	otal lobbying expenditures to influence a legislative body (direct lobbying)			434,017.
	otal lobbying expenditures (add lines 36 and 37)		w	434,017.
	ther exempt purpose expenditures			20,554,595.
	otal exempt purpose expenditures (add lines 38 and 39)			20,988,612.
	obying nontaxable amount. Enter the amount from the following table -			
	i the amount on line 40 is - The lobbying nontaxable amount is -			
	ot over \$500,000			
	ver \$500,000 but not over \$1,000,000			1 0 0 0 0 0
	ver \$1,000,000 but not over \$1,500,000	41		1,000,000.
	ver \$1,500,000 but not over \$17,000,000			
	ver \$17,000,000 \$1,000,000			
	Grassroots nontaxable amount (enter 25% of line 41)			250,000.
	Subtract line 42 from line 36. Enter -O- if line 42 is more than line 36			0.
	Subtract line 41 from line 38. Enter -O- if line 41 is more than line 38			0.
C	aution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	(b) 2006	(c) 2005	(d) 2004		(e) Totai	
45 Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	853,9	973.	3,853,973.	
46 Lobbying ceiling amount (150% of line 45(e))						5,780,960.	
47 Total lobbying expenditures	434,017.	314,794.	125,390.	119,3	185.	993,386.	
48 Grassroots nontaxable amount	250,000.	250,000.	250,000.	213,4	<u>193.</u>	963,493.	
49 Grassroots ceiling amount (150% of line 48(e))							
50 Grassroots lobbying expenditures						0.	
Part VI-B Lobbying /	Activity by Nonelect only by organizations that did	ting Public Chariti 1 not complete Part VI-A) (S	es See page 14 of the instruction	JINS.)	r	N/A	
During the year, did the organizati influence public opinion on a legis a Volunteers	slative matter or referendum	, through the use of:		Yes	No	Amount	
<ul> <li>b Paid staff or management (In</li> <li>c Media advertisements</li> </ul>							
Mailings to members, legislators, or the public     Publications, or published or broadcast statements     Grants to other organizations for lobbying purposes							
g Direct contact with legislators	s, their staffs, government o	fficials, or a legislative body	******				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means     Total lobbying expenditures (Add lines c through h.)					0.	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

723151 12-27-07

Sendeduce A Form 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880 or 880
Exempt Organization (see type indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)) regordinations) or in section 527, relating to political organization of: <ul> <li>(1) Cash</li> <li>(1) Other assets</li> <li>(1) Other transactions:             <ul> <li>(1) Other transactions:</li> <li>(1) Other assets with a noncharitable exempt organization</li> <li>(1) Other transactions:</li></ul></li></ul>
91       Did the reporting organization directly or indirectly analyzitons) or in section 527, relating to political organizations?       Yes N         91       Transfers from the reporting organization to a noncharitable exempt organization of:       If a (0)       2         (1)       Other transactions:       a(0)       2         (1)       Other transactions:       b(0)       1         (1)       Other transactions:       b(0)       2         (1)       Didte transactions:       b(0)       2         (1)       Deter transactions:       b(0)       2         (1)       Deter transactions:       b(0)       2         (1)       Relation of tracitities, equipment, or other essets       b(0)       2         (1)       Relation of tracitities, equipment, or other essets       b(0)       2         (1)       Relation of tracitities, equipment, or other essets       b(0)       2         (1)       Relation of tracitities, equipment, or other essets.       b(0)       2         (1)       Relation of tracitities, equipment, maining bits, other assets, or paid employees       b(0)       2         (2)       If the answer to any othe above is traces, compactation. He organization received less than fair market value of the goads, other assets, or services received:       N/A         (2)
501(c) of the Code (other than section 501(c)(2) organizations 27, relating to political organizations?       Yes       Nest         a Transfers from the reporting organization to a noncharitable exempt organization of:       S1 a(1)       2         (i) Cash       a(ii)       2         b Other transactions:       b(i)       2         (ii) Basic or exchanges of assets with a noncharitable exempt organization       b(ii)       2         (iii) Basic or exchanges of assets with a noncharitable exempt organization       b(ii)       2         (iii) Beating of facilities, equipment, or other assets.       b(iii)       2         (iii) Reint of facilities, equipment, or other assets.       b(iv)       2         (v) Dears or ioan quarantees       b(iv)       2         (v) Other assets, or services gold-employees       c       2         (d) the answer to any of the above is "Yes," complete the following schedule:       N/A
a Transfers from the reporting organization to a noncharitable exempt organization of:
a Trainers from the exponent of galaxiation of a fonctionable exempt organization       Sta(t)       2         i(1) Coher tansactions:       a(i)       2         i(1) Other tansactions:       b(i)       10         i(1) Purchases of assets with a noncharitable exempt organization       b(i)       2         i(1) Purchases of assets with a noncharitable exempt organization       b(i)       2         i(1) Purchases of assets from a noncharitable exempt organization       b(ii)       2         i(1) Rental of facilities, equipment, or other assets.       b(iii)       2         i(1) Performance of services or membership or fundralsing solicitations       b(iv)       2         i(1) Performance of services given by the reporting organization       b(iv)       2         i(2) Coher tansaction or staring arrangement. show in colum (1) the value of the organization received thes: than fair market value of the goods, other assets, or services given by the reporting organization.       b(iv)       2         i(2) A mount involved       Name of noncharitable exempt organization       Description of transfers, transactions, and sharing arrangement         i(2) A mount involved       Name of noncharitable exempt organization       Description of transfers, transactions, and sharing arrangement         i(3) A mount involved       Name of noncharitable exempt organization       Description of transfers, transactions, and sharing arrangement
(i) Oash       a(ii)       2         (ii) Ober sests       a(ii)       2         b Other transactions:       b(i)       5         (i) Purchases of assets trom a noncharitable exempt organization       b(i)       5         (iii) Rental of facilities, equipment, or other assets       b(iii)       2         (iv) Reimbursement arrangements       b(iv)       2         (v) Neimbursement arrangements       b(iv)       2         (vi) Performance of services or membership or fundralsing solicitations       b(iv)       2         (vi) Performance of services or membership or fundralsing solicitations       b(iv)       2         (vi) Performance of services or membership or fundralsing solicitations       b(iv)       2         (vi) Performance of services given by the reporting organization. If the organization received less than fair market value of the goods, other assets, or services received:       N/A         (a)       (b)       (c)       Description of transfers, transactions, and sharing arrangement         (a)       (b)       Name of noncharitable exempt organization       Description of transfers, transactions, and sharing arrangement         (a)       (b)       (c)       Description of transfers, transactions, and sharing arrangement       Description of transfers, transactions, and sharing arrangement         (a)       (b)       (c)<
(i)       Outer assets       bit         (ii)       Sales or exchanges of assets with a noncharitable exempt organization       bit         (ii)       Purchases of assets from a noncharitable exempt organization       bit         (iii)       Purchases of assets from a noncharitable exempt organization       bit         (iii)       Purchases of assets from a noncharitable exempt organization       bit         (iii)       Purchases of assets from a noncharitable exempt organization       bit         (iii)       Purchases of cassets, or an orgenants       bit         (v)       Lease or loan guarantees       bit         (v)       Lease or loan string arrangement, show in column (d) the value of the goods, other assets, or services revelved:       N/A
(i) Sales or exchanges of assets with a noncharitable exempt organization       b(i)       b(ii)         (ii) Purchases of assets run a noncharitable exempt organization       b(iii)       b(iii)         (iii) Reinbursement arrangements       b(iii)       b(iii)       b(iii)         (v) Leans or loan guarantees       b(iii)       b(iiii)       b(iii)       b(iii
(i) Durch ages of assets from a noncharitable exempt organization       b(ii)       1         (iii) Rental of facilities, equipment, or other assets       b(iii)       2         (iv) Neimbursement arrangements       b(iv)       2         (v) Neimbursement arrangements       b(iv)       2         (v) Performance of services or membership or fundraising solicitations       b(iv)       2         (v) Performance of services or membership or fundraising solicitations       b(iv)       2         (v) Performance of services or membership or fundraising solicitations       b(iv)       2         (v) Performance of services or membership or fundraising solicitations       b(iv)       2         (v) Performance of services or membership or fundraising solicitations       b(iv)       2         (v) Ite answer to any of the above is "ves," complete the following schedule: Column (b) should always show the fair market value of the goods, other assets, or services received:       N/A         (a)       (b)       Name of noncharitable exempt organization       Description of transfers, transactions, and sharing arrangement         (a)       (b)       Name of noncharitable exempt organization       Description of transfers, transactions, and sharing arrangement         (a)       (b)       (c)       (c)       (c)         (a)       (b)       (c)       (c)       (c)
(ii) Rental of facilities, equipment, or other assets       b(iii)       1         (iv) Reimbursement arrangements       b(iv)       1         (v) Loans or loan guarantes       b(iv)       1         (v) Loans or loan guarantes       b(iv)       1         (v) Loans or loan guarantes       b(iv)       1         (v) Performance of services or membership or fundraising solicitations       b(iv)       1         c       Sharing of facilities, equipment, mailing lists, other assets, or paid employees       b(iv)       1         d       Ithe answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services greatived:       N/A         (a)       (b)       (c)       Description of transfers, transactions, and sharing arrangement         (a)       (b)       Name of noncharitable exempt organization.       Description of transfers, transactions, and sharing arrangement         (a)       (b)       Name of noncharitable exempt organization       Description of transfers, transactions, and sharing arrangement         (a)       (b)       Name of noncharitable exempt organization       Description of transfers, transactions, and sharing arrangement         (a)       (b)       (c)       (c)       (c)         (b)       (c)       (c)       (c) <t< td=""></t<>
(iv) Name or loan guarantees       b(iv)       2         (v) Leans or loan guarantees       b(iv)       2         (v) Performance of services or membership or fundralsing solicitations       b(iv)       2         c       Sharing of facilities, equipment, mailing lists, other assets, or paid employees       c       2         d       If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services gloen by the reporting organization. If the organization received less than fair market value of the goods, other assets, or services received:       N/A         (a)       (b)       (c)       (d)       Description of transfers, transactions, and sharing arrangement         (a)       (b)       Name of noncharitable exempt organization       Description of transfers, transactions, and sharing arrangement         (a)       (b)       Name of noncharitable exempt organization       Description of transfers, transactions, and sharing arrangement         (a)       (b)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)       (c)         (a)       (c)       (c)       (c)       (c)       (c)         (a)       (b)       (c)       (c)       (c)       (c)
(iv) Reimbursement arrangements       b(iv)       2         (v) Lears or loan guarantees       b(iv)       2         (w) Performance of services or membership or fundraising solicitations       b(iv)       2         (w) Performance of services or membership or fundraising solicitations       b(iv)       2         (w) Performance of services or membership or fundraising solicitations       b(iv)       2         (c) Shoring of facilities, equipment, mailing lists, other assets, or paid employees       b(iv)       2         (d) If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:       N/A         (a) (b)       (c)       (c)       (d)         Line no.       Amount involved       Name of noncharitable exempt organization       Description of transfers, transactions, and sharing arrangement         (a)       (b)       (c)       (c)       (d)       (d)         (a)       (b)       (c)       (c)       (d)       (c)         (a)       (b)       (c)       (c)       (c)       (c)         (a)       (b)       (c)       (c) <t< td=""></t<>
(v) Loans or loan guarantees       It(v)       2         (v)       Performance of services or membership or fundraising solicitations       It(v)       2         a       Sharing of facilities, equipment, mailing lists, other assets, or paid employees       It       It         d       It answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services glown by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:       N/A         (a)       (b)       (c)       (d)         Line no.       Amount involved       Name of noncharitable exempt organization       Description of transfers, transactions, and sharing arrangement
(v) Performance of services or membership or fundraising solicitations       Image: transaction of facilities, equipment, mailing lists, other assets, or paid employees       Image: transaction of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value of the goods, other assets, or services received:       N/A         (a)       (b)       (c)       (c)       (d)         Line no.       Amount involved       Name of noncharitable exempt organization       Description of transfers, transactions, and sharing arrangement         (a)       (b)       (c)       (d)       (d)         (a)       (b)       (c)       (d)       (d)         (a)       (b)       (c)       (d)       (d)         (a)       (c)       (c)       (d)       (d)       (d)         (a)       (c)       (c)       (c)       (d)       (c)         (a)       (c)       (c)       (c)       (c)       (c)
c       Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d       If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value in any transaction or sharing arrangement, show in column (d) the value of the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the organization       N/A         (a)       (b)       (c)       (d)         Arrount involved       Name of noncharitable exempt organization       Description of transfers, transactions, and sharing arrangement         (a)       (b)       (c)       (c)       (c)         (a)       (b)       (c)       (c)         (b)       (c)       (c)       (c)         (a)       (c)       (c)       (c)         (a)       (c)       (c)       (c)         (a)       (c)       (c)       (c)         (b)       (c)       (c)       (c)
goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:       N/A         (a)       (b)       (c)       (d)         Line no.       Amount involved       Name of noncharitable exempt organization       Description of transfers, transactions, and sharing arrangement         (a)       (b)       (c)       Description of transfers, transactions, and sharing arrangement         (a)       (c)       (c)       Description of transfers, transactions, and sharing arrangement         (c)       (c)       (c)       Description of transfers, transactions, and sharing arrangement         (c)       (c)       (c)       Description of transfers, transactions, and sharing arrangement         (c)       (c)       Description of transfers, transactions, and sharing arrangement         (c)       (c)       Description of transfers, transactions, and sharing arrangement         (c)       (c)       Description of transfers, transactions, and sharing arrangement         (c)       (c)       Description of transfers, transactions, and sharing arrangement         (c)       (c)       Description of transfers, transactions, and sharing arrangement         (c)       (c)       (c)         (c)       (
transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:       N/A         (a)       (b)       (c)       (d)         Line no.       Amount involved       Name of noncharitable exempt organization       Description of transfers, transactions, and sharing arrangement
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Line no.       Amount involved       Name of noncharitable exempt organization       Description of transfers, transactions, and sharing arrangement
Code (other than section 501(c)(3)) or in section 527?       ▶       Yes       X       I         b       If "Yes," complete the following schedule:       N/A       (b)       (c)
Code (other than section 501(c)(3)) or in section 527?         b       If "Yes," complete the following schedule:       N/A         (a)       (b)       (c)
Code (other than section 501(c)(3)) or in section 527?         b       If "Yes," complete the following schedule:       N/A         (a)       (b)       (c)
Code (other than section 501(c)(3)) or in section 527?       ▶       Yes       X       I         b       If "Yes," complete the following schedule:       N/A       (b)       (c)
Code (other than section 501(c)(3)) or in section 527?       ▶       Yes       X       I         b       If "Yes," complete the following schedule:       N/A       (b)       (c)
Code (other than section 501(c)(3)) or in section 527?       ▶       Yes       X       I         b       If "Yes," complete the following schedule:       N/A       (b)       (c)
Code (other than section 501(c)(3)) or in section 527?       ▶       Yes       X       I         b       If "Yes," complete the following schedule:       N/A       (b)       (c)
Code (other than section 501(c)(3)) or in section 527?         b       If "Yes," complete the following schedule:       N/A         (a)       (b)       (c)
Code (other than section 501(c)(3)) or in section 527?       ▶       Yes       X       I         b       If "Yes," complete the following schedule:       N/A       (b)       (c)
Code (other than section 501(c)(3)) or in section 527?       ▶       Yes       X       I         b       If "Yes," complete the following schedule:       N/A       (b)       (c)
Code (other than section 501(c)(3)) or in section 527?       ▶       Yes       X       I         b       If "Yes," complete the following schedule:       N/A       (b)       (c)
Code (other than section 501(c)(3)) or in section 527?         b       If "Yes," complete the following schedule:       N/A         (a)       (b)       (c)
Code (other than section 501(c)(3)) or in section 527?       ▶       Yes       X       I         b       If "Yes," complete the following schedule:       N/A       (b)       (c)
Code (other than section 501(c)(3)) or in section 527?       ▶       Yes       X       I         b       If "Yes," complete the following schedule:       N/A       (b)       (c)
Code (other than section 501(c)(3)) or in section 527?       ▶       Yes       X       I         b       If "Yes," complete the following schedule:       N/A       (b)       (c)
Code (other than section 501(c)(3)) or in section 527?       ▶       Yes       X       I         b       If "Yes," complete the following schedule:       N/A       (b)       (c)
Code (other than section 501(c)(3)) or in section 527?       ▶       Yes       X       I         b       If "Yes," complete the following schedule:       N/A       (b)       (c)
Code (other than section 501(c)(3)) or in section 527?       ▶       Yes       X       I         b       If "Yes," complete the following schedule:       N/A       (b)       (c)
Code (other than section 501(c)(3)) or in section 527?       ▶       Yes       X       I         b       If "Yes," complete the following schedule:       N/A       (b)       (c)
b If "Yes," complete the following schedule: N/A (a) (b) (c)
(a) (b) (c)
Name of organization     Type of organization     Description of relationship
Image: Section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of t
Image: Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector

## Payments from Disqualified Persons Included on Part IV-A, Line 27a

38-1612715

2007

## Schedule A

### ** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2006 Amount	2005 Amount	2004 Amount	2003 Amount
JOHN H. HEMINWAY	0.	0.	5,000.	0.
JOHN Q. GRIFFIN	0.	7,000.	7,000.	0.
MR. F. WELDON BAIRD	0.	35,000.	20,000.	0.
MR. GEORGE J. RECORDS	195,000.	45,000.	20,000.	0.
MR. HAMILTON E. JAMES	0.	27,500.	30,000.	0.
MR. JOHN F. MAHER	0.	40,000.	40,000.	0.
MR. LEWIS W. COLEMAN	0.	0.	15,000.	0.
MR. OAKLEIGH THORNE	30,000.	81,168.	35,000.	0.
MR. SANJEEV K. MEHRA	36,000.	130,000.	30,000.	0.
MS. PATTY ISHIYAMA	25,000.	ο.	100,000.	0.
PAUL THOMPSON, III	0.	25,564.	20,000.	0.
ROBERT L. CLARKE	0.	0.	10,000.	0.
MR. GEORGE MERRITT JENKINS	20,437.	20,064.	19,985.	0.
MR. DAVID E. BECKWITH	0.	11,944.	11,764.	0.
MR. THEODORE ROOSEVELT, IV	0.	40,000.	0.	0.
MR. RON FOSTER	20,000.	30,000.	0.	0.
MR. RICHARD GRIFFITH	0.	8,000.	0.	0.
MR. ROBERT J. TEUFEL	0.	25,759.	0.	0.
MR. JIM EDEN	10,000.	10,000.	0.	0.
MR. FORREST E. MARS, JR	0.	500,000.	0.	0.
MR. DAVID GOEDDEL	20,000.	30,000.	0.	0.
MR. AND MRS. TIMOTHY COLLINS	0.	125,000.	0.	0.
MR. MARK ULLMAN	25,024.	20,108.	0.	0.
MR. LAWRENCE FINCH	80,000.	30,000.	0.	0.
Total to Schedule A, Line 27a				1 page

723172/04-27-07

38-1612715

### 2007

Schedule A

2

### ** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2006 Amount	2005 Amount	2004 Amount	2003 Amount
HARRIS HYMAN	0.	20,000.	0.	0.
EADDO HAYES KIERNAN	29,778.	20,767.	0.	0.
MR. MARK THOMAS GATES, JR.	20,385.	0.	0.	0.
MR. JAMES K. ASSELSTINE	33,000.	ο.	0.	0.
MR. JON P. CHRISTIANSEN	7,500.	0.	0.	0.
MR. CHARLES CONN	15,000.	0.	0.	0.
Total to Schedule A, Line 27a	567,124.	1,282,874.	363,749.	0.

723172/04-27-07

** PUBLIC DISCLOSURE COPY **

## **Schedule of Contributors**

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions) OMB No. 1545-0047

2007

Employer identification number

38-1612715

Department of the Treasury Internal Revenue Service
Name of organization

Organization type (check one):

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

nedule B

TROUT UNLIMITED, INC.

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 <b>.P</b> F	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. (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-

X For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

#### Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under
sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2%
of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do 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, Form 990-EZ, and Form 990-PF.

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2007)

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Page 1 of 38 of Part 1

Employer identification number

38-1612715

TROUT UNLIMITED, INC.

### Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$13,500.	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
		\$7,500.	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
3		\$ <u>35,000.</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
4		\$\$,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
5		\$55,000.	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
6		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule	B (Farm	990,	990-EZ,	or 990-PF)	(2007)

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Page 2 of 38 of Part I

Employer identification number

38-1612715

TROUT UNLIMITED, INC.

### Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$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
8		\$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
9		\$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
	······	\$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
11		\$\$	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 X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B	(Form 990,	990-EZ,	ar 990-PF)	(2007)

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Page 3 of 38 of Part 1

Employer identification number

38-1612715

TROUT UNLIMITED, INC.

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ <u>5,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14		\$ <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
15		\$35,000.	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
16		\$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
17		\$53,400.	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
18		\$ <u>50,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2007)

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Page 4 of 38 of Part I

Employer identification number

38-1612715

TROUT UNLIMITED, INC.

### Part I Contributors (See Specific Instructions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$20,000.	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
20		\$5,000.	Person X Payroli 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> </u>	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
22		\$25,000.	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
		\$42,285.	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
24		\$5,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)

Schedule B	(Form 990,	990-EZ, o	or 990-PF)	(2007)

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Page 5 of 38 of Part I

Employer identification number

38-1612715

TROUT UNLIMITED, INC.

### Part I Contributors (See Specific Instructions.)

(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u>No.</u>		\$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
26		\$20,000.	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
27		\$ <u>10,000.</u>	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>28</u>		\$50,000. 	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>29</u>		\$ <u>50,000.</u>	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
30 _		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

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Employer identification number

38-1612715

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TROUT UNLIMITED, INC.

### Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$18,000.	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>    32                                </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
<u>    33                               </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
		\$10,000.	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
		\$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
		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2007)

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Employer identification number

38-1612715

TROUT UNLIMITED, INC.

## Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u> </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
<u></u>		\$ <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>    39                                </u>		\$ <u>30,000</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
		\$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
41		\$55,000.	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>30,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2007)

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Page 8 of 38 of Part I

Employer identification number

38-1612715

TROUT UNLIMITED, INC.

### Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$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
		\$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
		\$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
 		\$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
<u>    47                                </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
		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2007)

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Employer identification number

38-1612715

Page

TROUT UNLIMITED, INC.

### Part I Contributors (See Specific Instructions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u>49</u>		\$5,000.	Person X Payroli 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
		\$25,000.	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
		\$20,000.	Person X Payroli 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
		\$5,000.	Person X Payroli 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
		\$25,000.	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
		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

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Employer identification number

38-1612715

TROUT UNLIMITED, INC.

### Part I Contributors (See Specific Instructions.)

(a)	(b)	(c) Aggregate contributions	(d) Type of contribution
<u> </u>	Name, address, and ZIP + 4	\$\$	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		\$25,000.	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
		\$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
<u>    58                                </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
<u>59</u>		\$5,000.	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
60		\$10,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)

Schedule	в	(Form	990,	990-EZ,	or 990-	·PF)	(2007)

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Employer identification number

38-1612715

TROUT UNLIMITED, INC.

### Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61		\$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>   62                                 </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
		\$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
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
		\$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
66		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.

Schedule B	(Form 990.	990-EZ.	or 990-PF) (20	(07)

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Employer identification number

38-1612715

TROUT UNLIMITED, INC.

#### Part I Contributors (See Specific Instructions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
67		\$\$	Person X Payroli 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>68</u>		\$\$	Person X Payroli 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>    69                                </u>		\$5,000.	Person X Payroli 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
		\$20,000.	Person X Payroli 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
		\$20,000.	Person X Payroli 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
		\$1,000,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.

Schedule	R	(Form	000	000-F7	or	990-PE	(2007)	
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Employer identification number

38-1612715

TROUT UNLIMITED, INC.

#### Part I Contributors (See Specific Instructions.)

(a)	(b)	(c)	(d)
Na	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u> </u>		\$\$,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
		\$10,000.	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
		\$10,000.	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
		\$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
		\$10,000.	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
78		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

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Page 14 of 38 of Part I

Employer identification number

38-1612715

TROUT UNLIMITED, INC.

Part I	Contributors	(See Specific Instructions.)
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(Alexandra Carlos de Carlos de Carlos de Carlos de Carlos de Carlos de Carlos de Carlos de Carlos de Carlos de			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$5,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
80		\$90,000.	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>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
82		\$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
<u>83</u>		\$79,000.	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
84		\$5,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

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Employer identification number

38-1612715

TROUT UNLIMITED, INC.

Part I	Contributors	(See Specific Instructions.)
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(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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u></u>		\$6,625.	Person X Payroli 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>    87                                </u>		\$70,000.	Person X Payroli 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> </u>		\$525,000.	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
		\$5,000.	Person X Payroli 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
90		\$ <u></u> 5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule	в	(Form	990.	990-EZ.	or 990-	PF) (2007)	

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Employer identification number

38-1612715

TROUT UNLIMITED, INC.

Part I	Contributors (See Specific Instructions.)		<u></u>
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
91		\$5,000.	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
92		\$ <u></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
93		\$5,000.	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
94		\$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
95		\$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
96		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B	(Form 990,	990-EZ, o	r 990-PF) (20	07)

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Employer identification number

38-1612715

TROUT UNLIMITED, INC.

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
97		\$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
98		\$20,000.	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
99		\$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
100		\$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
101		\$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
102		\$\$ 47,250.	Person X Payroll Noncash (Complete Part II if there is a rioncash contribution 1990, 990-EZ, or 990-PF) (2007

Schedule B	(Form 990.	990-EZ.	or 990-PF)	(2007)

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Employer identification number

Name of organization

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38-1612715

# TROUT UNLIMITED, INC.

Part I Contr	ibutors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
103		\$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
104		\$10,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u> </u>		\$\$,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d) Type of contribution
<u>No.</u> <u>106</u>	Name, address, and ZIP + 4	\$\$	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>107</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
108		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)

Schedule	R	(Form 990	990-F7	or 990-PF) (2007)
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Name of organization

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Employer identification number

38-1612715

## TROUT UNLIMITED, INC.

Part I Contributors (See Spe	cific Instructions.)
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(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>109</u>		\$124,000.	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
		\$50,000.	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
		\$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
		\$15,500.	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
		\$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
		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.

Schedule	D	/Sorm	000	990.67	or 990-l	PF)	(2007)
Schequie	Ľ3	U*DI11	ສອບ,	990°EL.	0.990.	,	/ t

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Name of organization

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Employer identification number

38-1612715

TROUT UNLIMITED, INC.

## Part I Contributors (See Specific Instructions.)

	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
115		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
	/L)	(c)	(d)
(a) No₁	(b) Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c)	(d)
(a) No.	(b) Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$10,600.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u>119</u>		\$15,000.	Person X Payroli 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>   120                                 </u>		\$10,000.	Person     X       Payroll
		Schedule B (Forr	n 990, 990-EZ, or 990-PF) (2007)

Schedule E	3 (Form	990,	990-EZ,	or 990-PF)	(2007)

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is a noncash contribution.)

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38-1612715

TROUT UNLIMITED, INC.

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_121		\$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
122		\$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
123		\$10,000.	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
124		\$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
125		\$ <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
126		\$95,000.	Person X Payroll Noncash (Complete Part II if there

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Employer identification number

Name of organization

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38-1612715

TROUT UNLIMITED, INC.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

# Part I Contributors (See Specific Instructions.)

		(-)	(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	Type of contribution
		\$25,000.	Person     X       Payroll
	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$10,000.	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
<u>No.</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
130		\$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
		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(ə) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$5,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

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Employer identification number

38-1612715

TROUT UNLIMITED, INC.

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
133		\$5,000.	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
134		\$9,159.	Person       X         Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
135		\$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
136		\$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
_137		\$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
138		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.

Schedule B (Farm 990, 990-EZ, or 990-PF) (2007)

Name of organization

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

X

Employer identification number

38-1612715

TROUT UNLIMITED, INC.

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
139		\$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
140		\$5,000.	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
<u>No.</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
142		\$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
143		\$5,227.	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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

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144

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Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

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Employer identification number

38-1612715

TROUT UNLIMITED, INC.

### Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>   145                                 </u>		\$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>146</u>		\$48,608.	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
		\$63,453.	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>20,085.</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
		\$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
		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.

Schedule	3	(Form	990,	990-EZ,	or	990-PF)	(2007)

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38-1612715

TROUT UNLIMITED, INC.

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
151		\$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
152		\$ <u>30,000.</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
153		\$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
154		\$73,899.	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
155		\$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
156		\$\$\$	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)

Schedule	в	(Form	990,	990-EZ,	٥r	990-PF)	(200	7)

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Employer identification number

38-1612715

TROUT UNLIMITED, INC.

### Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<u> </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>158</u>		\$ <u>15,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ <u>7,827.</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></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
		\$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
162		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule E	3 (Form	990,	990-EZ,	or 990-PF)	) (2007)

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(d)

Type of contribution

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

(d)

Type of contribution

X

X

Employer identification number

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Person Payroll Noncash

Person Payroll

Noncash

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TROUT UNLIMITED, INC.

Part I	Contributors (See Specific Instructions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions
163		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions
164		\$11,000.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions
165		
		\$19,309

			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
165		\$19,309.	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
166		\$10,000.	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
<u>167</u>		\$5,200.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	Aggregate contributions	Type of continuation
<u>   168                                 </u>		\$19,380.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
723452 12-27-07		Scheanie R (Lotu	990, 990-EZ, or 990-PF) (2007)

Schedule B	(Form 990,	990-EZ,	or 990-	PF) (200	7)

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Employer identification number

38-1612715

TROUT UNLIMITED, INC.

## Part I Contributors (See Specific Instructions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u>169</u>		\$\$	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
		\$11,000.	Person X Payroli 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>    171                               </u>		\$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>    172                                </u>		\$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>173</u>		\$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
		\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2007)

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Employer identification number

38-1612715

TROUT UNLIMITED, INC.

Part I Contributor	s (See Specific Instructions.)
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(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
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
<u>    176                                </u>		\$110,000.	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
		\$30,462.	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>    178</u> 		\$5,000.	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
		\$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
		\$10,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

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Employer identification number

38-1612715

TROUT UNLIMITED, INC.

## Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>181</u>		\$5,430.	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
		\$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
		\$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>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
		\$10,000.	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
186		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2007)

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Employer identification number

38-1612715

TROUT UNLIMITED, INC.

### Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$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
		\$11,828.	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>189</u>		\$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
		\$5,337.	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
		\$5,524.	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>192</u>		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990,	990-EZ,	or 990-PF) (2	2007)
		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	

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Employer identification number

38-1612715

TROUT UNLIMITED, INC.

Part I Contributors (See Specific Instruction	ıs.)
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(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>    193                                </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
<u>   194                                 </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
		\$7,750.	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>7,000.</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
		\$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
		\$30,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)

Schedule	в	(Form 990	990-EZ,	or	990	-PF)	(2007	)

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Employer identification number

38-1612715

TROUT UNLIMITED, INC.

art I Contrib	outors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>199</u>		\$ <u>70,830.</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
200		\$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
201		\$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
202		\$8,500.	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
203		\$ <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
204		\$5,000.	Person X Payroll Noncash (Complete Part II if there

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

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Employer identification number

38-1612715

TROUT UNLIMITED, INC. ...

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
205		\$ <u>10,000.</u>	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
206		\$100,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u> </u>		\$14,000.	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
208		\$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
209		\$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
210		\$\$,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule E	(Form 990,	990-EZ,	or 990-PF)	(2007)

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Employer identification number

38-1612715

TROUT UNLIMITED, INC.

Part I Contributors	(See Specific Instructions.)
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(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
211		\$	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
212		\$ <u>9,583.</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
213		\$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
214		\$9,600.	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
215		\$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
216		\$7,351.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule	в	(Form	990.	990-EZ.	or	990-	PF)	(2007	)

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Employer identification number

38-1612715

TROUT UNLIMITED, INC.

Part I Contributors	(See Specific Instructions.)
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	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
217		\$10,700.	Person     X       Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
218		\$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
219		\$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
		\$10,192.	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
221		\$10,383.	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
222		\$9,872.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)

Schedule B	(Form 990,	990-EZ,	or 990-	-PF) (2007	)

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Employer identification number

38-1612715

TROUT UNLIMITED, INC.

## Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$19,668.	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
		\$5,779.	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
225		\$20,695.	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
		\$20,358.	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
		\$10,033.	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
		\$25,119.	Person Payroll Noncash X (Complete Part II if there is a noricash contribution.

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38-1612715

TROUT UNLIMITED, INC.

(a)				
No.	(b)	(c)	(d)	
from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received	
Part I				
	SECURITIES			
220				
	·	\$ 10,192.	02/21/08	
		\$10,192.		
(a)		(_)		
No.	(b)	(c) FMV (or estimate)	(d)	
from	Description of noncash property given	(see instructions)	Date received	
Part I				
221	SECURITIES			
221		[		
		\$ 10,383.	12/26/07	
(a)		(c)		
No.	(b)	(C) FMV (or estimate)	(d)	
from	Description of noncash property given	(see instructions)	Date received	
Part I	SECURITIES			
222	SECONTITES	—		
~~~	And a second second second second second second second second second second second second second second second			
		\$ 9,872.	12/26/07	
			- ·	
(a)		(c)	<i>.</i> .	
No.	(b)	FMV (or estimate)	(d) Date received	
from Part I	Description of noncash property given	(see instructions)	Date received	
	SECURITIES			
223				
		\$\$	12/31/07	
	un en			
(a)	<i>4</i> .	(c)	1.6	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received	
Part I	Description of noncash property given	(see instructions)	Parc Levelage	
	SECURITIES		~_ ~ ~	
224				
		\$5,779.	12/11/07	
(a) No	11.1	(c)	1-0	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received	
Part I	резеннион от полован рюрету Ямен	(see instructions)	2010 10001100	
	SECURITIES			
225				
[
1		\$20,695.	12/26/07	

TROUT UNLIMITED, INC.

Page 2 of 2 of Part II

Employer identification number

38-1612715

Noncash Property (See Specific Instructions.) Part II (a)(c) (d) No. (b) FMV (or estimate) Date received from Description of noncash property given (see instructions) Part I SECURITIES 226 12/13/07 20,358. \$ (a) (c) (d) No. (b) FMV (or estimate) Date received Description of noncash property given from (see instructions) Part I SECURITIES 227 01/07/08 10,033. \$ (a) (c) (d) No. (b) FMV (or estimate) Date received Description of noncash property given from (see instructions) Part I SECURITIES 228 09/16/08 25,119. \$ (a) (c) (d) No. (b) FMV (or estimate) Date received from Description of noncash property given (see instructions) Part I \$ (a) (c) (d) No. (b) FMV (or estimate) **Date received** from Description of noncash property given (see instructions) Part I \$ (a) (c) (d) No. (b) FMV (or estimate) **Date received** from Description of noncash property given (see instructions) Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

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PAGE
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FORM

ſ	88	Ň						Zone
	Ending Accumulated Depreciation	220,612.	15,458. 236,070.		 			ction, GO 2
	Current Year Deduction	0. 100,648.	3,503. 104,151.					zation Dedu
	Current Sec 179 Expense			 				ercial Revitali
	Beginning Accumulated Depreciation	119,964.	11,955. 131,919.			-		3onus, Comm
	Basis For Depreciation	7,801. 657,554.	35,029.					* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
	* Basis				 			*
	Section 179 Expense							
066	Bus Exct							posed
	Unadjusted Cost Ör Basis	7,801. 657,554.	35,029.					(D) - Asset disposed
	Po Pi	HY16 HX16 HX16	9					-
	<10 C	- 000 F	10.01		 			
	Method	ਲੋਂ ਸ਼ੋ		 				
	Date Acquired	VARIOUS						
) PAGE 2	Description	LAND FURNITTORE & EQUIPMENT	LEASEHOLD IMPROVEMENTS * TOTAL 990 PAGE 2 DEFR					
FORM 990 PAGE	Asset No.							728111 08-23-07

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FORM 990 GAIN (LOSS) FROM PUBI	ICLY T	RADED	SECURITI	[ES	STATEM	ENT	
DESCRIPTION	GRC SALES		COST OR OTHER BASIS		EXPENSE OF SALE		NET GAIN OR (LOSS)	
SALE OF INVESTMENTS	738	738,319.		31,115.	0.		7,204	
TO FORM 990, PART I, LINE	8 738	3,319.	7	31,115.	0.		7,204	
	GROSS	CONTRI		GROSS	DIREC			
	RECEIPTS 28,515.	INCLU	JDED 614.	REVENUE	EXPENS 1. 11,76	SES OR	(LOSS	
BOSTON FUNDRAISING EVENT BREWERY FUNDRAISING EVENT DC FUNDRAISING EVENT	RECEIPTS	INCLU 16, 10,	JDED	REVENUE	EXPENS 1. 11,76 1. 6,86	SES OR	(LOSS 140 309	
BOSTON FUNDRAISING EVENT BREWERY FUNDRAISING EVENT DC FUNDRAISING EVENT NEW YORK FUNDRAISING EVENT	RECEIPTS 28,515. 17,700.	INCLU 16, 10, 27,	014. 529.	REVENUE 11,90 7,17	EXPENS 1. 11,76 1. 6,86 5. 7,59	SES OR 51. 52. 92.	(LOSS 140 309 683 5,408	
DC FUNDRAISING EVENT NEW YORK FUNDRAISING	RECEIPTS 28,515. 17,700. 35,825.	INCLU 16, 10, 27, 314,	014. 529. 550.	REVENUE 11,90 7,17 8,27	EXPENS 1. 11,76 1. 6,86 5. 7,59 3. 103,12	SES OR 51. 52. 92. 25.	(LOSS 140 309 683	

DESCRIPTION

UNREALIZED LOSS ON INVESTMENTS

TOTAL TO FORM 990, PART I, LINE 20

59

AMOUNT

-1,427,270.

-1,427,270.

TROUT UNLIMITED, INC.

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38-1612715

FORM 990	OTHER	EXPENSES	STATEMENT		
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)	
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISIN	
ADVERTISING AND					
PROMOTION	121,939.	120,729.	1,150.		60.
FULFILLMENT	1,053,180.	579,858.		473,33	22.
CONSULTANTS	5,387,786.	5,169,775.	57,880.	160,1	31.
OTHER EXPENSES	4,144.	4,144.			
TAXES	1,357.	334.	1,023.		
INSURANCE	68,629.	1,298.	67,331.		
PROFESSIONAL FEES	0.				
OFFICE MOVE	5,666.	619.	5,047.		
WATER LEASES	75,200.	75,200.			
LIST RENTAL	47,064.	5,679.		41,3	85.
TOTAL TO FM 990, LN 43	6,764,965.	5,957,636.	132,431.	674,8	98.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 5
CLASS OF ACTIVITY	DONEE'S NAME AND ADDRESS	AMOUNT
GRANT AMERICAN RIVERS 1101 14TH ST NW, WASHINGTON, DC 20		810.
GRANT BIG BLACKFOOT 8470 SUNSET HILL E GREENOUGH, MT 598		10,000.
GRANT CATSKILL MOUNTAIN 681 SAWKILL RD KINGSTON, NY 1240	1-7157	2,200.
GRANT COLUMBIA GREEN 1411 ALBANY AVENU VALATIE, NY 12184		7,250.
GRANT GOLD RUSH CHAPTER 5530 WILLIAMSON D GAINESVILLE, GA 3		9,750.
GRANT GREAT BASIN 421 10TH AVE SALT LAKE CITY, U	I 84103-2825	9,714.
GRANT HARRY & LAURA NOH 5913 DIETRICH HTS CASSVILLE, WI 538		2,500.
GRANT HEADWATERS 6269 MOUNT VERNON VANDERBILT, MI 49		2,000.
GRANT HIAWATHA 704 11TH AVE SE ROCHESTER, MN 559	04-7368	2,500.

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TROUT UNLIMITED, INC.	38-1612715
GRANT KIAP TU WISH 10758 FALLING WATER LANE WOODBURY, MN 55129	10,000.
GRANT MAGIC CITY FLY FISHERS 23 GIBBON RD COLUMBUS, MT 59019	2,000.
GRANT MAINE COUNCIL 23 LIMEROCK ST. CAMDEN, ME 04843	10,000.
GRANT MAINE COUNCIL 23 LIMEROCK ST. CAMDEN, ME 04843	10,000.
GRANT MOUNTAIN BRIDGE 10 TRANQUIL AVE GREENVILLE, SC 29615	10,000.
GRANT MOUNTAINEER RR 2 BOX 427 BRIDGEPORT, WV 26330-9773	10,000.
GRANT NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	2,500.
GRANT NEW RIVER 4754 SHELBURNE RD RADFORD, VA 24141-8058	6,039.
GRANT OKLAHOMA PO BOX 1331 SAPULPA, OK 74067-1331	2,000.
GRANT PISGAH 151 MELROSE CIRCLE TRYON, NC 28782-3334	8,500.

TROUT UNLIMITED, INC.	38-1612715
GRANT RABUN PO BOX 881 TOCCOA, GA 30577-1414	3,000.
GRANT REDWOOD EMPIRE 554 MANOR COURT HEALDSBURG, CA 95448-6137	2,500.
GRANT REED GILLESPIE/CENTRAL P.O. BOX 341 DONNELLY, ID 83615	3,325.
GRANT SIERRA 3947 MILMAR WAY SACRAMENTO, CA 95821-3030	7,700.
GRANT SNOWY MOUNTAIN 53 PINE RIDGE LN LEWISTOWN, MT 59457-8687	1,900.
GRANT SOUTHEAST IDAHO CHAPTER 1601 SARATOGA ST POCATELLO, ID 83201-2280	10,000.
GRANT SOUTHWESTERN VERMONT 186 EVERDALE RD BENNINGTON, VT 05201-9131	7,500.
GRANT SPRING CREEK 1018 METZ AVE STATE COLLEGE, PA 16801-4124	4,400.
GRANT SPRING CREEK 1018 METZ AVE STATE COLLEGE, PA 16801-4124	4,400.
GRANT SUN RIVER WATERSHED GROUP 816 GRIZZLY DRIVE GREAT FALLS, MT 59404	1,500.

TROUT UNLIMITED, INC.	38-1612715
GRANT TED TRUEBLOOD 16655 N YORKSHIRE LN NAMPA, ID 83687-9467	6,000.
GRANT THE TRUST FOR THE PUBLIC LAND 321 E MAIN ST., SUITE 411 BOZEMAN, MT 59715	95,000.
GRANT TIADAGHTON 316 JEMISON RD WESTFIELD, PA 16950	1,900.
GRANT UPPER BEAR RIVER 114 G MOUNTAIN VILLAGE RD EVANSTON, WY 82930-8752	3,000.
GRANT UTAH COUNCIL PO BOX 681311 PARK CITY, UT 84068	7,050.
GRANT WINCHESTER 2479 MORGANS MILL RD BLUEMONT, VA 20135-5121	1,950.
GRANT WYOMING COUNCIL 42 SUNRISE RD CODY, WY 82414-9698	25,000.
GRANT WYOMING COUNCIL 42 SUNRISE RD CODY, WY 82414-9698	2,300.
GRANT VARIOUS TU CHAPTERS & COUNCILS	287,781.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	593,969.

STATEMENT(S) 5

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE ONE

IN 2008, TROUT UNLIMITED'S STAFF AND VOLUNTEERS EMBRACED A NEW STRATEGIC PLAN, WHICH WILL GUIDE THE ORGANIZATION'S WORK FOR THE NEXT FIVE YEARS. THE PLAN WILL ENABLE TU TO MAKE MEASURABLE PROGRESS TOWARD A VISIONARY GOAL: ENSURING THAT AMERICA'S COLDWATER RIVERS ARE CLEAN AND HEALTHY ENOUGH TO SUPPORT THRIVING POPULATIONS OF WILD AND NATIVE TROUT AND SALMON.

TO ACHIEVE THIS GOAL, TU MUST THINK BEYOND INDIVIDUAL STREAMS TO CONSIDER THE NEEDS OF ENTIRE RIVERS AND RIVER SYSTEMS. TO WORK EFFECTIVELY AT THIS SCALE, TU EMPLOYS A SIMPLE BUT POWERFUL CONSERVATION FRAMEWORK: PROTECT THE BEST REMAINING HABITAT, SO IT WILL CONTINUE TO PROVIDE VITAL SPAWNING, REARING AND REFUGE FOR NATIVE AND WILD FISH. RECONNECT THESE PROTECTED AREAS TO AREAS TU WILL RESTORE DOWNSTREAM. SUSTAIN THIS WORK OVER TIME BY ENGAGING A NEW GENERATION OF CONSERVATIONISTS IN TU'S WORK. TU MADE PROGRESS IN ALL THESE AREAS IN 2008.

FOR INSTANCE, TO PROTECT PRISTINE HABITAT FOR NATIVE CUTTHROAT TROUT IN THE WEST, TU CONTINUED ITS SPORTSMEN-LED EFFORT TO PREVENT FURTHER OIL AND GAS LEASING ON 1.2 MILLION ACRES OF THE WYOMING RANGE. THE ORGANIZATION ALSO TEAMED UP WITH THE THEODORE ROOSEVELT CONSERVATION PARTNERSHIP AND THE NATIONAL WILDLIFE FEDERATION TO ISSUE SPORTSMEN FOR RESPONSIBLE ENERGY DEVELOPMENT, A COMPREHENSIVE DOCUMENT EXPLAINING WHY HUNTERS AND ANGLERS ARE CONCERNED ABOUT ENERGY DEVELOPMENT ON PUBLIC LANDS AND OFFERING COMMON SENSE SOLUTIONS TO CONGRESS AS THEY CONSIDER FEDERAL ENERGY POLICY.

TU ALSO CONTINUED ITS PUBLIC OUTREACH CAMPAIGN AGAINST THE PEBBLE MINE, A MASSIVE, OPEN-PIT MINE PROPOSED AT ALASKA'S BRISTOL BAY, ONE OF THE MOST PRODUCTIVE SALMON FISHERIES IN THE WORLD. THE CAMPAIGN GOT A MAJOR BOOST THIS YEAR FROM A PRIZE-WINNING FEATURE FILM, RED GOLD, CREATED WITH TU'S SUPPORT, WHICH DOCUMENTS WHAT'S AT STAKE FOR LOCAL COMMUNITIES, FISHERMEN AND FIRST NATIONS IF THE MINE GOES THROUGH.

THE ORGANIZATION ALSO MADE CONSIDERABLE PROGRESS IN ITS WORK TO RECONNECT RIVERS BY KEEPING WATER FLOWING. THE WESTERN

WATER PROJECT, WHICH WORKS WITH THE COURTS, LEGISLATURES AND LANDOWNERS IN FIVE WESTERN STATES, CELEBRATED BOTH ITS TENTH ANNIVERSARY AND A CHANGE IN UTAH'S WATER LAW IN 2008. PRIVATE LANDOWNERS CAN NOW LEASE THEIR WATER TO STATE AGENCIES OR NON-PROFITS, OR USE IT THEMSELVES, FOR CONSERVATION PURPOSES, WITHOUT RISKING THE LOSS OF THE WATER RIGHT. THE UTAH LEGISLATION IS MODELED AFTER GROUNDBREAKING LEGISLATION PASSED, AFTER AN INTENSE LOBBYING CAMPAIGN BY TU, IN MONTANA IN 1995.

ON THE EAST COAST, TU CELEBRATED WITH ITS PARTNERS IN THE PENOBSCOT RIVER RESTORATION TRUST WHEN THE TRUST ANNOUNCED THAT IT HAD RAISED THE \$25 MILLION NEEDED TO PURCHASE THREE DAMS ON THE PENOBSCOT RIVER. THE TRUST WILL REMOVE TWO DAMS AND INSTALL FISH PASSAGE AROUND A THIRD. THE PROJECT WILL RESTORE NEARLY 1,000 MILES OF HABITAT FOR ATLANTIC SALMON AND 10 OTHER SPECIES OF SEA-RUN FISH.

ON-THE-GROUND PROJECTS TO RESTORE LOCAL STREAMS AND RIVERS HAVE ALWAYS BEEN AMONG TU'S GREATEST STRENGTHS, AND 2008 WAS NO EXCEPTION. MULTI-YEAR PROJECTS CLEANED UP ABANDONED MINE DRAINAGE IN THE EAST AND THE WEST, AND THE ORGANIZATION LAUNCHED LARGE-SCALE RESTORATION PROJECTS ON NEW JERSEY'S MUSCONETCONG RIVER AND THE UPPER CONNECTICUT RIVER IN NEW HAMPSHIRE AND VERMONT. THESE EFFORTS ARE AMONG TU'S MORE THAN 15 HOME RIVERS INITIATIVE PROJECTS, NATIONWIDE WHICH PILOT INNOVATIVE APPROACHES TO LARGE-SCALE CONSERVATION CHALLENGES.

HOME RIVERS PROJECTS ALSO TAKE ADVANTAGE OF THE ECONOMIC BENEFITS OF CLEANER WATER AND HEALTHIER TROUT POPULATIONS. THESE BENEFITS CAN BE CONSIDERABLE: ACCORDING TO AN ECONOMIC STUDY COMMISSIONED BY TU AND RELEASED IN 2008, ANGLER SPENDING IN THE DRIFTLESS REGION OF THE MIDWEST, ANOTHER HOME RIVERS SITE, APPROACHES \$500 MILLION ANNUALLY.

ON THE LOCAL LEVEL, TU'S GRASSROOTS VOLUNTEERS ALSO CONTINUED THEIR EFFORTS TO CLEAN UP STREAMS AND RIVERS IN 2008. TU'S EMBRACE-A-STREAM PROGRAM, WHICH MAKES GRANTS TO SUPPORT THESE LOCAL PROJECTS, GAVE OUT APPROXIMATELY \$170,000 THIS YEAR FOR MORE THAN THIRTY PROJECTS IN 22 STATES.

FINALLY, TO SUSTAIN ITS WORK INTO THE FUTURE, TU MADE SIGNIFICANT INVESTMENTS THIS YEAR IN YOUTH OUTREACH PROGRAMS. THROUGH THE TROUT IN THE CLASSROOM PROGRAM, TU STAFF AND VOLUNTEERS REACHED MORE THAN 20,000 KIDS WITH INFORMATION ABOUT THE IMPORTANCE OF CLEAN WATER AND HEALTHY

38-1612715

FISHERIES. THE ORGANIZATION ALSO SIGNED AN MOU WITH THE BOY SCOUTS OF AMERICA, AND A TU VOLUNTEER WROTE THE CONSERVATION SECTION UPDATES FOR THE FLY FISHING MERIT BADGE. NEARLY 7,000 SCOUTS HAVE EARNED SINCE THE BADGE'S INCEPTION IN 2002.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	300,362.	12,383,150.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE THREE

COMMUNICATIONS - THE COMMUNICATIONS DEPARTMENT PUBLISHES THE QUARTERLY TROUT MAGAZINE, THE MONTHLY "LINES TO LEADERS" NEWSLETTER, AND TU'S ANNUAL REPORT. THE COMMUNICATIONS DEPARTMENT ALSO PRODUCES TROUT UNLIMITED TELEVISION, MAINTAINS TU'S WEBSITE, GENERATES PRESS RELEASES, CONDUCTS PRESS CONFERENCES, AND IS RESPONSIBLE FOR TU'S PUBLIC RELATIONS.

GRANTS EXPENSES

TO FORM 990, PART III, LINE C

1,489,907.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 8 PART III

EXPLANATION

TO CONSERVE, PROTECT, AND RESTORE NORTH AMERICA'S COLDWATER FISHERIES AND THEIR WATERSHEDS.

TROUT UNLIMITED, INC.				38-1612	715
FORM 990 DEPRECIATION OF AS:	SETS NOT HELD	FOR IN	VESTMENT	STATEMENT	9
DESCRIPTION	COST OR OTHER BASIS		CUMULATED PRECIATION	BOOK VALU	Е
LAND FURNITURE & EQUIPMENT LEASEHOLD IMPROVEMENTS	7,80 657,59 35,02	54.	0. 220,612. 15,458.	7,8 436,9 19,5	42.
TOTAL TO FORM 990, PART IV, LN 57	7 700,3	84.	236,070.	464,3	14.
FORM 990 OTHEN	R SECURITIES			STATEMENT	10
SECURITY DESCRIPTION			COST/FMV	OTHER SECURITIE	S
MONEY MARKET FUNDS			FMV	768 , 1	05.
TO FORM 990, LINE 54B, COL B				768,1	05.
FORM 990 NON-GOV	ERNMENT SECUR	ITIES		STATEMENT	11
		RPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV SECURITI	
MUTUAL FUNDS FMV			7,395,074	. 7,395,0	74.
TO FORM 990, LINE 54A, COL B			7,395,074	. 7,395,0	74.

NATION CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT

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	ST OF CURRENT OFFICERS, RUSTEES AND KEY EMPLOYEE:		STATI	EMENT 12
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
OAKLEIGH THORNE 1300 NORTH 17TH ST ARLINGTON, VA 22209	CHAIRMAN 5.00	0.	0.	0.
KIRK OTEY 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
MARK T. GATES 1300 NORTH 17TH ST ARLINGTON, VA 22209	SECRETARY 5.00	0.	0.	0.
LARRY HARRIS 1300 NORTH 17TH ST ARLINGTON, VA 22209	SECRETARY/NAT. 5.00	LEADERSHIP 0.		0.
DUKE WELTER 1300 NORTH 17TH ST ARLINGTON, VA 22209	VICE CHAIRMAN 5.00	0.	0.	0.
HARRIS HYMAN, IV 1300 NORTH 17TH ST ARLINGTON, VA 22209	TREASURER 5.00	0.	0.	0.
BILL EGAN 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
LOREN ALBRIGHT 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
JAN ALLARDT 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
JAMES K. ASSELSTINE 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
CHARLES CONN 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.

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TROUT UNLIMITED, INC.			38-16	12715
SHERRY BRAINERD 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
JON CHRISTIANSEN 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
PAUL DOSCHER 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
ELIZABETH STORER 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
JIM EDEN 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
LAWRENCE FINCH 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
RON FOSTER 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
DAVID GOEDDEL, PH.D. 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
JOHN Q. GRIFFIN 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
PATSY ISHIYAMA 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
GEORGE JENKINS 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
EADDO KIERNAN 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
SHARON LANCE 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.

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TROUT UNLIMITED, INC.			38-	-1612715
PAUL MACIEJEWSKI 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
MICHAEL "SQUEAK" SMITH 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
SANJEEV MEHRA 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
RICK MURPHREE 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
MIKE SLATER 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
GEORGE J. RECORDS 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
THEODORE ROOSEVELT, IV 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
MARK ULLMAN 1300 NORTH 17TH ST ARLINGTON, VA 22209	TRUSTEE 5.00	0.	0.	0.
CHRIS WOOD 1300 NORTH 17TH ST ARLINGTON, VA 22209	COO 40.00	159,244.	25,508.	0.
PIETER FOSBURGH 1300 NORTH 17TH ST ARLINGTON, VA 22209	CHIEF DEVELO 40.00	PMENT OFFICER 148,854.		0.
CHARLES GAUVIN 1300 NORTH 17TH ST ARLINGTON, VA 22209	CEO 40.00	209,912.	30,274.	0.
HILLARY COLEY 1300 NORTH 17TH ST ARLINGTON, VA 22209	CFO 40.00	144,858.	21,740.	0.
TOTALS INCLUDED ON FORM 990, H	PART V-A	662,868.	102,283.	0.

TROUT UNLIMITED,	INC.			38-16127	15
FORM 990	LIST C	RECEIVING	 OF RETURN	STATEMENT	13

STATES

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

SCHEDULE A	EXPLANATION OF	QUALIFICATIONS TO	RECEIVE PAYMENTS	STATEMENT 14
		PART III, LINE	3A	

GRANTEES ARE SELECTED BY A COMMITTEE OF THE BOARD BASED ON THE APPLICANT'S ABILITY TO ACHIEVE SPECIFIC PROGRAM GOALS OF THE ASSOCIATION THAT ARE RELATED TO THE IMPROVEMENT OF FISHING HABITATS.

SCHEDULE A	OTHER INC	ST	ATEMENT 15	
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER INCOME	0.	0.	0.	5,363.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	0.	5,363.

		1-			,) i				
Form 8868 (Rev. April 2008) Department of the Treasury		Application for Extension of Time To File an Exempt Organization Return			1	OMB No. 1545-1709			
	vanue Service		File a sep	arate application for e	each return.				
 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 II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. 									
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).									
A corporation required to file Form 990-T and requesting an automatic 6-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.									
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.									
Type or print	Name of Exemp	t Organization					Emplo	yer identifica	tion number
print	TROUT UN	TROUT UNLIMITED, INC.					38-1612715		
File by the due date fo filing your return, See	Number, street, and room or suite no. If a P.O. box, see instructions. 1300 17TH ST N, NO. 500								
instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22209-3311								
Check type of return to be filed (file a separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image: Separate application for each return): Image:									
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 box ► ● If this is for part of the group, check this box ► ■									
 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until <u>MAY 15, 2009</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶									
2 lf	If this tax year is for less than 12 months, check reason:							Change in acc	ounting period
	this application is for onrefundable credit			or 6069, enter the te	ntative tax, less a	апу	3a	\$	• #- #**
			PF or 990-T, enter any refundable credits and estimated			3ь	\$		
	ax payments made. Include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,							<u>. Iver</u>	
d				Electronic Federal Tax		n).	3c	\$	N/A
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.									

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

Form 8868 (Rev. 4-2008)

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