* *	PUBLIC	DISCLOSURE	COPY	**

Form **990**

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

▶ Do not enter Social Security numbers on this form as it may be made public. mation about Form 990 and its instructions is at *y* NW irs aov/form000



		the Treasury ue Service Do not enter Social Security numbers on this form as it may Information about Form 990 and its instructions is at <i>WM</i>			Open to Public Inspection
A	For the	2013 calendar year, or tax year beginning OCT 1, 2013 and ending	SEP 30, 2014		
в	Check if applicable	C Name of organization	D Employer ide	entifica	tion number
X	Addres	s TROUT UNLIMITED INC.			
	Name Change	Doing Business As	38-	-16127	15
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	· · · · · · · · · · · · · · · · · · ·		
	Termin		1		2-0200
	lated Amend return		G Gross receipts \$		42,700,985.
			H(a) Is this a gro	oup retu	
	pendin	F Name and address of principal officer:CHRISTOPHER WOOD	for subordi		
		SAME AS C ABOVE	H(b) Are all subordir	nates inclu	uded? Yes No
1	Tax-exe				st. (see instructions)
		e: WWW.TU.ORG	H(c) Group exer		
			ear of formation: 1959		State of legal domicile: MI
	And the second se	Summary			
<u>т</u>	1 6	Briefly describe the organization's mission or most significant activities: TO CONSERVE,	PROTECT, AND		
nce	1	RESTORE NORTH AMERICA'S COLDWATER FISHERIES AND THEIR WATERSHEDS.			
erne	2	Check this box 🕨 🥅 if the organization discontinued its operations or disposed of r	nore than 25% of its r	net asse	ets.
٥ ٥	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	32
ୁ ଅ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	31
es	5 1	otal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	261
Activities & Governance	6 1	otal number of volunteers (estimate if necessary)		6	651293
Act	7 a 1	otal unrelated business revenue from Part VIII, column (C), line 12		7a	98,556.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
			Prior Year		Current Year
ne		Contributions and grants (Part VIII, line 1h)	35,421,0		36,939,190.
Revenue		Program service revenue (Part VIII, line 2g)	4,876,9		4,718,743.
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	354,:		304,405.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,7		69,684.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,684,		42,032,022.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,564,3	0.	1,702,129.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	13,691,		0.
ses	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	115,991,		<u>14,872,849.</u> 23,320.
Expenses	1081	Professional fundraising fees (Part IX, column (A), line 11e)		, T. T.	23,320.
ΕXΙ	17 (25,509,0)14	26,913,971.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	40,880,8		43,512,269.
		Revenue less expenses. Subtract line 18 from line 12	-196,3		-1,480,247.
or			Beginning of Current		End of Year
Net Assets or Fund Balances	20 1	otal assets (Part X, line 16)	26,116,3		25,841,791.
Ass	21 1	Total liabilities (Part X, line 26)	3,189,0		3,806,187.
Fin	22	Net assets or fund balances. Subtract line 21 from line 20	22,927,		22,035,604.
	art II	Signature Block			
		ties of perjury, declare that I have examined this return, including accompanying schedules and sta	atements, and to the bes	t of my k	knowledge and belief, it is
true	e, correct	, and complete. Declaration of preparer (other-than officer) is based on all information of which prep	arer has any knowledge	-	()
			04	28	115
Sig	jn	Signature of officer	Date		/
He	re	HILLARY P. COLEY, CHIEF FIN & ADMIN. OFFICER	,		
		Type or print name and title	Doto /		
_	1	Print/Type preparer's name Preparer's signature	Date Che	ick] PTIN
Pai	H	CONG ZHANG, CPA VOLS MUL	- 1 i i	-employed	P01249785
	t t	Firm's name MCGLADREY LLP	Firm's Ell	V	42-0714325
USE	Only	Firm's address 1861 INTERNATIONAL DRIVE, SUITE 400	Dhara		226 6400
<u> </u>	v +b = 10	MCLEAN, VA 22102 S discuss this return with the preparer shown above? (see instructions)		1.103-3	X Yes No
11/2	V IUE IB	S UISCUSS THIS REDITLIWITH THE DREDATER SHOWLD ADOVE (TISEE INSTRUCTIONS)			

Form	1990 (2013) TROUT UNLIMITED, INC.	38-1612715	Page 2
Ра	rt III Statement of Program Service Accomplishments		9
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO CONSERVE, PROTECT, AND RESTORE NORTH AMERICA'S COLDWATER FISHERIES		
	AND THEIR WATERSHEDS.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Y	'es 🗵 No
•	If "Yes," describe these new services on Schedule O.		'es 🗵 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	······ ¥	es 🖾 No
4	If "Yes," describe these changes on Schedule O.	manaurad by avpar	
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	sis, the total expense	5, anu
4a	(Code:) (Expenses \$ 31,249,791. including grants of \$ 1,357,545.) (Reven	ue.\$ 4	543,117.)
	PROTECT:		<u>, , ,</u> ,
	BRISTOL BAY IN ALASKA REMAINED TU'S LARGEST CONSERVATION PRIORITY IN		
	2014, AND THE ENVIRONMENTAL PROTECTION AGENCY'S PLANNED USE OF THE		
	CLEAN WATER ACT'S 404C PROVISION TO RESTRICT MINING IN THE REGION IS OF		
	PARTICULAR INTEREST TO THE ORGANIZATION. THE AREA IS HOME TO THE MOST		
	ECONOMICALLY IMPORTANT SALMON RUNS ON THE PLANET, AND KEEPING THE		
	FRESHWATER HABITAT INTACT FOR SPAWNING AND REARING IS VITAL FOR THE		
	FISHERY AND THE 14,000 JOBS THAT DEPEND ON HEALTHY SALMON RETURNS EVERY		
	SINGLE YEAR. TU'S MEMBERS LED THE EFFORT TO SUBMIT COMMENTS ON THE		
	EPA'S DRAFT WATERSHED ASSESSMENT ON BRISTOL BAY, AND THEY ASKED		
	SPECIFICALLY FOR THE EPA TO RESTRICT MINING IN BRISTOL BAY, USING THE		
4b	(Code:) (Expenses \$5, 267, 053. including grants of \$339, 968.) (Reven	ue \$	77,070.)
	SUSTAIN:		
	THROUGHOUT THE COUNTRY, TU IS WORKING TO BRING YOUNG PEOPLE INTO		
	CONSERVATION THROUGH OUR TROUT IN THE CLASSROOM AND FIVE RIVERS		
	(COLLEGE CHAPTERS) PROGRAMS. THESE STUDENTS ARE THE NEXT GENERATION OF		
	TU LEADERS AND AMERICAN CONSERVATIONISTS-GIVING THEM A FIRM		
	UNDERSTANDING OF TU'S COLLABORATIVE STEWARDSHIP APPROACH TO PROTECTING,		
	RECONNECTING AND RESTORING OUR NATION'S TROUT AND SALMON WATERS GIVES		
	THEM THE TOOLS THEY'LL NEED TO MAKE A DIFFERENCE IN THEIR LOCAL		
	COMMUNITIES.		
	ADDITIONALLY, TU, THROUGH OUT VETERANS SERVICES PARTNERSHIP, HELPS		
40	(Code:) (Expenses \$563,094. including grants of \$4,616.) (Revenue		0.)
4c	GOVERNMENT AFFAIRS:	\$)
	TU'S GOVERNMENT AFFAIRS STAFF WORKED DILIGENTLY IN THE HALLS OF THE		
	FEDERAL GOVERNMENT TO PUSH IMPORTANT LEGISLATION, OPPOSE BAD POLICY,		
	AND SUPPORT VITAL CONSERVATION FUNDING FROM COAST TO COAST. FOR		
	EXAMPLE, TU'S GOVERNMENT AFFAIRS STAFF:		
	-SUPPORTED EFFORTS BY THE EPA AND THE U.S. ARMY CORPS OF ENGINEERS TO		
	RESTORE PROTECTIONS TO HEADWATER STREAMS UNDER THE CLEAN WATER ACT.		
	-WORKED WITH LAWMAKERS TO ENSURE VITAL FARM BILL FUNDING INCLUDES		
	PROJECTS THAT RESTORE AND PROTECT WATERS IMPORTANT TO BOTH THE		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 1,773,366. including grants of \$ 0.) (Revenue \$	98,556. ₎	
4e	Total program service expenses 38,853,304.	· · · · ·	
		Forr	m 990 (2013)

Form 990 (2013) TROUT UNLIMITED, I Part IV Checklist of Required Schedules TROUT UNLIMITED, INC.

1 bet organization described in section 501(c)(c) e4947(a)(1) (other than a private foundation)? I x 2 bet organization required to complete Schedule 9, Schedule 07 Contributors? 2 x 3 x 2 x x 4 betto organization required to complete Schedule 0, C Part 1 3 x 5 section 501(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(Yes	No
2 Is the organization engage in direct in indice topical 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(kg) organizations. Did the organization ongage in tobbying activities, or have a section 501(h) election in field. 4 X 5 Bit the organization a section 501(kg) organization. But the organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98 192 // 'Yes,' complete Schedule C, Part II 6 x 6 Bit the organization matian any done advised lunds or any similar lunds or accounts for which donors have the right to provide advice in the distribution or invostment of amounts in such thads or accounts?// 'Yes,' complete Schedule D, Part II 6 x 7 X E bit the organization matian around in Part X, line 21, for secret or or custodial account liability, serve as a custodian for amounts not lead in Part X, ine active assert, including easement, credit repair, or cells repairation services? 7 X 8 Did the organization matian collections of works of art, listocial transures, or other similar assets?// 'Yes,' complete Schedule D, Part II 8 X 9 Did the organization, encervor through a related organization, encervor provide credit counseling, deb transagement, credit repairation, encervor provide credit counseling, deb transagement, or cell repairation services? 9 X	1				
 Did the organization engage in direct or indirect policial campaign activities on behalf of or in opposition to candidates for public offices Schedule (2, Part I) Section SO1(c)(3) organizations. Did the organization engage in lobbying activities, or have a section SO1(b) election in effect during the tax year/II "Yes," complete Schedule (2, Part I) Bit the organization a section SO1(c)(6), So (5)(6), So (5)(c)(6) organization that receives membership dues, assessments, or is in any donor advice this drus or any similar funds or accounts for which donors have the right (1) any donor advice this drus or any similar funds or accounts for which donors have the right (1) any donor advice this or any similar indus or accounts for which donors have the right (1) any donor advice drug drug mainter funds or accounts for which donors have the right (1) any donor advice any the indus or assemine, including assemetts to preserve open pace. The environment, historic land areas, or historica it trassures, or other similar asset? II "Yes," complete Schedule D, Part II Did the organization any and the TA (1) and the comparization, root the similar asset? II "Yes," complete Schedule D, Part II Did the organization any other following questions is 'Yes,' then complete Schedule D, Part IV. Did the organization report an amount for investments - other socurities in Part X, line 12 that is 5% or more of its total asset: reported in Part X, ine 12 the 'Yes,' complete Schedule D, Part VI. Did the organization report an amount for investments - other socurities in Part X, line 12 that is 5% or more of its total asset: reported in Part X, line 12 the 'Yes,' complete Schedule D, Part VI. Did the organization report an amount for investments - other socurities in Part X, line 13 that is 5% or more of its total asset: reported in Part X, line 12 that is 5% or more of its total asset: reported in Part X, line 12 that is 5% or more of it		If "Yes," complete Schedule A			
public office/II /*es,** complete Schedule C, Part I 3 X Section 501(k)3 organizations. Dut the organization engage in lobbying activities, or have a section 501(k) election in effect 4 X 5 Is the organization as action 501(k)0, 501(k)0, 501(k)0, or 500(k)0, or 200(k)0, CPart II 5 X 6 Did the organization matula any donor advised funds or accounts for which donors have the fight to provide advice on the distribution or invostment of amounts in such funds or accounts for which donors have the fight to provide advice on the distribution or invostment of amounts in such funds or accounts for which donors have the fight to the evanization matulan collections of vortes of at, historical treasures, or other similar assets? II 'Yes, 'complete Schedule D, Part II 7 X 9 Did the organization indext or through a related organization, hold assets in temporarily restricted endowments, permanent endowments / I'res, 'complete Schedule D, Part V 10 X 10 Did the organization indext or through a related organization, hold assets in temporarily restricted endowments, permanent endowments / I'res, 'complete Schedule D, Part V 11 X 11 If the organization report an amount for investments - other socurities in Part X, line 107 II 'res, 'complete Schedule D, Part X 10 X 12			2	X	
during the tax year <i>II</i> "Yes," complete Schedule <i>C</i> , <i>Pert II</i> 4 X 5 Is the organization a section 501(c)(6) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedure 88.197 // "Yes," complete Schedule <i>C</i> , <i>Part II</i> 5 6 Did the organization martain any done advised funds or accounts for which donors have the right to provide active on the distribution or investment advised funds or accounts for which donors have the right to provide active on the distribution or investment advised funds or accounts for which donors have the right to the environment, historic later areas, or historic at trausures, or other similar assets? <i>II</i> "Yes," complete Schedule <i>D</i> , <i>Part II</i> 7 X 8 Did the organization martain collections of works of at, historical treasures, or other similar assets? <i>II</i> "Yes," complete Schedule <i>D</i> , <i>Part II</i> 8 X 9 Did the organization incertly or through a related organization, hold assets in temporarity restricted endowments, permanent endowments? <i>II</i> "Se," complete Schedule <i>D</i> , <i>Part V</i> 10 X 10 Did the organization incertly or through a related organization, hold assets in temporarity restricted endowments, permanent endowments? <i>II</i> "Se," complete Schedule <i>D</i> , <i>Part VI</i> 10 X 11 If the organization report an amount for investments - other socurities in Part X, line 101 II "Yes," complete Schedule <i>D</i> , <i>Part VI</i> 11 X 2 Did the or	3		3		x
5 Is the organization ascience 301(c)(4), 001(c)(6) or ganization that receives membership dues, assessments, or similar mouts as defined in Revenue Proceeding 9-109 // Yes, "complete Schedule C, Part III 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts of which donon have the right to provide advice on tobial a conservation assement, including assements to preserve open space, the environment, historic land areas, or historic structures /// Yes, "complete Schedule D, Part II 6 X 7 X Did the organization mexicito a diverse of which of art, historical treasures, or other similar assets? // Yes, "complete Schedule D, Part II 7 X 8 Did the organization mexicito and areas, or historic structures? // Yes, "complete Schedule D, Part II 7 X 9 Did the organization mexicito and other X ine 21, for secrow or custodial account liability, sore as a custodian for anounts not listed in Part X, ine 21, for secrow or custodial account liability, sore as a custodian for anounts not listed in Part X, ine 21, for secrow or custodial account liability, sore as a custodian for anounts and effective through a related organization, hold assets in temporany restricted endowments, permanent endowments, or quasi andowments? // Yes, "complete Schedule D, Part V 10 X 10 Did the organization report an amount for live structures in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 // Yes, "complete Schedule D, Part V 11a X	4		4	x	
similar amounts as defined in Revenue Procedure 96-19/1 *'Yes," complete Schedule C, Part III. 5 X 6 Did the organization maintain any donra divised funds or any similar funds or accounts for which donons have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic lear areas, or historic structures II' 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar asset? If 'Yes,' complete Schedule D, Part II 7 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, sorve as a custodian for amounts on tilestel In Part X, ion provide credit counseling, debt management, credit repair, or debt negolitation services? 9 X 10 Ut the organization report an amount for lead, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - order 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 XII 11e X 11 If the organization report an amount for investments - organizatin report an amount for othe	5				
provide a function or investment of amounts in such funds or accounts // */es,* complete Schedule D, Part // 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 // */es,* complete Schedule D, Part // 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts in listel in Part X, iror provide credit counseling, debt management, credit repair, or debt negotiation services? 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on listel in Part X, iror provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization (arceitly or through a related organization, hold assets in temporarily restricted endowments, personal as a splicable. 10 X as applicable. Did the organization report an amount for investments - order securities in Part X, line 10? If */es,* complete Schedule D, Part V 11a X b Did the organization report an amount for investments - order securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If */es,* complete Schedule D, Part X 11a X c Did the organization report an amount for westments. order and that is 5% or more of its total assets re		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
P Did the organization resolution through the data of the set of the set of the organization resolution of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization matine collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization matine collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization, cleated arganization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 10 Did the organization report an amount for ind, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 11 If the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If Yes," complete Schedule D, Part XIII 11b X 13 Did the organization report an amount for investments in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If Yes," complete Schedule D, Part XIII 11c X 14 Did the organization incound an orthor the relabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X,	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assele? If 'Yes,' complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, or provide condit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization', directly or through a related organization, hold assets in temporarily restricted endowments, personant an asset proported in structures? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, VIII, VIII, IX, or X as applicable. 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - program related in Part X, line 13? If 'Yes,' complete Schedule D, Part VI 11a X 14 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 VI 11a X 14 Did the organization scholar begot Schedu			6		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part S, VII, VIII, IX, or X as applicable. 11a X 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 11a X 11a X Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X IIII 11a X 11b Did the organization report an amount for other assets in Part X, line 127 H"Yes," complete Schedule D, Part X 11d X 11c Did the organization is part an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 111	7		_	v	
Schedule D, Part III. 8 x 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? y x 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 x 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V V 11a x 10 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b x 11 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c x 11 Did the organization report an amount for other lashilities in Part X, line 25/If "Yes," complete Schedule D, Part X 11e x 11 Did the organization seport an amount for other lashilities in Part X, line 25/If "Yes," complete Schedule D, Part X 11e x 11 Did the organization report an amount for other lashilities in Part X, line 25/If "	0			•	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? 9 x 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - other securities 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 VII 11e X 14 X Ite asset reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11e X 15 Did the organization report an amount for other assets in Part X, line 25/ff "Yes," complete Schedule D, Part X 11e X 16 Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11e X 17 Vas the organization separate, oreonsolidated financial statements for the tax ye	0		8		x
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? y X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable. 10 X a) Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 11a X b) Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11a X c) Did the organization report an amount for investments - orgam 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 X 11e X c) Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X c) Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11e X 11 X Did the organization aspearate or consolidated, independent audited financial statements for the tax year? 11t X 12 <	9		Ŭ		
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b) Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c) 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 VII 11d X d) Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X e) Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 11d X 11d X 11d X 12a Did the organization is lability for uncertain tax positions under FIN 48 (ASC 740?) If "Yes," complete Schedule D, Part X 11d X 12a X 11d X 11d X 13 </td <td>-</td> <td>amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?</td> <td>9</td> <td></td> <td>х</td>	-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. Image: 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 11a X C Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X C Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII 11d X Did the organization separate or consolidated financial statements for the tax year include a tootnot that addresses the organization ascharted to report that addresses the organization ascharted and XII 11t X 120 Did the organization ascharted XII to line 12a, then completing Schedule D, Part X 11t X 121 Did the organization ascharted XIII to line 12a, then completing Schedule D, Part X 11t X 122 X It the organization ascharted XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
as applicable. a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a x b) Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b x c) Did the organization report an amount for investments - other securities 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 VII 11c x d) Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11d x e) Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d x f) Did the organization orbid as separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740) If "Yes," complete Schedule D, Part X 11f x 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11f x 13 is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X and XII is optional. 12b x 14 Did the organization nave aggregate revenues or			10	Х	
Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c 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 VII 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11c X e Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization included in accial statements for the tax year? 11f X f Did the organization included in consolidated, independent audited financial statements for the tax year? 11f X f If "Yes," and if the organization aschool described in section 170(b)(1)(M)(ii)? If "Yes," complete Schedule E	11				
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 12? If 'Yes," complete Schedule D, Part VII 11b X c 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 VII 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 25? If 'Yes," complete Schedule D, Part X 11e X f Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes," complete Schedule D, Part X 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes," and If the organization answerd 'No' to line 12a, then completing Schedule D, Part X AII is optional 12a X 13 Is the organization maint an office, employees, or agents outside of the United States? 14a X 14 Did the organization maint an office, employees, or agents outside of the United States? 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistanc	а		11a	x	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c x d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d x e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e x f Did the organization obtain separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? 11f x 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11f x 12a Did the organization included in sociol 170(D)(1)(A)(II)? If "Yes," complete Schedule D, Part X and XII 12b x b Was the organization maintain an office, employees, or agents outside of the United States? 14a x 11d X 14a X 11d Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garest or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "	b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III 11d X 12b Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12e X 13 Sthe organization as chool described in section 170(b(1)(A(iii)? If "Yes," complete Schedule E 13 X 14a Did the organization neort on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 16 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization? If "Yes," complete Schedul	~		110		
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16/1 lf "Yes," complete Schedule D, Part X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization botain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11e X b Was the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X and XII is optional 12e X 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I 16 X 10 bid the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complet	C		110		x
Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax yeer include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax yeer? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 12a X b Was the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization neport on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals?	d		110		
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740?) If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X b Was the organization askered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization nanitain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report more than \$15,000 otal of fundraising event gross income and contributions on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance		÷ · ·	11d		х
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 11f X 13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 X 14a Did the organization naintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 16 <td>е</td> <td></td> <td>11e</td> <td>Х</td> <td></td>	е		11e	Х	
In the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 11 In the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X In the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete 12b X In the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X In the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 X In the organization naintain an office, employees, or agents outside of the United States? 14a X In the organization report may calculate the united States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X In the organization report on Part IX, column (A), line 3, more than \$5,000 of garets or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X In the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I 16 X In 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 16 <td< td=""><td>f</td><td>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses</td><td></td><td></td><td></td></td<>	f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 17 X 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line			11f	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I 16 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Pa	12a		10	v	
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X <td< td=""><td>h</td><td></td><td>12a</td><td>~</td><td></td></td<>	h		12a	~	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X 19 X 20a X	D		12h		x
14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines are complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 19 X 20a X	13				x
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X			14a		X
or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 at and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 otal of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 17 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b					
foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 17 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b			14b		X
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	15		15		x
 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>19</i> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b			16		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	17		17	x	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b	18				
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b V			18	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	19				w
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	00 -				
					-
	U	יו יוס נט וווס בטמ, טוע נווס טוקמווצמנוטרו מנגמטרו מ טטאי טרונס מעלונכע ווומווטומו סגמנכוווכרונס נט נוווס וכנעווו ל		990	(2013)

-

Page 3

Form	n 990 (2013) TROUT UNLIMITED, INC.	38-1612715
	rt IV Checklist of Required Schedules (continued)	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on column (A), line 2? If "Yes," complete Schedule I, Parts I and III	Part IX,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	current
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and comple Schedule K. If "No", go to line 25a	lete
b c		efease
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with disqualified person during the year? If "Yes," complete Schedule L, Part I	h a
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior yea that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," comp Schedule L, Part I	ar, and <i>plete</i>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current of former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If s complete Schedule L, Part II	or so,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family mer of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	l mber
28 a	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):	
b		an officer,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conserva contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	
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	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, Part V, line 1	

34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		
	Part V, line 1	34	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		
	If "Yes," complete Schedule R, Part V, line 2	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
	Note. All Form 990 filers are required to complete Schedule O	38	

6

Х Form 990 (2013)

Form 990 (
Part IV	Chec

Page 4

No

х

х

х

Х

Х

Х

х

Х

Х

х

Х

х

х

х

Х

Х

х

Yes

Х

Х 23

21

22

24a

24b

24c 24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

Х

Form	990 (2013) TROUT UNLIMITED, INC.	38-1612715		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 93			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
	(gambling) winnings to prize winners?		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 261			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		х
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	id the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a	<u> </u>	x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O	14b		

Form 990 (2013)

Form 990 (2013)
----------------	---

6

Form 9	990 (2013) TROUT UNLIMITED, INC.	3	8-1612715		Р	age
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule	-		"No" r	respon	se
	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>		X
Secti	on A. Governing Body and Management					
					Yes	No
I	Enter the number of voting members of the governing body at the end of the tax year f there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	. 1a	32			
	Enter the number of voting members included in line 1a, above, who are independent	hip with any oth	31 ner			
c	officer, director, trustee, or key employee?	-		2		х

	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х

Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			l
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did 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			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			

18	Section 6104 requires	an organization to make its Fo	orms 1023 (or 1024 if app	licable), 990, and 990-T (Section 501(c)(3)s only) a	ivailable
	for public inspection. I	ndicate how you made these	ava <u>ilabl</u> e. Check all that a	oply	
	X Own website	Another's website	X Upon request	Other (explain in Schedule O)	

19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
	HILLARY P. COLEY, CPA - (703) 522-0200

1777 NORTH KENT STREET, NO. 100, ARLINGTON, VA 22209

Form 990 (2	D13) TROUT UNLIMITED, INC.	38-1612715	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, H	ighest Compensated	
	Employees, and Independent Contractors		
-	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employ	ees	
1a Complet	e this table for all persons required to be listed. Report compensation for the calendar	ear ending with or within the organization	n's tax year.
● List all	of the organization's current officers, directors, trustees (whether individuals or organi	zations) regardless of amount of compor	neation

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

(A)	(B)	Ī	(C)		(D)	(E)	(F)			
Name and Title	Average		Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per					is bot or/trus		compensation	compensation	amount of
	week (list any	tor	1					from the	from related organizations	other compensation
	hours for	r direc				eq		organization	(W-2/1099-MISC)	from the
	related	stee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		loyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JON CHRISTIANSEN	5.00	드	<u>ء</u>	9	ž	Ξu	요			
CHAIRMAN		x		x				0.	0.	Ο.
(2) LARRY HARRIS	5.00									
VICE CHAIR & CHAIR OF N.L.		х		х				0.	0.	0.
(3) MARK GATES	5.00									
SECRETARY		Х		х				٥.	٥.	0.
(4) HARRIS HYMAN IV	5.00									
TREASURER		Х		х				0.	0.	0.
(5) DAVID ARMSTRONG, ESQ.	5.00	1								
LEGAL ADVISOR		X		х				0.	0.	0.
(6) JAMES K. ASSELSTINE	5.00	l								
TRUSTEE		X				_		0.	0.	0.
(7) SCOTT HOOD	5.00	1								0
TRUSTEE (8) VALERIE COLAS-OHRSTROM	5.00	X				-		0.	0.	0.
(8) VALERIE COLAS-OHRSTROM TRUSTEE	5.00	x						0.	0.	0.
(9) NICK BABSON	5.00				-	-	-	0.	0.	0.
TRUSTEE	5.00	x						0.	0.	0.
(10) PAUL DOSCHER	5.00					-				
TRUSTEE		x						0.	0.	0.
(11) BILL EGAN	5.00									
TRUSTEE		x						0.	٥.	Ο.
(12) JIM WALKER	5.00									
TRUSTEE		х						0.	0.	0.
(13) NANCY MACKINNON	5.00									
TRUSTEE		Х						0.	0.	0.
(14) KEVIN REILLY	5.00									
TRUSTEE		Х						0.	0.	0.
(15) STEVE STRANDBERG	5.00	1								
TRUSTEE		х	<u> </u>			L		0.	0.	0.
(16) KAI ANDERSON	5.00	4								
		X				<u> </u>		0.	0.	0.
(17) CHARLIE BREITHAUPT	5.00	I						_		-
TRUSTEE		Х						0.	0.	0.

332007 10-29-13

Form 990 (2013)

38-1612715

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck) than (one	Reportable Reportable			Es	timate	эd
	hours per week	box	, unle	ss pe	rson	is bot pr/trus	h an		compensation	٦		nount	of
	(list any						,	_ from the	from related organizations			other pensa	tion
	hours for	direct				р		organization	(W-2/1099-MIS			om th	
	related	tee or	istee			ensate		(W-2/1099-MISC)	(-,	org	anizat	ion
	organizations	l trus	nal tru		oyee	om pe						d relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
(18) STONEY BURKE	5.00	hd	lus	۴ ا	Key	Hic em	For						
TRUSTEE	5.00	x						0.		Ο.			0.
(19) MIKE DOMBECK	5.00												
TRUSTEE		x						0.		٥.			Ο.
(20) WALLACE C HENDERSON	5.00												
TRUSTEE		х						0.		٥.			Ο.
(21) RICHARD JOHNSON	5.00												
TRUSTEE		х						0.		٥.			0.
(22) HOWARD KERN	5.00												
TRUSTEE		х						0.		٥.			0.
(23) WALT MINNICK	5.00												•
TRUSTEE (24) THOMAS D STODDARD	E 00	Х						0.		٥.			0.
TRUSTEE	5.00	x						0.		Ο.			0.
(25) JOHN WILLIS	5.00	<u>л</u>						••		<u>.</u>			
TRUSTEE	5.00	x						0.		٥.			Ο.
(26) MICK MCCORCLE	5.00												
TRUSTEE		x						0.		٥.			Ο.
1b Sub-total								0.		٥.			0.
c Total from continuation sheets to Part VI								1,106,058.		0.		168,	257.
d Total (add lines 1b and 1c)								1,106,058.		٥.		168,	,257.
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wł	no r	received more than \$100	,000 of reportable	э			
compensation from the organization													9
										,		Yes	No
3 Did the organization list any former officer,			e, ke	ey er	nplc	yee,	or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150												v	
5 Did any person listed on line 1a receive or a											4	X	
rendered to the organization? If "Yes," com	•				-		Ciai	led organization of indivi	dual for services		5		х
Section B. Independent Contractors			0. 00		00.0						0		
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors f	that received more than	\$100,000 of com	pens	ation	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithi	n the organization's tax	year.				
(A)								(B)			(0		
Name and business	address							Description of s		C	ompe	nsatio	n
SELLAND CONSTRUCTION, INC.								CONSTRUCTION AND C	ONSTRUCTION				
P.O. BOX 119, WENATCHEE, WA 98807								OVERSIGHT			1	,409,	865.
PACIFIC WATERSHED ASSOCIATES								WATERSHED RESTORAT					4.7.4
P.O. BOX 4433, ARCATA, CA 95518							_	ENGINEERING & CONS				787,	,471.
VAN HEES ENVIRONMENTAL P.O. BOX 1164, WINTHROP, WA 98862								PROJECT MANAGEMENT				377	,343.
HOLTZ LIME, GRAVEL & EXCAVATING, INC								CONSTRUCTION AND C				577,	545.
						OVERSIGHT				251	871.		

 12295 W. 48TH AVENUE, WHEAT RIDGE, CO 80033
 oversight

 2
 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
 25

RMC CONSULTANTS, INC.

209,974.

CONSTRUCTION AND CONSTRUCTION

Part VII Section A. Officers, Directors, Tru		nplo	byee			ligh	est			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(cl	heck		ition that		ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) JOHN BRAICO	5.00									
TRUSTEE		Х						0.	0.	0
(28) BARRETT TOAN	5.00									
TRUSTEE		Х						0.	0.	0
(29) DAN VERMILLION	5.00									
TRUSTEE		Х						٥.	0.	0
(30) DAN NEEDHAM	5.00									
TRUSTEE		x						0.	Ο.	0
(31) KEN OLIVIER	5.00									
TRUSTEE		x						0.	Ο.	0
(32) CHRISTOPHER WOOD	40.00									
PRESIDENT AND CEO		x		х				333,920.	٥.	34,663
(33) HILLARY COLEY	40.00									
VICE PRESIDENT/CFO/CAO		1		х				171,733.	٥.	28,175
(34) STEVEN MOYER	40.00									
VICE PRESIDENT OF GOVERNMENT AFFAIRS		1				х		148,887.	٥.	27,261
(35) ROBERT MASONIS	40.00									
VP WESTERN CONSERVATION		1				х		119,708.	Ο.	12,128
(36) JACK WILLIAMS	40.00									
SENIOR SCIENTIST		1				х		110,779.	Ο.	20,157
(37) STEPHEN TRAFTON	40.00									
MANAGING DIRECTOR OF THE CCF		1				х		114,345.	Ο.	25,880
(38) MARISSA DELGADO	40.00									
CONTROLLER		1				х		106,686.	Ο.	19,993
		1								
		1								
		1								
		1								
		1								
]								
		1								
Total to Part VII, Section A, line 1c								1,106,058.		168,257

				NLIMITED, INC	2.			38-1612715	Page 9
Ра	rt VI		Statement of Rever	nue					
			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
a, G			Fundraising events		431,520.				
ar /			Related organizations						
s, C			Government grants (contribut		15,839,675.				
ion Si			All other contributions, gifts, grant						
but			similar amounts not included abov		20,667,995.				
iti	c	a	Noncash contributions included in lines		320,399.				
Cor		-	Total. Add lines 1a-1f			36,939,190.			
		-			Business Code	, ,			
e	2 a	a	MEMBERSHIP DUES		900099	4,620,187.	4,620,187.		
vic		-	PUBLICATIONS		541800	98,556.	, , -	98,556.	
Ser	-	c							
Program Service Revenue		d							
Bas		e							
Pro			All other program service reve	<u></u>					
			Total. Add lines 2a-2f			4,718,743.			
	3	y	Investment income (including			-,,,,			
	5		other similar amounts)			303,783.			303,783.
	4		Income from investment of tax						
	4 5					2,025.			2,025.
	5		Royalties			2,023.			2,023.
	•	_	0	(i) Real	(ii) Personal				
			Gross rents						
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
	7 a	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	432,977.					
	k	b	Less: cost or other basis						
			and sales expenses	432,355.					
	c	С	Gain or (loss)	622.					
			Net gain or (loss)		····· 🕨	622.			622.
е	8 8	а	Gross income from fundraising						
en.			including \$431						
Rev			contributions reported on line	,					
er			Part IV, line 18	а					
Other Revenue			Less: direct expenses		236,608.				
•			Net income or (loss) from func		····· ►	52,696.			52,696.
	9 a	а	Gross income from gaming ac						
			Part IV, line 19	а					
	k	b	Less: direct expenses	b					
	c	С	Net income or (loss) from gam	ing activities	🕨				
	10 a	а	Gross sales of inventory, less	returns					
			and allowances	а					
	k	b	Less: cost of goods sold	b					
	c	с	Net income or (loss) from sale	s of inventory	►				
			Miscellaneous Revenu	e	Business Code				
	11 a	a	MAILING LIST RENTAL		900099	14,963.			14,963.
	k	b							
	c	с							
	c	d	All other revenue						
			Total. Add lines 11a-11d		>	14,963.			
	12		Total revenue. See instructions.			42,032,022.	4,620,187.	98,556.	374,089.

332009 10-29-13

Form 990 (2013) TROUT UNLIMITED, INC Part IX Statement of Functional Expenses TROUT UNLIMITED, INC.

	Check if Schedule O contains a respons	se or note to any line in t	this Part IX	(C)	<u>x</u> (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	3				
	organizations in the United States. See Part IV, line 21	1,702,129.	1,702,129.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	505,653.	117,827.	237,562.	150,26
~	trustees, and key employees Compensation not included above, to disqualified	505,055.	117,027.	237,302.	150,20
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	11,407,312.	10,234,942.	411,290.	761,08
' 8	Pension plan accruals and contributions (include	11,107,012.	10,201,912.	111,250.	,01,00
0	section 401(k) and 403(b) employer contributions)	418,330.	383,766.	21,032.	13,53
9	Other employee benefits	1,469,388.	1,347,982.	73,876.	47,53
9 10	Payroll taxes	1,072,166.	983,580.	53,905.	34,68
11	Fees for services (non-employees):	_,,	,	,	,
a	Management				
b	Legal	94,209.	1,900.	92,309.	
c	Accounting	82,290.	, -	82,290.	
d	Lobbying	111,048.	111,048.	,	
e	Professional fundraising services. See Part IV, line 17	23,320.	,		23,32
f	Investment management fees	,			,
a	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch O.)	13,777,670.	13,683,011.	32,664.	61,99
12	Advertising and promotion	226,532.	225,802.	395.	33
13	Office expenses	1,915,689.	1,380,152.	54,106.	481,43
14	Information technology	1,203,414.	1,037,013.	119,102.	47,29
15	Royalties				
16	Occupancy	687,981.	604,474.	54,273.	29,23
17	Travel	2,039,833.	1,804,579.	36,855.	198,39
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	680,119.	541,142.	85,575.	53,40
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	748,803.	570,940.	127,349.	50,51
23	Insurance	85,845.		85,845.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FULFILLMENT & PREMIUMS	1,713,939.	1,087,802.		626,13
b	WATER LEASES	1,354,406.	1,354,406.	0.	· · ·
с	PRINTING & PUBLICATIONS	1,246,481.	825,696.	1,981.	418,80
d	RESTORATION MATERIALS	847,157.	847,097.	0.	6
е	All other expenses	98,555.	8,016.	12,091.	78,44
25	Total functional expenses. Add lines 1 through 24e	43,512,269.	38,853,304.	1,582,500.	3,076,46
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	1,150,416.	277,902.	Ο.	872,51

33

34

Part X	X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			530.	1	
		Savings and temporary cash investments			2,463,986.	2	1,033
;		Pledges and grants receivable, net		8,454,573.	3	8,390	
		Accounts receivable, net			475,220.	4	242
		Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated emplo	oyees. Complete			
		Part II of Schedule L				5	
		Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	B)(B), and contributing				
		employers and sponsoring organizations of sec	tion 501(c))(9) voluntary			
ŝt		employees' beneficiary organizations (see instr).	e Part II of Sch L		6		
Assets	7	Notes and loans receivable, net				7	
≀ ◄	8	Inventories for sale or use			481,094.	8	554
	9	Prepaid expenses and deferred charges			486,603.	9	327
10		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,326,097.			
		Less: accumulated depreciation		1,450,477.	2,437,193.		2,875
1		Investments - publicly traded securities			11,317,152.	11	12,417
12		Investments - other securities. See Part IV, line				12	
1:	3	Investments - program-related. See Part IV, line			13		
14	4	Intangible assets				14	
1	5	Other assets. See Part IV, line 11		15			
1(Total assets. Add lines 1 through 15 (must equ	26,116,351.	16	25,841		
17		Accounts payable and accrued expenses		3,142,570.	17	3,771	
18		Grants payable			18		
19		Deferred revenue			19		
20		Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complete				21	
g 2		Loans and other payables to current and former					
		key employees, highest compensated employee					
		Complete Part II of Schedule L				22	
2		Secured mortgages and notes payable to unrela				23	
24		Unsecured notes and loans payable to unrelate				24	
2		Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). C	complete Part X of	46 440		24
		Schedule D			46,449. 3,189,019.	25	34
20		Total liabilities. Add lines 17 through 25			5,109,019.	26	3,806
		Organizations that follow SFAS 117 (ASC 958		nere 🕨 🖾 and			
έ Ξ		complete lines 27 through 29, and lines 33 ar			2,261,032.	07	1,822
	/ 0	Unrestricted net assets			14,496,454.	27	13,950
		Temporarily restricted net assets			6,169,846.	28	6,262
					0,109,040.	29	0,202
		Organizations that do not follow SFAS 117 (A and complete lines 30 through 34.	30 330), (
2 0						30	
		Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ec				30	
		Retained earnings, endowment, accumulated in				32	
Net Assets or Fund Balances	<u>-</u> 2	Tetal net eacht ar fund belences	50me, 0r 0		22 927 332		22 035

Total net assets or fund balances

Total liabilities and net assets/fund balances

25,841,791. Form 990 (2013)

22,035,604.

33

34

22,927,332.

26,116,351.

Form 990 (2013)

TROUT UNLIMITED, INC.

38-1612715

Page 11

209. 1,033,668. 8,390,925. 242,794.

> 554,127. 327,029.

2,875,620. 12,417,419.

25,841,791. 3,771,248.

34,939. 3,806,187.

1,822,396. 13,950,807. 6,262,401.

Form	1990 (2013) TROUT UNLIMITED, INC.	38-1612715		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	42	,032	,022.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43	,512	,269.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	,480	,247.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22	,927	,332.
5	Net unrealized gains (losses) on investments	5		588	,519.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	22	,035	,604.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		0	х	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
0-	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igie Audit	2	х	
	Act and OMB Circular A-133?		3a	^	├──
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		a t	x	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	^	<u> </u>

Form **990** (2013)

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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated **b** Type II **c** Type III - Functionally integrated аL ρ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified 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 persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes No (i) the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (iii) Type of organization (vii) Amount of monetary (i) Name of supported (ii) EIN organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the aoverning document? above or IRC section (i) of your support? U.S.? (see instructions)) Yes No Yes No Yes No

Public Charity Status and Public Support

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name.

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in

Open to Public Inspection Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.jrs.gov/form990.

Employer identification number

38-1612715

Total

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

Schedule A (Form 990 or 990-EZ) 2013

OMB No. 1545-0047

990	or	990-EZ)	
-----	----	---------	--

city, and state:

TROUT UNLIMITED, INC.

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

section 170(b)(1)(A)(iv). (Complete Part II.)

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

Department of the Treasury
Internal Revenue Service

Name of the organization

SCHEDULE A

(Form

Part I

1

2 3

4

5

6

Schedule A (Form 990 or 990-EZ) 2013	TROUT	UNLIMITED,	
--------------------------------------	-------	------------	--

Schedule A (Form 990 or 990-EZ) 2013 TRO	UT UNLIMITED	, INC.			38-1612715	
Part II Support Schedule for O	-					-
(Complete only if you checked			J. J	on failed to qualify	under Part III. If the	organization
fails to qualify under the tests li	sted below, plea	se complete Part	III.)			
Section A. Public Support				1	r	
Calendar year (or fiscal year beginning in) 🕨 🔤	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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.						
Section B. Total Support			-	-		
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
or loss from the sale of capital						
assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
I2 Gross receipts from related activities, e	tc. (see instruction	ons)	•		12	
13 First five years. If the Form 990 is for t	he organization's				on 501(c)(3)	
organization, check this box and stop I	nere			-		
ection C. Computation of Public	Support Pe	rcentage				
14 Public support percentage for 2013 (lin	e 6, column (f) di	ivided by line 11, o	column (f))		14	9

14	4 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))			%
15	5 Public support percentage from 2012 Schedule A, Part II, line 14 15			%
16a	33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or n	,		
	stop here. The organization qualifies as a publicly supported organization			
k	33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or more, ch	eck this box	
	and stop here. The organization qualifies as a publicly supported organization			
17a	10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, a	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 Par	rt IV how the	organization	
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			
k	10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or	17a, and line	15 is 10% or	
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain	in Part IV ho	ow the	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported orga	anization		
10	Private foundation If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box of	ind soo instri	uctions	

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2013

►

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

38-1612715

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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 21,337,613 31,278,441 29,116,838 35,421,675 36,939,190 154,093,757. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 5,129,385 5,066,641 4,645,029 4,997,385 4,909,491 24,747,931. organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 26,466,998 36,345,082, 33,761,867. 40,419,060. 41,848,681. 178,841,688. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 983,968 1,244,832 1,562,767 2,094,461 760,484 6,646,512. **b** Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. 983,968 2,094,461 760,484 1,244,832 1,562,767. 6,646,512. c Add lines 7a and 7b 172,195,176, 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 9 Amounts from line 6 33,761,867. 40,419,060. 26,466,998 36,345,082, 41,848,681 178,841,688. **10a** Gross income from interest. dividends, payments received on securities loans, rents, royalties 305,808 1,228,387. and income from similar sources 262,264 220,791 213,667. 225,857 **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 262,264 220,791 213,667 225,857. 305,808. 1,228,387. Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 31,192 67,032 26,199 14,963 139,386 assets (Explain in Part IV.) 26,729,262. 36,597,065. 34,042,566. 40,671,116. 42,169,452. 180,209,461. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 95.55 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f) 15 % 95.24 16 Public support percentage from 2012 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f) 68 17 % .74 18 Investment income percentage from 2012 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2013. 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 X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

* *	PUBLIC	DISCLOSURE	COPY	**
-----	--------	------------	------	----

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2013

Employer identification number

Internal Revenue Service			
Namo	of the	organ	ization

Schedule B

(Form 990, 990-EZ.

Department of the Treasury

or 990-PF)

itume		organization	•

38-1612715

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-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, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., purpose. Lo not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., purpose.

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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

1		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$55,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$17,558.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$148,672.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

38-1612715

(c)

Total contributions

TROUT UNLIMITED, INC.

Part I

(a)

No.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

21

7 (a)	 (b)	\$5,000. (c)	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$164,344.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$84,698.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

38-1612715

Employer identification number

TROUT UNLIMITED, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Page 2

(d)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$43,844.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$93,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$74,464.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	(1)	1-1	(1)

Employer identification number

38-1612715

TROUT UNLIMITED, INC.

(a) No (a) No (a) No (a) (c) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Х 17 Person Payroll 11,168. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Х 18 Person Payroll 170,633. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2013) 323452 10-24-13 23

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
21		\$5,271.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
22		\$32,234.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
23		\$6,950.	Person X Payroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	
Name of organization	

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

38-1612715

Employer identification number

TROUT UNLIMITED, INC.

Part I

(a No (a No (a No (a No (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 24 Person Payroll Noncash 201,296. \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2013) 323452 10-24-13 24

Page 2

(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
25		\$_	176,169.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
26		\$_	70,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
27		\$_	36,527.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
28		\$_	11,879.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
29		\$_	358,542.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Part I

TROUT UNLIMITED, INC.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Person Payroll Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

Х

(c)

Total contributions

602,565.

(a)

No.

30

\$

(b)

Name, address, and ZIP + 4

38-1612715

Employer identification number

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

31		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.
a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contributior
32		\$1,849,136.	Person X Payroll Noncash (Complete Part II for noncash contributions.
a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contributior
33		\$168,411.	Person X Payroll Noncash (Complete Part II for noncash contributions.
a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contributior
34		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.
a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
35		\$145,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.
a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contributior

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Name of organization

Part I

(a)

No.

Employer identification number

(d)

Type of contribution

38-1612715

(c)

Total contributions

TROUT UNLIMITED, INC.

() N 36 Х Person Payroll 6,230. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2013) 323452 10-24-13 26

Page 2

Schedule B	(Form 990.	990-EZ.	or 990-PF)	(2013)
Concaro D	(, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	000 LL,	0.00011)	(=0.0)

Page 2

Employer identification number

TROUT UNLIMITED, INC.

38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$5,655.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$16,891.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$27,266.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42			Person X

Payroll Noncash

58,765.

\$

Page 2

TROUT UNLIMITED, INC.

Employer identification number

38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$313,345.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u>		\$101,094.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$12,500.	Person X Payroll

Name of organization			Employer identification number	
TROUT UI	NLIMITED, INC.		38-1612715	
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contributi	
49			Person X Pavroll	

<u> 49</u>		\$18,173.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$10,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$28,735.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$5,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

29

(d) Type of contribution

Schedule B (Fo	orm 990, 990-EZ	, or 990-PF) (2013)

Page 2

TROUT UNLIMITED, INC.

Employer identification number

38-1612715

 Part I
 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

 (a)
 (b)
 (c)

 No
 Name address and ZIP + 4
 Total contril

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$6,550.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59			
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$5,000. (c) Total contributions	Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2013)	
Name of or	ganization	
TROUT UN	ILIMITED, INC.	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.
(a)	(b)	(c) Total contri

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
61		\$10,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$13,046.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$86,283.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$15,950.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

31

38-1612715

Employer identification number

FROUT UN	LIMITED, INC.	30-	1612/15
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		- \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		- \$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		_ \$6,000. _	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70			Person X

Employer identification number

TROUT UNLIMITED, TNC 38-1612715

II for butions.) (a) No. tribution Х 6 II for butions.) (a) tribution No. Х 6 II for butions.) (a) No. tribution 7 X Payroll Noncash 20,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 71 Х Person Payroll 37,500. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Х 72 Person Payroll Noncash 25,000. \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2013) 323452 10-24-13

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$70,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$17,364.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

INC.

Name of organization

TROUT UNLIMITED,

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

Total contributions

(c)

Total contributions

\$

\$

25,000.

50,000.

No.

(a)

No.

78

77

Type of contribution

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

Х

Х

38-1612715

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	
---	--

Page 2

TROUT UNLIMITED, INC.

Employer identification number

38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
79	Name, address, and ZiP + 4	\$.		Person X Payroll O (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
80		\$_	7,565.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
81		\$.	106,309.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
82		\$.	5,213.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
83		\$.	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
84		\$_	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Schedule B (Forn	n 990, 990-EZ,	or 990-PF) (201	3)

Part I

Page **2**

TROUT UNLIMITED, INC.

Employer identification number

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

Х

38-1612715

(c)

35,000.

(a) (b) No. Name, address, and ZIP + 4 **Total contributions** 85 \$

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$62,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Concadio			1 49
Name of or	ganization	Employer identification number	
TROUT UN	ILIMITED, INC.	38-1612715	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
91		\$106	,374. Person X Payroll Noncash (Complete Part II for noncash contributions.)

		\$106,374.	Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$43,310.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$508,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		\$16,918.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		\$11,552.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

36

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

edule B (Form 990, 990-EZ, or 990-PF) (20

Part I	contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
97		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
98		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
99		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
100		\$10,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		1				

Employer identification number

38-1612715

TROUT UNLIMITED, INC.

or ions.) (a) No ution 9 or ons.) (a) No. ution 9 or ions.) (a) No. ution 10 or ions.) (a) No ution 101 Х Person Payroll 9,808. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 Х 102 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2013) 323452 10-24-13 37

Schedule E	(Form	990,	990-EZ,	or 990-PF)	(2013)
------------	-------	------	---------	------------	--------

Part I

Page 2

TROUT UNLIMITED, INC.

Employer identification number

Person

(d)

Type of contribution

Х

38-1612715

(a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 103

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

		\$5,000.	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$70,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$8,124.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B ((Form 990,	990-EZ, or	990-PF)	(2013)
--------------	------------	------------	---------	--------

Part I

Page 2

TROUT UNLIMITED, INC.

Employer identification number

(d)

Type of contribution

X

38-1612715

(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions 109

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

		\$10,868.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112		\$10,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I

Page 2

TROUT UNLIMITED, INC.

Employer identification number

(d)

Type of contribution

X

38-1612715

(c)

Total contributions

(a) (b) No. Name, address, and ZIP + 4 115

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

		\$41,873.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$11,375.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$36,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118		\$224,698.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119		\$557,647.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$24,634.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B	(Form 990.	990-EZ.	or 990-PF)	(2013)
Concaro D	(, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	000 LL,	0.00011)	(=0.0)

Part I

Page 2

Employer identification number

Person Payroll Noncash (Complete Part II for noncash contributions.)

(d) Type of contribution

Х

TROUT UNLIMITED, INC.

38-1612715

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
121		
		\$ 271,498.
		¢
(a)	(b)	(c)
No.	Name, address, and ZIP + 4	Total contributions

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
122		\$104,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
123		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
124		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
125		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
126		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I

Page 2

Employer identification number

TROUT UNLIMITED, INC.

38-1612715

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
128		105 000	Person X Payroll

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

		\$186,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$9,202.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>130</u>	Name, address, and ZIP + 4	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u> <u>132</u> 	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)				
Name of organization				

Employer identification number

38-1612715

TROUT UNLIMITED, INC.

323452 10-24-13

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 133 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 134 Person Payroll Noncash 10,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions Name, address, and ZIP + 4 Type of contribution No. 135 Х Person Payroll Noncash 12,000. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 136 Х Person Payroll Noncash 20,000. \$ (Complete Part II for noncash contributions.) (a) (d) (b) (c) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Х 137 Person Payroll 19,100. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Х 138 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Part I

(a)

No.

139

Employer identification number

Person

(d)

Type of contribution

Х

38-1612715

TROUT UNLIMITED, INC.

 (b)
 (c)

 Name, address, and ZIP + 4
 Total contributions

 \$
 10,000.

		\$10,000.	Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule E	3 (Form	990, 990-EZ,	or 990-PF)	(2013)

Employer identification number

TROUT UNLIMITED, INC. 38-1612715 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 145 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 146 Person Payroll Noncash 10,068. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Total contributions Type of contribution No. 147 Х Person Payroll Noncash 30,000. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 148 Х Person Payroll Noncash 50,000. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Х 149 Person Payroll 70,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (b) (d) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Х 150 Person Payroll 6,550. Noncash \$ (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	
Name of organization	

Page	2
, age	_

Employer identification number

TROUT UNLIMITED, INC.

38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152		\$5,085.	Person Payroll Noncash X (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153		\$18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
154		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
155		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
156		¢ 6 900.	Person X Payroll D

(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contributior
<u>157</u>		\$
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contributior
<u>158</u>		\$80,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
159		\$6,000. Person X Payroll Payroll (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contributior
<u>160</u>		\$12,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contributior
161		\$5,000. Person X Payroll D Noncash (Complete Part II for

Employer identification number

38-1612715

TROUT UNLIMITED, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) No 15

> (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Noncash

Person Payroll

(c)

Total contributions

15,000.

noncash contributions.)

(d)

Type of contribution

Х

(a)

No.

162

\$

(b)

Name, address, and ZIP + 4

	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,049.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,200.	Person X Payroll Image: Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7			Person X

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Name of organization

Part I

(a)

Page 2

38-1612715

Employer identification number

TROUT UNLIMITED, INC.

No. 16 (a) No. 16 (a) No. 16 (a) No. 16 (a) No. 16 Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions Type of contribution Name, address, and ZIP + 4 No. Х 168 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2013) 323452 10-24-13 48

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	
Name of organization	

38-1612715	

Employer identification number

TROUT UNLIMITED, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 169 X Person Payroll 40,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 170 Person Payroll Noncash 15,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions Name, address, and ZIP + 4 Type of contribution No. 171 Х Person Payroll Noncash 19,000. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 172 Х Person Payroll 8,850. Noncash \$ (Complete Part II for noncash contributions.) (a) (d) (b) (c) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Х 173 Person Payroll Noncash 12,725. \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. 174 Person Payroll 25,000. Noncash Х \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

49

Sc	nedule B (Form 990, 990-EZ, or 990-PF) (2013)
Na	ne of organization	

Employer identification number	ion numbei
--------------------------------	------------

TROUT UNLIMITED, INC. 38-1612715 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 175 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 176 Person Payroll Noncash 100,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions Name, address, and ZIP + 4 Type of contribution No. 177 Х Person Payroll 8,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 178 Х Person Payroll Noncash 189,450. \$ (Complete Part II for noncash contributions.) (a) (d) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 179 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. 180 Х Person Payroll 6,500. Noncash \$ (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

noncash contributions.)

Page 2

TROUT UNLIMITED, INC.

Employer identification number

38-1612715

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) Τ (b)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
182		\$70,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
183		\$68,559.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
184		\$10,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
185		\$15,010.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
186		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

TROUT UNLIMITED, INC.

Employer identification number

38-1612715

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		\$105,250.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,270.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
189		\$10,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
190		\$5,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$47,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization			Employer identification number	
TROUT UN	NLIMITED, INC.		38-1612715	
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution	
		\$20	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution	
		\$35	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	

		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
195		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
196		\$18,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
197		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>198</u> 323452 10-2	4-13	\$6,000. Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)
	53	```	

Page **2**

Schedule B	(Form	990,	990-EZ,	or 990-PF	⁻) (2013)
------------	-------	------	---------	-----------	-----------------------

Employer identification number

TROUT UNLIMITED, INC.

38-1612715

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 199 X Person Payroll Noncash 11,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 200 X Person Payroll Noncash 5,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions Name, address, and ZIP + 4 Type of contribution No. 201 Х Person Payroll Noncash 25,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 202 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 203 Person Payroll 10,917. Noncash x \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Х 204Person Payroll 5,071. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
---	----------

Page 2

TROUT UNLIMITED, INC.

Employer identification number

38-1612715

 Part I
 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

 (a)
 (b)
 (c)

 No
 Name, address, and ZIP, i.4.
 Tatal contributors

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
205		\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
206		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
207		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
208		\$37,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
209		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Schedule B (Form 990.	990-EZ.	or 990-PF)	(2013)
Concauto D (000 LL,	0.00011	(_0.0)

Part I

Page 2

TROUT UNLIMITED, INC.

Employer identification number

38-1612715

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
211		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$19,918.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
216		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization			Employer identification number		
TROUT UN	TROUT UNLIMITED, INC.			1612715	
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is ne					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution	
		\$65	<u>,375.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution	
		\$11	,358.	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution	
		\$10	,000.	Person X Payroll Noncash	

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
219		\$10,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
220		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	1		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		Total contributions	Type of contribution Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Page 2

323452 10-24-13

Name of organization <prout inc.<="" pre="" unlimited,=""></prout>		Employer identification number 38–1612715		
				Part I
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
223		_ \$3,186,	,872.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
224				Person

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b) Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(a)

No.

225

(a)

No.

226

(a)

No.

227

(a)

No.

228

noncash contributions.)

Person Payroll

Noncash

(Complete Part II for

323452 10-24-13

58

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Payroll

Person Payroll Noncash

Person Payroll Noncash

Person Payroll Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(Complete Part II for noncash contributions.)

(d)

Type of contribution

х

X

(Complete Part II for noncash contributions.)

(d)

Type of contribution

Х

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

X

	Person
	Payroll
3,186,872.	Noncash

20,000.

6,543.

434,919.

314,475.

7,000.

(c)

Total contributions

(c) **Total contributions**

(c)

Total contributions

(c)

Total contributions

\$

\$

\$

\$

Part I

Page 2

TROUT UNLIMITED, INC.

Employer identification number

(d)

Type of contribution

38-1612715

(c)

Total contributions

(a) (b) Name, address, and ZIP + 4 No. 229

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

229		\$15,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
232		\$42,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$112,417.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
234		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Employer identification number

(d)

(d)

(d)

(d)

X

Х

X

Х

TROUT UNLIMITED, INC.

38-1612715

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 235 Person Payroll 35,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 236 Person Payroll Noncash 106,569. \$ (Complete Part II for noncash contributions.) (c) (a) (b) Total contributions Type of contribution Name, address, and ZIP + 4 No. 237 Person Payroll Noncash 110,607. \$ (Complete Part II for noncash contributions.) (c) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 238 Person Payroll 135,848. Noncash \$

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
239		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
240		\$59,811.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2013)
------------	-------	------	---------	------------	--------

Page 2

TROUT UNLIMITED, INC.

Employer identification number

38-1612715

Part I Contributors (see

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 241 X Person Payroll Noncash 352,546. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 242 Person Payroll Noncash 19,355. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions Name, address, and ZIP + 4 Type of contribution No. 243 Х Person Payroll Noncash 40,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 244 Х Person Payroll Noncash 85,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 245 Х Person Payroll Noncash 33,127. \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Х 246 Person Payroll 5,278. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	
---	--

Part I

Page 2

TROUT UNLIMITED, INC.

Employer identification number

(d)

Type of contribution

38-1612715

(c)

(a) (b) No. Name, address, and ZIP + 4 **Total contributions**

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

247		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$189,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
249		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
250		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
251		\$13,886.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
252		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I

Page 2

TROUT UNLIMITED, INC.

Employer identification number

(d)

Type of contribution

Person

X

38-1612715

(c)

(a) (b) No. Name, address, and ZIP + 4 Total contributions 253

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

		\$88,126.	Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
254		\$14,685.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
255		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
256		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
257		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
258		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule E	(Form	990,	990-EZ,	or 990-PF)	(2013)
------------	-------	------	---------	------------	--------

Part I

Page 2

TROUT UNLIMITED, INC.

Employer identification number

Person Payroll

(d)

Type of contribution

X

38-1612715

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

		\$ 5,000.	Noncash
			(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
260			Person X
			Person X Payroll
		\$ 25,000.	Noncash
		\$	(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person X
		\$ 69,775.	Payroll Noncash
		\$69,775.	(Complete Part II for
			noncash contributions.)
			,
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
262			Person X
262		ф <u>9</u> 800	Payroll
262		\$9,800.	Payroll Noncash
262		\$9,800.	Payroll Noncash (Complete Part II for
		\$9,800.	Payroll Noncash
 (a)	 (b)	\$9,800. (c)	Payroll Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4		Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c)	Payroll
(a)		(c)	Payroll Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person
(a) No.		(c) Total contributions	Payroll
(a) No.		(c)	Payroll
(a) No.		(c) Total contributions	Payroll
(a) No.		(c) Total contributions	Payroll
(a) No.		(c) Total contributions	Payroll
(a) No. 263	Name, address, and ZIP + 4	(c) Total contributions \$70,479.	Payroll
(a) No. 263 (a) No.	Name, address, and ZIP + 4	(c) Total contributions \$70,479. (c)	Payroll
(a) No. 263 (a)	Name, address, and ZIP + 4	(c) Total contributions \$70,479. (c)	Payroll
(a) No. 263 (a) No.	Name, address, and ZIP + 4	(c) Total contributions \$	Payroll
(a) No. 263 (a) No.	Name, address, and ZIP + 4	(c) Total contributions \$70,479. (c)	Payroll
(a) No. 263 (a) No.	Name, address, and ZIP + 4	(c) Total contributions \$	Payroll

Schedule B	(Form	990,	990-EZ,	or 990-PF	⁻) (2013)
------------	-------	------	---------	-----------	-----------------------

Page 2

(d)

Type of contribution

X

Employer identification number

TROUT UNLIMITED, INC

38-1612715

IKOUI UN	LIMITED, INC.		50-	1012/15	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contr	ribution
265		\$	13,495.	Person [Payroll [Noncash [(Complete Part I noncash contrib	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contr	ribution
266		\$	13,400.	Person [Payroll [Noncash [(Complete Part I noncash contrib	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contr	ibution
267		\$	150,000.	Person [Payroll [Noncash [(Complete Part I noncash contrib	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contr	ibution
268		\$	35,000.	Person [Payroll [Noncash [(Complete Part I noncash contrib	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contr	ibution
269		\$	9,000.		X I for

(b)

Name, address, and ZIP + 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Person Payroll Noncash

(Complete Part II for noncash contributions.)

(c)

Total contributions

1,150,000.

(a)

No.

270

\$

Sched	ule B	(For	m 990,	990-EZ,	or 990-PF)	(2013)	
••							

Employer identification number

TROUT UNLIMITED, INC.

38-1612715 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 271 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 272 Person Payroll Noncash 1,736,114. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Total contributions Type of contribution No. 273 Х Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 274 Х Person Payroll Noncash 40,000. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Х 275 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Х 276 Person Payroll 37,500. Noncash \$ (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

noncash contributions.)

Page 2

TROUT UNLIMITED, INC.

Employer identification number 38–1612715

 Part I
 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(0)	(b)		(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(a) Type of contribution
		\$54,392.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
278		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
279		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
280		\$24,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
281		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
282		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I

Page 2

TROUT UNLIMITED, INC.

Employer identification number

Person

(d)

Type of contribution

Х

38-1612715

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

		\$10,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
284		\$21,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
285		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
286		\$57,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
287		\$5,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
288		\$835,405.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B	(Form 990,	,990-EZ,	or 990-PF)	(2013)
------------	------------	----------	------------	--------

Ś

Page 2

Х

TROUT UNLIMITED, INC.

Employer identification number

38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
290		\$5,000.	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
291		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
292		\$284,099.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
293			Person X Payroll

345,000.	Noncash
	(Complete Part II for
	noncash contributions.)

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

(c)

Total contributions

10,000.

(a)

No.

294

(b)

Name, address, and ZIP + 4

\$

\$

Schedule B (Form	990, 990-EZ,	or 990-PF) (2013)
------------------	--------------	-------------------

Part I

(a)

No.

295

Employer identification number

Person Payroll

(d)

Type of contribution

Х

38-1612715

TROUT UNLIMITED, INC.

 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

 (b)
 (c)

 Name, address, and ZIP + 4
 Total contributions

 \$_____13,553.
 \$_____13,553.

		\$ 13,553.	Noncash
			(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
296		\$21,475.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
297		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
298		\$26,950.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
299		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
300		\$779,829.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B	(Form	990,	990-EZ,	or 990-F	PF) (2013)
------------	-------	------	---------	----------	------------

Part I

(a)

No.

301

Employer identification number

Person

(d)

Type of contribution

Х

38-1612715

TROUT UNLIMITED, INC.

		\$1,191,946.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
302		\$70,755.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
303		\$56,667.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
304		\$34,895.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
305		\$511,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
306		\$16,781.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule E	6 (Form 99	0, 990-EZ,	or 990-PF) ((2013)
------------	------------	------------	--------------	--------

Page 2

TROUT UNLIMITED, INC.

Employer identification number

38-1612715

 Part I
 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

 (a)
 (b)
 (c)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
307		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
308		\$80,066.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
309		\$18,090.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$6,400.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
312		\$1,544,948.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313		\$86,652.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
314		\$11,817.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
315		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
316		\$24,639.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
317			Person X Pavroll

Part I

Employer identification number

38-1612715

TROUT UNLIMITED, INC.

N ____ N 52,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Х 318 Person Payroll 7,862. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2013) 323452 10-24-13 73

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	
---	--

Part I

Page 2

TROUT UNLIMITED, INC.

38-1612715

(c)

Employer identification number

(d)

Type of contribution

(a) (b) No. Name, address, and ZIP + 4 **Total contributions**

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

319		\$145,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
320		\$199,288.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
321		\$98,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
322		\$2,115,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323		\$195,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
324		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B	(Form 990	, 990-EZ,	or 990-PF) (2013)
------------	-----------	-----------	------------------	---

Name of organization

Part I

Page 2

TROUT UNLIMITED, INC.

Employer identification number

(d)

Type of contribution

X

38-1612715

(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions 325

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

325		\$110,463.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
326		\$472,411.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
327		\$8,333.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
328		\$1,932,979.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
329		\$21,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
330		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B	(Form 990,	990-EZ, or	990-PF)	(2013)
------------	------------	------------	---------	--------

Name of organization

Page **2**

TROUT UNLIMITED, INC.

Employer identification number

38-1612715

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
331		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Noncash On Noncash On Noncash On Noncash On Noncash Contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	
Name of organization	

Page 3

TROUT UNLIMITED, INC.

38-1612715

Employer identification number

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	NONCASH Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
129	STOCK	_	
		\$9,202.	09/30/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
152	STOCK	_	
		\$\$	09/30/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
164	<u>STOCK</u>	_	
		\$5,049.	09/30/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
174	STOCK	_	
		\$\$	09/30/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
184	STOCK	_	
		\$10,000.	09/30/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
185	STOCK	_	
		\$	09/30/14
00450 40 0	1.10	Schodule D /Earm	uun uun_L/ or000_DE\/904

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
Name of organization

Page 3

TROUT UNLIMITED, INC.

38-1612715

Employer identification number

(b) Description of noncash property given (b) Description of noncash property given	(Se	(c) IV (or estimate) ee instructions) 105,250. (c) IV (or estimate) ee instructions)	(d) Date received 09/30/14 (d) Date received
	FN	(c) IV (or estimate)	(d)
	FN	(c) IV (or estimate)	(d)
	FN	(c) IV (or estimate)	(d)
		IV (or estimate)	
		,	
	—		
	\$	10,917.	09/30/14
(b)		(c)	(d)
(b) Description of noncash property given		IV (or estimate) ee instructions)	(d) Date received
		,	
	_		
	\$	19,918.	09/30/14
<i>"</i> ,		(c)	())
(D) Description of noncash property given			(d) Date received
	—		
	\$	65,375.	09/30/14
(b)	FN	(c) IV (or estimate)	(d) Date received
Description of noncash property given	(se	e instructions)	Date received
	—		
		11 250	00/20/14
	\$	11,358.	09/30/14
(b)	FN	(c) IV (or estimate)	(d)
Description of noncash property given			Date received
	— I		
	(b) Description of noncash property given	Description of noncash property given Fill	(b) FMV (or estimate) (see instructions) (b) \$ (b) (c) FMV (or estimate) (see instructions) (see instructions) (see instructions) (see instructions) (see instructions)

Name of orga	anization		Employer identification number
	TNIMED INC		38-1612715
Part III	IMITED, INC. Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and t the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition	tc., contributions of \$1,000 or less for th	7), (8), or (10) organizations that total more than \$1,000 for the scompleting Part III, enter
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE C	P	olitical Campaign	and Lobbvii	na Activities	5	OMB No. 1545-0047	
(Form 990 or 990-EZ)		anizations Exempt From Incor	-	•		2013	
Department of the Treasury Internal Revenue Service	Complet	e if the organization is describ rate instructions. 🕨 Informat	ed below. 🕨 Attach t	to Form 990 or Form ; (Form 990 or 990-E	990-EZ.	Open to Public Inspection	
If the organization ans	wered "Yes," to	Form 990, Part IV, line 3, or Fo	· · · · · ·		aign Activ	vities), then	
 Section 501(c)(3) or 	ganizations: Con	nplete Parts I-A and B. Do not co	omplete Part I-C.				
 Section 501(c) (other 	er than section 5	01(c)(3)) organizations: Complete	e Parts I-A and C below	. Do not complete Pa	rt I-B.		
 Section 527 organiz 	•						
-	-	Form 990, Part IV, line 4, or Fo					
	-	have filed Form 5768 (election u					
	-	have NOT filed Form 5768 (elect Form 990, Part IV, line 5 (Prox				-	
-		tions: Complete Part III.	y rax) or Form 990-E2	z, Fart v , inte 550 (Fi	0.00 1 0.00,	ulen	
Name of organization), or (0) organiza				Employer	identification numb	ber
	TROUT UNLI	MITED, INC.			31	8-1612715	
Part I-A Compl	ete if the ore	panization is exempt und	ler section 501(c)	or is a section 5	527 orga	nization.	
2 Political expenditu	res	zation's direct and indirect politio					
Part I-B Compl	ete if the ord	ganization is exempt und	ler section 501(c)	(3).			
		incurred by the organization un			▶\$		
2 Enter the amount of	of any excise tax	incurred by organization manag	ers under section 4955	5	▶ \$		
3 If the organization	incurred a sectio	n 4955 tax, did it file Form 4720	for this year?				No
4a Was a correction n	nade?					Yes III	No
b If "Yes," describe i		·····			<u> </u>		
-		panization is exempt und		•) .	
	•	d by the filing organization for se			.►\$		
		ization's funds contributed to of	-		▶\$		
		s. Add lines 1 and 2. Enter here a			. • •		
		S. Add lines 1 and 2. Enter here a		,	▶ ¢		
		1120-POL for this year?				Yes	No
		nployer identification number (E					
		tion listed, enter the amount pai		-			
contributions recei	ved that were pr	omptly and directly delivered to	a separate political org	anization, such as a s	separate se	egregated fund or a	
political action con	nmittee (PAC). If	additional space is needed, prov	vide information in Part	IV.			
(a) Nam	e	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, ent	n's cor er -0 d	e) Amount of politica ntributions received a promptly and directly elivered to a separate political organization. If none, enter -0	and / :e
For Paperwork Reduct	tion Act Notice,	see the Instructions for Form	990 or 990-EZ.	Sched	ule C (For	m 990 or 990-EZ) 20	013

LHA

Pag	P	2
i au		~

6,000,000.

1,278,807.

1,000,000.

1,500,000.

Schedule C (Form 990 or 990-EZ) 2013	TROUT UNLIMITED,	INC.		38-161	2715 Page 2
Part II-A Complete if the or		npt under sectio	n 501(c)(3) and fil	ed Form 5768	
(election under see					
	ation belongs to an affi		Part IV each affiliated	group member's nam	e, address, EIN,
	are of excess lobbying of	1 ,			
B Check 🕨 🛄 if the filing organization	ation checked box A ar	nd "limited control" pro	ovisions apply.		1
	its on Lobbying Expenditures" means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence public opinion (grass roots lobbying)		0.	
b Total lobbying expenditures to inf	luence a legislative boo	dy (direct lobbying)		308,458.	
c Total lobbying expenditures (add	lines 1a and 1b)			308,458.	
d Other exempt purpose expenditu				43,440,419.	
e Total exempt purpose expenditur				43,748,877.	
f Lobbying nontaxable amount. Ent				1,000,000.	
If the amount on line 1e, column (a)	or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000					
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,		0 plus 10% of the exc			
Over \$1,500,000 but not over \$17	7,000,000 \$225,00	0 plus 5% of the exce			
Over \$17,000,000	\$1,000,0				
<u> </u>	• • • •				
g Grassroots nontaxable amount (e	nter 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If ze	ro or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zer	o or less, enter -0-			0.	
j If there is an amount other than z					•
reporting section 4911 tax for this					🗌 Yes 🗌 No
· •		eraging Period Under			
(Some organi	zations that made a s	ection 501(h) election	n do not have to comp	plete all of the five	
C	olumns below. See the	e instructions for line	s 2a through 2f on pa	ige 4.)	
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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					

274,915.

250,000.

(150% of line 2a, column(e))

d Grassroots nontaxable amount

f Grassroots lobbying expenditures

c Total lobbying expenditures

e Grassroots ceiling amount (150% of line 2d, column (e)) 383,349.

250,000.

312,085.

250,000.

308,458.

250,000.

Schedule C (Form 990 or 990-EZ) 2013

Page 3

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

For each "Yes	" response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)	
of the lobbyin	g activity.	Yes	No	Amo	ount
1 During	ne year, did the filing organization attempt to influence foreign, national, state or				
	islation, including any attempt to influence public opinion on a legislative matter				
	ndum, through the use of:				
a Volunte	rs?				
	ff or management (include compensation in expenses reported on lines 1c through 1i)?				
	dvertisements?				
	to members, legislators, or the public?				
	ions, or published or broadcast statements?				
	o other organizations for lobbying purposes?				
-	ontact with legislators, their staffs, government officials, or a legislative body?				
	demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Othera					
	dd lines 1c through 1i				
	activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	enter the amount of any tax incurred under section 4912				
	enter the amount of any tax incurred by organization managers under section 4912 ng organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A	Complete if the organization is exempt under section 501(c)(4), section	on 501(c	(5), or se	ction	
	501(c)(6).		,(0), 0: 00		
				Yes	No
1 Were su	bstantially all (90% or more) dues received nondeductible by members?		1		
	organization make only in-house lobbying expenditures of \$2,000 or less?				
	organization agree to carry over lobbying and political expenditures from the prior year?				
	Complete if the organization is exempt under section 501(c)(4), section			ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No," O	R (b) Par	t III-A, lir	ne 3, is
	answered "Yes."				
1 Dues, a	sessments and similar amounts from members		1		
2 Section	162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal			
expens	es for which the section 527(f) tax was paid).				
a Current	year		2a		
b Carryov	er from last year		2b		
c Total			2c		
3 Aggrega	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notice	s were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	e organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
expend	ture next year?		4		
	amount of lobbying and political expenditures (see instructions)		5		
Part IV	Supplemental Information				

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D	l
------------	---

(Form 990)

Supplemental Financial Statements

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



 Department of the Treasury Internal Revenue Service
 ► Attach to Form 990.

 ► Attach to Form 990.

 Name of the organization

m990	•	
Employer	identification	number
30	2-1612715	

	TROUT UNLIMITED, INC.			38-1612715
Pa		ar Funds or A	\ccoi	Ints.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.			
	(a) Donor advised funds	s ((b) Fur	ds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held in de	onor advised fun	nds	
	are the organization's property, subject to the organization's exclusive legal control?			Yes 📖 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	ds can be used o	only	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any othe	r purpose confer	rring	
_	impermissible private benefit?			
	rt II Conservation Easements. Complete if the organization answered "Yes" to Fo	orm 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
		n of an historical		
		n of a certified hi	Istoric	structure
•	Preservation of open space			-1
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	i the form of a co	onserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
2	Total number of conservation easements		2a	4
b			2b	1,636.00
	Number of conservation easements on a certified historic structure included in (a)		2c	0
-	listed in the National Register		2d	0
3	Number of conservation easements modified, transferred, released, extinguished, or termina			n during the tax
	year 🕨 1	, ,		0
4	Number of states where property subject to conservation easement is located	1		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, ha	andling of		
	violations, and enforcement of the conservation easements it holds?			X Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation eas	sements during t	the yea	ar 🕨 40
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme	nts during the ye	ear 🕨	\$0.
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se			
	and section 170(h)(4)(B)(ii)?			Yes L. No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and			
	include, if applicable, the text of the footnote to the organization's financial statements that o	describes the org	ganiza	tion's accounting for
Dai	conservation easements. rt III Organizations Maintaining Collections of Art, Historical Treasure	es or Other	Simi	ar Accote
Fai	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		Sinni	ai Assels.
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revel	nuo statomont a	nd hal	anco shoot works of art
Ia	historical treasures, or other similar assets held for public exhibition, education, or research i			
	the text of the footnote to its financial statements that describes these items.		public	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue	statement and h	balance	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furthera			
	relating to these items:		,	jjj
	(i) Revenues included in Form 990, Part VIII, line 1		►	\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical treasures, or other similar assets for		• •	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these in			
а	Revenues included in Form 990, Part VIII, line 1		. 🕨	\$
	Assets included in Form 990, Part X			\$

Sche	dule D (Form 990) 2013 TROUT UNLIM	IITED, INC.				38	8-16127	15	Pa	ge 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or	Other	Simila	r Asse	ts (contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that	are a sign	ificant us	se of its o	collection	items	6
	(check all that apply):									
а	Public exhibition	d	Loan or excl	nange progran	ns					
b	Scholarly research	е	U Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further th	ne organizatior	n's exemp	t purpos	e in Parl	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other	r similar as	ssets		-		
	to be sold to raise funds rather than to be ma						L	Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the organization	n answered "Y	'es" to Fo	rm 990, I	Part IV, I	ne 9, or		
10	Is the organization an agent, trustee, custodi		ion for contribution	s or other ass	ote not inc	aludad				
Id			•					Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						·····	162		NO
D			lowing table.					Amount		
~	Beginning balance					1c		Amount		
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. line	21?					Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par										
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three yea	ars back	(e) Four	years t	back
1a	Beginning of year balance	6,169,846.	6,169,846.	6,159,		6,14	9,846.	6,	089,	846.
b	Contributions			10,	,000.	1	0,000.			000.
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	6,169,846.	6,169,846.	6,169,	,846.	6,15	9,846.	6,	149,	846.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment 100.00	%								
с	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should	lld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administere	ed for the	organiza	tion	-		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		Х
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered		1							
	Description of property	(a) Cost or of basis (investm			• •	umulated ciation		(d) Book	value)
	Land			7,801.	depre	GIACION			7	801.
	Land			·, 001.					<i>'</i> ,'	
	Buildings			65,566.		2,3	26		63	240.
	Leasehold improvements					2,5			· · ·	<u></u>
	Equipment		4	,252,730.	1	.,448,1	51.	2	804,	57.9
	Other				1	., <u></u> ,.			875,	
TOLA		gaari onn 000, i dit i		······································		e	chedulo	D (Form		
						30	oncaule		550)	-010

332052 09-25-13

Part VII Investments - Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.								
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value						
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)								

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	REFUNDABLE ADVANCES	34,939.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	34,939.	

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🗴

Schedule D (Form 990) 2013

Sche	dule D (Form 990) 2013 TROUT UNLIMITED, INC.			38-1612715	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With I	Revenue per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	42,857,149.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	588,519.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	236,608.		
е	Add lines 2a through 2d			2e	825,127.
3	Subtract line 2e from line 1			3	42,032,022.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5				5	42,032,022.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	43,748,877.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	236,608.		
е	Add lines 2a through 2d			2e	236,608.
3	Subtract line 2e from line 1			3	43,512,269.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	43,512,269.
Pa	rt XIII Supplemental Information.				

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

PART II, LINE 3:

EXPLANATION: A LAND TRUST NOW HOLDS AN EASEMENT THAT TU PREVIOUSLY OWNED.

PART II, LINE 5:

EXPLANATION: ANNUALLY A TU REPRESENTATIVE VISITS THE PROPERTY AND SPEAKS

WITH THE LANDOWNER TO REVIEW THE PROPERTY AND IDENTIFY ANY NEW ACTIVITIES

OR DAMAGES SINCE THE LAST INSPECTION THAT COULD AFFECT THE PROPERTY. THE

REPRESENTATIVE DISCUSSES WITH THE LANDOWNER ANY POTENTIAL OR PLANNED

ACTIVITIES CONCERNING THE LAND INCLUDING, BUT NOT LIMITED TO, THE

TRANSFER OF THE LAND, AGRICULTURAL ACTIVITIES, TIMBER HARVESTING, WATER

DEVELOPMENT, ROAD CONSTRUCTION, AND COMMERCIAL ACTIVITIES.

TROUT UNLIMITED, INC.

Part XIII Supplemental Information (continued)

PART II, LINE 9:

EXPLANATION: CONSERVATION EASEMENTS ARE NOT REPORTED IN THE REVENUE,

EXPENSE OR BALANCE SHEET OF TU.

PART V, LINE 4:

EXPLANATION: 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, 2014 AND 2013.

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, AS OF SEPTEMBER 30, 2014 AND 2013, THE BOARD OF TRUSTEES

AUTHORIZED SPENDING RATES OF 8% AND 4%, RESPECTIVELY.

PART X, LINE 2:

EXPLANATION: TU IS GENERALLY EXEMPT FROM FEDERAL INCOME TAX UNDER THE

PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). IN

ADDITION, TU QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAS BEEN

CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME

THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS

SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. TU HAD NO UNRELATED

BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND

2013, SINCE TU DID NOT HAVE SIGNIFICANT UNRELATED BUSINESS INCOME.

Schedule D (Form 990) 2013 TROUT UNLIMITED, INC.	38-1612715	Page 5
Schedule D (Form 990) 2013 TROUT UNLIMITED, INC. Part XIII Supplemental Information (continued)		
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 2011.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
EVENT EXPENSE REPORTED ON PART VIII, LINE 8B 236,608.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
EVENT EXPENSE REPORTED ON PART VIII, LINE 8B 236,608.		

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	OMB No. 1545-0047						
Name of the organization					Employer	identification number	
TROUT UNLIMITED, INC. 38-1612715 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not							
Part I required to complete this pa		ereu i	65 10	10m 990, Part IV, I	ine 17.10ini 990		
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c X Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations f Solicitation of ficers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 							
						by) to (or retained by)	
STRATEGIC FUNDRAISING INC		Yes	No	20 618	22.2	16 208	
310 W 20TH STREET, STE 300, MEMBER ACQUISITION X 39,618. 23,320. 16,294							
Total 39,618. 23,320. 16,298. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AK,AZ,AR,CA,CO,CT,DE,DC,FL,GA,HI,ID,IL,IN,AL,KY,LA,ME,MD,MA,MI,MN,MS,MO,MT NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY,IA							

89

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Page **2**

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr	-			
			(a) Event #1 NY DINNER	(b) Event #2 SF DINNER	(c) Other events	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	coi. (c))
Revenue	1	Gross receipts	287,613.	260,681.	172,530.	720,824.
	2	Less: Contributions	167,510.	174,735.	89,275.	431,520.
	3	Gross income (line 1 minus line 2)	120,103.	85,946.	83,255.	289,304.
	4	Cash prizes				
Se	5	Noncash prizes				
xpense	6	Rent/facility costs	68,658.	48,665.	57,617.	174,940.
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		14,800.	14,697.	61,668.
	10				►	236,608.
	11					52,696.
Pa	rt I		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	i			i
en			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				Singo, progressive singe		
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization opera	tes gaming activities:			
а	ls t	the organization licensed to operate gaming ac No," explain:	tivities in each of these			Yes No
		ere any of the organization's gaming licenses re			year?	Yes No
D	11 "	Yes," explain:				
	_					

Schedule G (Form 990 or 990-EZ) 2013

<u>Sch</u> e	edule G (Form 990 or 990-EZ) 2013 TROUT UNLIMITED, INC. 38-3	L612715		Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	└── No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	· L L I '	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the)		
_	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part II	I, lines 9,	9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(I)	NAME OF FUNDRAISER: STRATEGIC FUNDRAISING INC.			
(T)	ADDRESS OF FUNDRAISER:			
210	W 20TH STREET, STE 300, KANSAS CITY, MO 64108			

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, ar	nd Individual	ls in the Ŭni	ited States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	-	-	Attach to For	m 990.			Open to Public
Name of the organization	Information	tion about Schedule I	(Form 990) and its	s instructions is a	it www.irs.gov/form99	0	Inspection Employer identification number
TROUT UNLIMI	TED, INC.						38-1612715
Part I General Information on Grants	and Assistance						
 Does the organization maintain record criteria used to award the grants or as Describe in Part IV the organization's part IV the organization's part IV the organization or part IV the organization or	sistance?						
Part II Grants and Other Assistance t		-			anization answered "	es" to Form 990, Parl	IV, line 21, for any
recipient that received more tha 1 (a) Name and address of organization or government	n \$5,000. Part II ca (b) EIN	n be duplicated if addit (c) IRC section if applicable	tional space is need (d) Amount of cash grant	ded. (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
LITTLE RIVER CHAPTER OF TROUT UNLIMITED 644 - 4143 BENNY DELOZIER DR - MARYVILLE, TN 37804	62-1533995	501 (C)(3)	5,000.	0.			EMBRACE A STREAM GRANT
WEST SLOPE CHAPTER 056 PO BOX 7165 MISSOULA, MT 59807-7165	23-7184514	501 (C)(3)	5,000.	0.			EMBRACE A STREAM GRANT
ZANE GREY 463 4417 COLOMA AVENUE WOODLAND HILLS, CA 91364	52-1766273	501 (C)(3)	5,100.	0.			EMBRACE A STREAM GRANT
UTAH COUNCIL P.O BOX 681311 PARK CITY, UT 84068	51-0225131	501 (C)(3)	5,241.	0.			EMBRACE A STREAM
KENAI PENINSULA CHAPTER 229 PO BOX 4258 SOLDOTNA, AK 99669	52-1765532	501 (C)(3)	6,499.	٥.			EMBRACE A STREAM GRANT
CLACKAMAS RIVER 677 10312 SE 99 DR. PORTLAND, OR 97266	93-1257430	501 (C)(3)	6,864.	0.			EMBRACE A STREAM GRANT
2 Enter total number of section 501(c)(3)	and government o	rganizations listed in th	he line 1 table				
3 Enter total number of other organization							0.

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

Schedule I (Form 990) TROUT UNLIMITED, INC. 38-1612715

Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL IDAHO RANGELANDS NETWORK P.O. BOX 871-105 S. CENTER ST. SALMON, ID 83467	20-2753508	501 (C)(3)	7,000.	0.			PROJECT DEVELOPMENT AND POLICY SUPPORT
SAC – SIERRA CHAPTER 926 635 HANISCH DR ROSEVILLE, CA 95678	52-1766104	501 (C)(3)	7,000.	0.			EMBRACE A STREAM GRANT
SOUTHEAST IDAHO 720 PO BOX 41 MCCAMMON, ID 83250-0041	91-1995963	501 (C)(3)	7,000.	0.			EMBRACE A STREAM GRANT
DONEGAL 037 6 CARDINAL LANE EPHRATA, PA 17522	23-2932250	501 (C)(3)	8,000.	0.			EMBRACE A STEAM GRANT
TED TRUEBLOOD 523 1333 EAST HAYS WAY BOISE, ID 83712	52-1766250	501 (C)(3)	8,000.	0.			EMBRACE A STEAM GRANT
WESTERN PENNSYLVANIA CONSERVANCY 800 WATERFRONT DRIVE PITTSBURGH, PA 15222	25-1053485	501 (C)(3)	8,000.	0.			KNARR ACQUISITION
GREATER UPPER VALLEY CHAPTER 226 130 GROUT RD HARTLAND, VT 05048	51-0225073	501 (C)(3)	9,500.	0.			EMBRACE A STREAM GRANT
KENAI WATERSHED FORUM 44129 STERLING HWY SOLDOTNA, AK 99669	91-1829284	501 (C)(3)	9,590.	0.			NOAA-TU PARTNERSHIP GRAN
BLUEBACKS CHAPTER 196 PO BOX 844 BROWNSVILLE, OR 97327	52-1765548	501 (C)(3)	10,000.	0.			EMBRACE A STREAM GRANT

93

Schedule I (Form 990)

332241 05-01-13

1108 EAST MAIN STREET RICHMOND, VA 23219

CONNECTICUT FUND FOR THE

ENVIRONMENT - 142 TEMPLE STREET, SUITE 305 - NEW HAVEN, CT 06510

CONSERVATION EASEMENTS

NOAA-TU PARTNERSHIP GRANT

19909 B WOODSON DR.						
ESCONDIDO, CA 92026	91-2094548	501 (C)(3)	10,000.	0.		EMBRACE A STREAM GRANT
MICHIGAN COUNCIL						
9267 ARROWHEAD DRIVE						EASTERN CONSERVATION
SCOTTS, MI 49088	23-7188803	501 (C)(3)	10,000.	0.		GRANT
WYOMING COUNCIL						
250 N. 1ST STREET						
LANDER, WY 82520	52-1766267	501 (C)(3)	10,000.	0.		EMBRACE A STREAM GRANT
BLAINE COUNTY LAND USE & BUILDING						L
SERVICES - 219 1ST AVE. SOUTH -				_		BIG WOOD INITIATIVE- BWR
HAILEY, ID 83333	82-6000283	501 (C)(3)	11,000.	0.		ASSESSMENT
SOUTHERN APPALACHIAN HIGHLANDS						
CONSERVANCY - 34 WALL STREET,						TOE RIVER HEADWATERS AT
SUITE 501 - ASHEVILLE, NC 28801	84-8286357	501 (C)(3)	12,000.	0.		GRASSY RIDGE GRANT
THE CONSERVATION FUND						
313 PARK AVENUE						
LAGRANGE, GA 30240	52-1388917	501 (C)(3)	12,000.	0.		CUT LAUREL GAP
KENNEBEC ESTUARY LAND TRUST						
PO BOX 1128						NOAA-TU PARTNERSHIP
BATH, ME 04530	13-5562417	501 (C)(3)	14,127.	0.		GRANTS
VIRGINIA OUTDOORS FOUNDATION						

(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

 Schedule I (Form 990)
 TROUT UNLIMITED, INC.

 Part II
 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(b) EIN

54-1038487

88-6000024

501 (C)(3)

501 (C)(3)

(c) IRC section

if applicable

(a) Name and address of

organization or government

GOLDEN STATE FLYCASTERS 920

15983 S WOODSON DR.

38-1612715 F

(h) Purpose of grant

or assistance

14,944.

18,696.

0

Ο.

Schedule I (Form 990) TROUT UNLIMIT Part II Continuation of Grants and Other	,	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa		8-1612715 Page
(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							
1204 OLD LYNCHBURG RD							
CHARLOTTESVILLE, VA 22903	23-7355308	501 (C)(3)	26,000.	0.			TROUT IN THE CLASSROOM
COMMONWEALTH OF MA, DEPT OF FISH &							
GAME - 21205 RIDGETOP CIRCLE -							
STERLING, VA 20166-6501	04-6002284	501 (C)(3)	28,477.	0.			NOAA-TU PARTNERSHIP GRAN
CITY OF GUSTAVUS							
P.O. BOX 1							
GUSTAVUS, AK 99826	27-0085777	501 (C)(3)	40,000.	0.			NOAA-TU PARTNERSHIP GRAN
COLORADO HEADWATERS LAND TRUST							
P.O. BOX 1938							
GRANBY, CO 80446	84-1320036	501 (C)(3)	40,562.	0.			CONSERVATION EASEMENTS
WESTERN CONSERVATION FOUNDATION							
1536 WYNKOOP ST., SUITE 510			50.000				
DENVER, CO 80202	33-1107506	501 (C)(3)	50,000.	0.			CLEAN WATER ACT GRANT
PENOBSCOT RIVER RESTORATION TRUST							
PO BOX 5695							WATERSHED RESTORATION DAT
AGUSTA, ME 04332	20-1437259	501 (C)(3)	932,979.	0.			REMOVAL
			·				

Schedule I (Form 990)

Schedule	(Earm	$\alpha \alpha \alpha \lambda$	(201	2
SCHEUUIE		3301	1201	0

TROUT UNLIMITED, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXPLANATION: THE MAJORITY OF THE GRANTS ARE GIVEN OUT TO TU CHAPTERS AND

COUNCILS AND ARE MONITORED BY THE EMBRACE-A-STREAM COMMITTEE FOR COMPLIANCE

WITH THEIR GRANT AGREEMENT. FOR THOSE GRANTS ISSUED TO OUTSIDE

ORGANIZATIONS, THOSE ARE TYPICALLY PART OF A LARGER GRANT AGREEMENT THAT

DICTATES THE TERM OF THE ARRANGEMENTS WITH THE APPROPRIATE TU EMPLOYEE

MONITORING COMPLIANCE.

38-1612715

Page 2

SC	SCHEDULE J Compensation Information OMB No. 1545-							
(Fo	rm 990)							
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IU	,		
Depar	tment of the Treasury	Attach to Form 990. See separate instructions.		Open to Public				
Intern	al Revenue Service	▶ Information about Schedule J (Form 990) and its instructions is at www irs gov/for		Inspe				
Nam	e of the organization		Employer id		on nu	mber		
		TROUT UNLIMITED, INC.	38-1612	2715				
Ра	rt I Question	s Regarding Compensation						
					Yes	No		
1a		iate box(es) if the organization provided any of the following to or for a person listed in Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c							
	Travel for com							
		cation and gross-up payments						
		spending account Personal services (e.g., maid, chauffeur,	cnet)					
a		on line 1a are checked, did the organization follow a written policy regarding payment or		41.				
0	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		0				
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked in line 1a?		2				
2	Indianta which if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's					
3		ector. Check all that apply. Do not check any boxes for methods used by a related organization						
		ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation							
		n committee Written employment contract compensation consultant X Compensation survey or study						
	X Form 990 of o		oommittoo					
			Committee					
4	During the year did	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	organization or a re							
а	•	be payment or change-of-control payment?		4a		х		
		ceive payment from, a supplemental nonqualified retirement plan?				x		
		ceive payment from, an equity-based compensation arrangement?				x		
Ū		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c	c)(3) and 501(c)(4) organizations must complete lines 5-9.						
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
-	contingent on the r							
а	-			5a		х		
		ration?				x		
		r 5b, describe in Part III.						
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
-	contingent on the r							
а	J. J			6a		х		
b	Any related organiz	ation?		6b		X		
		r 6b, describe in Part III.						
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment	S					
		es 5 and 6? If "Yes," describe in Part III		7		х		
8		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t						
		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		х		
9		d the organization also follow the rebuttable presumption procedure described in						
		n 53.4958-6(c)?		. 9				
LHA		eduction Act Notice, see the Instructions for Form 990.		le J (Fori	n 990)	2013		

332112 09-13-13

Schedule J (Form 990) 2013

TROUT UNLIMITED, INC.

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported as deferred	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in prior Form 990	
(1) CHRISTOPHER WOOD	(i)	307,720.	25,000.	1,200.	13,357.	21,306.	368,583.	0.	
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) HILLARY COLEY	(i)	163,183.	8,550.	0.	6,869.	21,306.	199,908.	0.	
VICE PRESIDENT/CFO/CAO	(ii)	Ο.	0.	0.	0.	0.	0.	0.	
(3) STEVEN MOYER	(i)	145,910.	2,977.	0.	5,955.	21,306.	176,148.	0.	
VICE PRESIDENT OF GOVERNMENT AFFAIRS	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)							ļ	
	(ii)								

98

38-1612715

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

3 l **Open to Public** . Inspection

Name of the organization

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/	'form990
	Employ

Employer identification number 38-1612715

	TROUT UNLIMITED, I	NC.			3	88-1612715		
Pa	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) od of determir contribution a	•	ts
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	Х	22	320,399.	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 during	g the tax year for c	contributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement				
				-			Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 - 28, t	hat it must hold	d for		
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exen	npt purposes fo	or		
	the entire holding period?					30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions?		Х	
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash				
	contributions?		-			32a		х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	for a type of prope	rty for which column (a) is ch	ecked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)	2013 Open to Public		
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/	form990	Inspection
Name of the organizatio			identification number
	TROUT UNLIMITED, INC.	38-161	2715
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
404C PROVISIONS UN	DER THE CLEAN WATER ACT TO DO THAT. IN THE SUMMER OF		
2014, THE EPA'S RE	PORT ON THE WATERSHED INDICATED IT WOULD USE SUCH		
PROVISIONS TO KEEP	HABITAT INTACT AND PROTECT THE REGION'S IMPORTANT		
FISHERY. CURRENTLY	, WE AWAIT A FINAL RULING FROM THE AGENCY.		
IN THE EAST, TU CO	MPILED AND RELEASED A REPORT ON "10 SPECIAL PLACES"		
THAT LIE WITHIN TH	E MARCELLUS AND UTICA SHALE FORMATIONS THAT PROVIDE		
EXCELLENT FISHING	AND HUNTING OPPORTUNITIES, BUT COULD FACE EVENTUAL		
THREATS FROM NATUR	AL GAS EXTRACTION. TU WORKED WITH SPORTSMEN AND WOMEN		
THROUGHOUT THE REG	ION TO ENSURE RESPONSIBLE ENERGY DEVELOPMENT, PART OF		
WHICH IS IDENTIFYI	NG QUALITY HABITAT FOR WILD AND NATIVE TROUT,		
IMPORTANT GAME HAB	ITAT AND, BY EXTENSION, AREAS IMPORTANT TO HUNTERS		
AND ANGLERS. THESE	10 SPECIAL PLACES ARE OF ACUTE INTEREST TO SPORTSMEN		
AND WOMEN. THE REP	ORT AND MORE DETAILS ON 10 SPECIAL PLACES CAN BE		
FOUND ONLINE AT WW	W.TU.ORG/SPECIAL-PLACES.		
IN THE WEST, TU VO	LUNTEERS WERE SUCCESSFUL IN LEADING SEVERAL PUBLIC		
LANDS PROTECTION C	AMPAIGNS TO KEEP INTACT VITAL HABITAT FOR FISH AND		
WILDLIFE, AND FOR	THE SPORTSMEN AND WOMEN WHO DEPEND ON THIS HABITAT		
FOR OUTDOOR OPPORT	UNITY.		

IN COLORADO, TU'S LONGTIME EFFORT TO PROTECT THE RARE AND NATIVE

COLORADO RIVER CUTTHROAT TROUT ATOP THE ROAN PLATEAU WAS SUCCESSFUL

WHEN A FEDERAL JUDGE RULED THAT AN EXISTING NATURAL GAS LEASING PLAN

WAS NOT COMPATIBLE WITH THE USES ATOP THE PLATEAU. THE LEASING PLAN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization	Page : Employer identification number
TROUT UNLIMITED, INC.	38-1612715
WILL BEGIN ANEW, WITH PROVISIONS PROHIBITING DRILLING NEAR SENSITIVE	
TROUT WATERS. ALSO IN COLORADO, TU HELPED PROTECT THE HERMOSA CREEK	
DRAINAGE, AN IMPORTANT TRIBUTARY TO THE ANIMAS RIVER AND HOME TO NATIVE	
COLORADO RIVER CUTTHROAT TROUT. WORKING THROUGH A COLLABORATIVE EFFORT,	
TU'S VOLUNTEERS, ALONG WITH CYCLISTS, ATV ENTHUSIASTS AND LOCAL ELECTED	
OFFICIALS, AGREED TO PROTECT NEW WILDERNESS IN THE HERMOSA HEADWATERS	
WHILE ALLOWING EXISTING USES TO CONTINUE ALONG THE HERMOSA CREEK TRAIL.	
IN NEVADA, LOCAL STAKEHOLDERS WORKED WITH LOCAL, STATE AND FEDERAL	
LAWMAKERS TO PASS THE PINE FOREST WILDERNESS ACT, WHICH SETS ASIDE	
VITAL HUNTING AND FISHING GROUNDS FOR SPORTSMEN AND WOMEN AS WILDERNESS	
AND RELEASES FROM WILDERNESS STUDY STATUS SOME PUBLIC LANDS THAT COULD	
NOT BE RESTORED DUE TO THAT STATUS. THE RENOWNED BLUE LAKES AREA IS	
ALSO PROTECTED IN THE PINE FOREST WILDERNESS ACT, AND SEVERAL SMALL	
DRAINAGES THAT HAVE LAHONTAN CUTTHROAT TROUT RECOVERY POTENTIAL.	
IN NEW MEXICO, TU VOLUNTEERS HELPED PROTECT THE VALLES CALDERA AND THE	
COLUMBINE-HONDO AREAS IN PERPETUITY BY WORKING COLLABORATIVELY WITH	
LOCAL, STATE AND FEDERAL LAWMAKERS TO ENSURE OPPORTUNITY EXISTS FOR ALL	
INTERESTED PARTIES, WHILE PROTECTING KEY HABITAT FOR NATIVE RIO GRANDE	
CUTTHROAT TROUT.	
IN MONTANA, TU WAS INSTRUMENTAL IN HELPING PROTECT THE HEADWATERS OF	
THE FLATHEAD RIVER, HOME TO NATIVE WESTSLOPE CUTTHROAT TROUT AND BULL	
TROUT, FROM NEW OIL AND GAS LEASING. THE AREA IS OF VITAL INTEREST TO	
SPORTSMEN AND WOMEN, AND THE AGREEMENT TO PROTECT THESE LANDS HELPED	
KEEP AMERICA'S AGREEMENT WITH CANADA INTACT WHEN IT COMES TO PROTECTING	
VITAL WATERS THAT FLOW ACROSS OUR INTERNATIONAL BORDER.	Sebadula O (Farm 000 ar 000 F7) (0042

Name of the organization

TROUT UNLIMITED, INC.

Page 2
Employer identification number

38-1612715

RECONNECT:

THROUGHOUT THE COUNTRY, TU VOLUNTEERS WORK TO RECONNECT TRIBUTARY

STREAMS TO MAINSTEM RIVERS, WHICH ALLOW WILD AND NATIVE FISH TO MIGRATE

INTO HEADWATER STREAMS TO SPAWN. OUR BIGGEST EFFORT ON THIS FRONT IS

WITH THE ORVIS COMPANY, WHICH HELPS TU WITH FUNDING FOR CULVERT REMOVAL

PROJECTS THROUGH THE 1,000 MILES CAMPAIGN. THE GOAL IS TO RECONNECT

1,000 MILES OF HABITAT THROUGHOUT THE COUNTRY IN 10 YEARS. IN 2014, WE

MARKED OUR THIRD YEAR OF PROGRESS THROUGH THIS CAMPAIGN, AND WE HAVE

RECONNECTED OVER 300 MILES OF HABITAT RANGING FROM OREGON TO MAINE.

RECONNECTION EFFORTS ON TIMBER CREEK, A TRIBUTARY TO THE GREYBULL

RIVER, INCLUDED THE REMOVAL OF A DECADES OLD DAM TO ALLOW FOR UPSTREAM

PASSAGE FOR NATIVE YELLOWSTONE CUTTHROAT TROUT TO HISTORICAL SPAWNING

AND REARING HABITAT. IN MONTANA WE ARE RECONNECTING WASSON SPRING CREEK

TO NEVADA SPRING CREEK, AND NEVADA SPRING CREEK TO THE BLACKFOOT RIVER

TO CREATE NEW SPAWNING AND REARING HABITAT FOR MAINSTEM FISH.

IN THE EAST, TU HAS BEEN WORKING WITH THE MONONGAHELA NATIONAL FOREST

ON THE EAST FORK AND HELPED TO OPEN MORE THAN 20 MILES OF HEADWATER

FORAGE, SPAWNING AND REARING HABITAT TO FREE PASSAGE. TU STAFF

OBLITERATED 15 MILES OF ABANDONED EAST FORK LOGGING ROADS TO HELP

RESTORE DROUGHT FLOWS. TU ALSO HELD THE FIRST-OF-ITS-KIND ADVANCED

AQUATIC ORGANISM PASSAGE WORKSHOP FOR 15 RESOURCE PROFESSIONALS.

RESTORE:

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization TROUT UNLIMITED, INC.	Employer identification number 38-1612715
IN THE KETTLE CREEK WATERSHED OF PENNSYLVANIA, TU'S LONGTIME EFFORTS TO	
CLEAN UP LONG-ABANDONED COAL MINES IS TRULY PAYING DIVIDENDS IN 2014,	
NATIVE BROOK TROUT WERE SAMPLED IN SOME WATERS OF THE DRAINAGE THAT	
WERE DECLARED "DEAD" FROM THE IMPACTS OF ACID MINE RUNOFF. THIS EFFORT	
HAS PERSISTED FOR NEARLY 15 YEARS, AND TO SEE NATIVE FISH RETURN TO	
WATERS THAT WERE ONCE STERILE DUE TO PAST MINING IS TRULY GRATIFYING.	
SIMILAR RESULTS ARE HAPPENING THROUGHOUT THE WEST, WHERE TU AND ITS	
VOLUNTEERS ARE LEADING THE EFFORT TO CLEAN UP AFTER ABANDONED HARD ROCK	
MINES. IN PLACES LIKE KERBER CREEK IN COLORADO, ONCE DEAD STREAMS ARE	
NOW HABITABLE FOR WILD AND NATIVE TROUT. IN WATERSHEDS LIKE IDAHO'S	
BLACKFOOT RIVER, RESTORATION EFFORTS THAT INCLUDE PUTTING ONCE	
PRODUCTIVE TROUT WATERS BACK INTO THEIR ORIGINAL CHANNELS IS WORKING,	
THANKS TO COLLABORATIVE EFFORTS WITH AGRICULTURAL INTERESTS AND	
INDUSTRY TO RETURN THE VITALITY AND FUNCTIONALITY TO THESE WATERS THAT	
ARE HOME TO NATIVE YELLOWSTONE CUTTHROAT TROUT.	
IN THE EAST, SIMILAR RESTORATION EFFORTS ARE PAYING DIVIDENDS. IN	
VIRGINIA'S MOSSY CREEK, FOR EXAMPLE, REROUTING THE RENOWNED SPRING	
CREEK TO ITS ORIGINAL CHANNEL IS IMPROVING WATER QUALITY AND HABITAT	
FOR LARGE WILD TROUT IN THE SHENANDOAH VALLEY, AND OPENING UP THE VERY	
REAL POSSIBILITY OF REINTRODUCING NATIVE BROOK TROUT TO THIS CHERISHED	
STREAM. IN ELKINS, WEST VIRGINIA, TU HOSTED A PROFESSIONAL "LARGE WOOD	
WORKSHOP" THAT WAS ATTENDED BY 75 PEOPLE FROM ACROSS THE NATION. TU	
ALSO COMPLETED AN ASSESSMENT OF 190 MILES OF STREAM HABITAT, AND 200	
MILES OF ABANDONED ROADS IN THE UPPER POTOMAC FOR WORK IN THE COMING	
DECADE. TU COMPLETED ITS FIRST COMPREHENSIVE FARM BILL PROJECT,	
INCLUDING 1 600 FEET OF HABITAT RESTORATION ON LOWER WHITE THORN CREEK	

Name of the organization TROUT UNLIMITED, INC.	Employer identification number 38-1612715
WEST VIRGINIA FENCING OPERATIONS INSTALLED MORE THAN 120,000 FEET OF	
FENCING IN 2014, ALLOWING STREAMS AND RIPARIAN HABITAT TO HEAL FROM	
GRAZING IMPACTS.	
IN THE DRIFTLESS AREA, TU CONTINUED ASSISTING LANDOWNERS WITH	
IMPLEMENTING CONSERVATION PRACTICES, STABILIZING STEAMBANKS WITH	
ADDITIONAL HABITAT FOR GAME AND NONGAME SPECIES, AND MANAGING GRAZING	
WITH LIVESTOCK PRODUCERS. APPROXIMATELY 12 MILES OF STREAMS WERE	
RESTORED, AND OVER 22 GRAZING PLANS TOTALING 2,200 ACRES WERE	
DEVELOPED.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
WOUNDED WARRIOR DISCOVER THE HEALING POWER OF THE WATER THROUGH	
FISHING. TU AND ITS CHAPTERS SPONSOR FISHING OUTINGS, FLY TYING EVENTS	
AND SOCIAL GATHERINGS FOR VETERANS OF COMBAT SO THEY MAY DISCOVER THE	
PEACE AND TRANQUILITY OF TIME SPENT ON THE WATER.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
AGRICULTURAL INDUSTRY AND TO SPORTSMEN AND WOMEN.	
-WORKED WITH TU'S ALASKA PROGRAM ON THE EPA'S WATERSHED ASSESSMENT OF	
BRISTOL BAY.	
-IS FIGHTING TO ENSURE THE FEDERAL LAND AND WATER CONSERVATION FUND	
REMAINS INTACT AND IS FUNDED FOR INLAND CONSERVATION WORK USING	
ROYALTIES FROM OFFSHORE DRILLING EFFORTS.	

-SUPPORTED THE PUBLIC LANDS RENEWABLE ENERGY ACT IN HOPES OF ACHIEVING

Schedule O (Form 990 or 990-EZ) (2013)

Page 2

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization TROUT UNLIMITED, INC.	Employer identification number 38-1612715
IMPORTANT CONSERVATION INCLUSIONS IN THE BILL THAT WOULD PROVIDE	
MITIGATION FUNDS FROM LEASE ROYALTIES THAT CAN BE USED TO PROTECT,	
RESTORE AND RECONNECT IMPORTANT FISH AND GAME HABITAT.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
OTHER PROGRAMS SERVICES	
EXPENSES \$ 1,773,366. INCLUDING GRANTS OF \$ 0. REVENUE \$ 98,556.	
FORM 990, PART VI, SECTION A, LINE 6:	
EXPLANATION: 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:	
EXPLANATION: 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:	
EXPLANATION: 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 B, LINE 11:	
EXPLANATION: A COPY OF THE FORM 990 IS MADE ELECTRONICALLY AVAILABLE TO ALL	
BOARD MEMBERS PRIOR TO SUBMITTAL.	

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization TROUT UNLIMITED, INC.	Employer identification number 38-1612715
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: 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:	
EXPLANATION: 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	
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: 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 FOR THE SAME PERIOD OF DISCLOSURE AS

SET FORTH IN SECTION 6104(D).

Schedule O (Form 990 or 990-EZ) (2013) lame of the organization TROUT UNLIMITED, INC.		Page Employer identification numbe 38-1612715
		·
ORM 990, PART IX, LINE 11G, OTHER FEES:		
CONSULTANTS:		
PROGRAM SERVICE EXPENSES	13,683,011.	
IANAGEMENT AND GENERAL EXPENSES	32,664.	
UNDRAISING EXPENSES	61,995.	
OTAL EXPENSES	13,777,670.	
COTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	13,777,670.	
ORM 990, PART XII, LINE 2C		
XPLANATION: THE PROCESS FOR OVERSEEING THE AUDIT OF THE FI	NANCIAL	
TATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT	AUDITED THE	
INANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.		

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

SEPTEMBER 30, 2014

Prepared for	
	TROUT UNLIMITED, INC. 1777 NORTH KENT STREET NO. 100 ARLINGTON, VA 22209
Prepared by	MCGLADREY LLP 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102 703-336-6400
Amount due or refund	NO AMOUNT IS DUE.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	AUGUST 17, 2015
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Form	990-T	E	Exempt Organization Bus			ax Return	n	OMB No. 1545-0687
	(and proxy tax under section 6033(e))							0040
	For calendar year 2013 or other tax year beginning OCT 1, 2013 , and ending SEP 30, 2014							2013
	Department of the Treasury Internal Revenue Service ► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).							Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed	Name of organization (Check box if name changed and see instructions.)						loyer identification number loyees' trust, see uctions.)
ΒE	xempt under section	- Print	TROUT UNLIMITED, INC.				3	8-1612715
] 501(c)(3)	_ or	Number, street, and room or suite no. If a P.O. box	x, see ir	structions.			lated business activity codes instructions.)
	408(e) 220(e)	Туре	1777 NORTH KENT STREET, NO. 100				(000	
	408A 530(a)		City or town, state or province, country, and ZIP o	r foreig	n postal code		1	
	529(a)		ARLINGTON, VA 22209				5418	0 0
C Bo	ok value of all assets end of year	F Grou	exemption number (See instructions.)					
	25,402,735.		✓ organization type ► <u>x</u> 501(c) corporation		501(c) trust	401(a) trust		Other trust
_			ary unrelated business activity. 🕨 ADVERTISING					
			poration a subsidiary in an affiliated group or a pare	nt-subs	diary controlled group?	► L	Y	es X No
_			tifying number of the parent corporation. 🕨					
			HILLARY P. COLEY, CPA		Telepho (A) Income	one number 🕨 (7		
			de or Business Income		(A) income	(B) Expenses	5	(C) Net
	Gross receipts or sal			1.				
	Less returns and allo		c Balance	1c 2				
2 3	Gross profit. Subtrac		A, line 7)	2				
			om line 1c h Form 8949 and Schedule D)	- 3 - 4a				
4a b			art II, line 17) (attach Form 4797)	4b				
c			sts	40 40				
5			ips and S corporations (attach statement)	5				
6	Rent income (Schedu			6				
7	•		ne (Schedule E)	7				
8			and rents from controlled organizations (Sch. F)	8				
9		-	on 501(c)(7), (9), or (17) organization (Schedule G)	9				
10			me (Schedule I)	10				
11			9 J)	11	98,556.	79,	,431.	. 19,125.
12			is; attach schedule.)	12				
13	Total. Combine lines	s 3 throu	gh 12	13	98,556.	79,	,431.	. 19,125.
Pa			bt Taken Elsewhere (See instructions for utions, deductions must be directly connected		,	s income.)		
14			rectors, and trustees (Schedule K)				14	
15							15	
16							16	
17							17	
18	Interest (attach sch	edule)					18	
19	Taxes and licenses						19	
20			e instructions for limitation rules.)				20	
21			562)					
22			n Schedule A and elsewhere on return				22b	
23							23	
24			mpensation plans				24	
25 06	Employee benefit pr	•					25	
26 27	Excess exempt expe	enses (S	chedule I)				26 27	19,125.
27 28	Other deductions (a	uoio (OU attach ect	hedule J) nedule)				27	19,123.
20 29		nil hhA	es 14 through 28				20	19,125.
25 30			ncome before net operating loss deduction. Subtrac				30	0.
31			(limited to the amount on line 30)				31	
32			ncome before specific deduction. Subtract line 31 fr				32	0.
33			y \$1,000, but see instructions for exceptions.)				33	1,000.
34			income. Subtract line 33 from line 32. If line 33 is					
				•			34	0.

Form 990-T (201	3) TROUT UNLIMITED,	INC.					38-16127	15	Page 2
Part III	Tax Computation								
	anizations Taxable as Corpor	ations. See ins	tructions for tax (computation.					
	trolled group members (sectio				instructions	and:			
	er your share of the \$50,000, \$								
(1)	\$	(2) \$,020,000 (axabia	(3)			I		
	er organization's share of: (1) /		av (not more the) 		
	Additional 3% tax (not more th		•				J		
								05-	•
	me tax on the amount on line							35c	0.
36 Trus	ts Taxable at Trust Rates. Se								
	Tax rate schedule or							36	
	ty tax. See instructions							37	
	mative minimum tax								
	I. Add lines 37 and 38 to line 3	35c or 36, whic	hever applies .					39	0.
	Tax and Payments							10000000000	
	ign tax credit (corporations att								
	r credits (see instructions)								
c Gene	eral business credit. Attach For	m 3800				. 40c			
d Cred	lit for prior year minimum tax (attach Form 88	801 or 8827)			40d			
e Tota	I credits. Add lines 40a throug	,h 40d						40e	
41 Subt	tract line 40e from line 39							41	0.
42 Othe	r taxes. Check if from: 📃 Fo	orm 4255 📃] Form 8611 🗌	Form 8697	Form 8	3866 🗔 Otl	her (attach schedule)	42	
43 Tota	I tax. Add lines 41 and 42					.a		43	0.
	nents: A 2012 overpayment ci								
	estimated tax payments								
	deposited with Form 8868								
	ign organizations: Tax paid or v					1			
	up withholding (see instruction								
	it for small employer health ins								
			orm 2439			1771	· · · · · · · · · · · · · · · · · · ·	-	
	Form 4196		01111 2433		Total 🕨	44g			
	□ Form 4136 □ Other Total ▶ 44g 44g Total payments. Add lines 44a through 44g 45								
	45 Form 2220 is attached ►								
	47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed								0.
000000000000000000000000000000000000000	Statements Regardi				Informat		Refunded	49	
(APPACE PROPAGATION APPA									New N
	he during the 2013 calendar ye	-						-	nk, <u>Yes No</u>
	, or other) in a foreign country			lave to me Fori	TI TD F 90-22.	T, Report of Fo	preign Bank and Fir	lancial	
ACCOUNTS 2 During the	. If YES, enter the name of the tax year, did the organization receive	TOREIGN COUNTRY a distribution fro	/ here	ntor of, or transfe	ror to, a foreign t	trust?			X
	If YES, see instructions for other forms the organization may have to file.								
	amount of tax-exempt interest								
· · · · ·	A - Cost of Goods S	old. Enter m	ethod of Invent	T					
	at beginning of year	1		7				6	
2 Purchases		2		1	0	Subtract line 6			
3 Cost of la	bor	3		1			, line 2	7	
	section 263A costs (att. schedule)	4a		4		n 263A (with i	•		Yes No
	ts (attach schedule)	4b		propert	y produced or	r acquired for 1	resale) apply to		
	d lines 1 through 4b	5			anization?				
	nder penalties of perjury, I declare th rrect, and complete. Declaration of	at I have examine preparer (other the	d this return, includi	ing accompanyin d on all informatio	g schedules and	l statements, and arer has any know	i to the best of my kno wledge.	wledge and	belief, it is true,
Sign			110	- 1 - 1		, ,		ay the IRS d	iscuss this return with
Here	THE COL	<u> </u>	72			& ADMIN C	DFFICER th	e preparer s	hown below (see
	Signature of officer	~	Date	· - T	tle		in	structions)?	X Yes No
	Print/Type preparer's name		Preparer's sigr	nature	D	ate	Check i	f PTIN	
Paid			1/012	21.00	19	Olashi-	self- employed		
Preparer	YONG ZHANG, CPA		19018	ma	7	1/00/13		P012	249785
Use Only	Firm's name 🕨 MCGLADRE	Y LLP					Firm's EIN 🕨	42-0	0714325
			ONAL DRIVE,	SUITE 400					
	Firm's address 🕨 MCLEA	N, VA 2210)2				Phone no. 7	03-336-	6400

10 In #

Schedule C - Rent Income (From Real Property and Personal • Description of property (1)	y (if the percent seeds 50% or if or income) ome from to debt- roperty	age 0. (1) 0. P (a) Str	3(a)Deductions directl	ly connected with the income in ind 2(b) (attach schedule)
1) 2) 3) 4) (a) From personal property (if the percentage of rent for personal property is more than 50%) (b) From real and personal property and property is more than 50%) 1) (b) From real and personal property is more than 50%) (c) From real and personal property and property is more than 50%) 1) (c) From real and personal property is more than 50%) (c) From real and personal property and property is more than 50%) 1) (c) From real and personal property is more than 50%) (c) From real and personal property attact than 50%) 3) (c) Total (c) From real and personal property is more than 50%) 4) (c) Total 4) (c) Total 1) (c) Total 2) (c) Total 1) (c) Total 2) (c) Total 1) (c) Total 2) (c) Total 3) (c) Total 4) (c) Total dividcade property (attach schedule)	eeds 50% or if or income) ome from to debt- roperty divided nn 5	0. (I) (I) (I) (I) (I) (I) (I) (I) (I) (I)	 b) Total deductions. inter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-finan traight line depreciation (attach schedule) 7. Gross income eportable (column 	. Ind 2(b) (attach schedule) Innected with or allocable Iced property (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (c) Other deductions (c
2) 3) 4) 2. Rent received or accrued (a) From personal property (if the percentage of rent for personal property is more than 50%) (b) From real and personal property exits more than 50%) 1) (b) From real and personal property is more than 50%) (c) From real and personal property exits more than 50%) 1) (c) (c) for the rent is based on profit 2) (c) (c) the rent is based on profit 3) (c) Total (c) 3) (c) Total (c) 3) (c) Total (c) 3) (c) Total (c) 3) (c) Total (c) (c) 4) (c) (c) (c) (c) (c) 1) (c) (c) </th <th>eeds 50% or if or income) ome from to debt- roperty divided nn 5</th> <th>0. (I) (I) (I) (I) (I) (I) (I) (I) (I) (I)</th> <th> b) Total deductions. inter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-finan traight line depreciation (attach schedule) 7. Gross income eportable (column </th> <th>. Ind 2(b) (attach schedule) Innected with or allocable Iced property (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (c) Other deductions (c</th>	eeds 50% or if or income) ome from to debt- roperty divided nn 5	0. (I) (I) (I) (I) (I) (I) (I) (I) (I) (I)	 b) Total deductions. inter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-finan traight line depreciation (attach schedule) 7. Gross income eportable (column 	. Ind 2(b) (attach schedule) Innected with or allocable Iced property (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (c) Other deductions (c
2) 3) 4) 2. Rent received or accrued (a) From personal property (if the percentage of rent for personal property is more than 50%) (b) From real and personal property exits more than 50%) 1) (b) From real and personal property is more than 50%) (c) From real and personal property exits more than 50%) 1) (c) (c) for the rent is based on profit 2) (c) (c) the rent is based on profit 3) (c) Total (c) 3) (c) Total (c) 3) (c) Total (c) 3) (c) Total (c) 3) (c) Total (c) (c) 4) (c) (c) (c) (c) (c) 1) (c) (c) </td <td>eeds 50% or if or income) ome from to debt- roperty divided nn 5</td> <td>0. (I) (I) (I) (I) (I) (I) (I) (I) (I) (I)</td> <td> b) Total deductions. inter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-finan traight line depreciation (attach schedule) 7. Gross income eportable (column </td> <td>. Ind 2(b) (attach schedule) Innected with or allocable Iced property (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (c) Other deductions (c</td>	eeds 50% or if or income) ome from to debt- roperty divided nn 5	0. (I) (I) (I) (I) (I) (I) (I) (I) (I) (I)	 b) Total deductions. inter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-finan traight line depreciation (attach schedule) 7. Gross income eportable (column 	. Ind 2(b) (attach schedule) Innected with or allocable Iced property (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (c) Other deductions (c
3) 4) C. Rent received or accrued (a) From personal property (if the personal groperty can be rent for personal property is more than 10% but not more than 50%) (b) From real and personal property exists and the rent is based on profit 1) 2) 3) 4) 5) Cotal income. Add totals of columns 2(a) and 2(b). Enter are and on page 1, Part 1, line 6, column (A)	eeds 50% or if or income) ome from to debt- roperty divided nn 5	0. (I) (I) (I) (I) (I) (I) (I) (I) (I) (I)	 b) Total deductions. inter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-finan traight line depreciation (attach schedule) 7. Gross income eportable (column 	. Ind 2(b) (attach schedule) Innected with or allocable Iced property (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (c) Other deductions (c
2. Rent received or accrued (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and personal property is more than 10% but not more than 50%) 1) (c) Total (c) Total 2) (c) Total (c) Total 3) (c) Total (c) Total 4) (c) Total (c) Total cotal (c) Total (c) Total cotal (c) Total (c) Total cotal (c) Total (c) Cotal cotal (c) Column (A) (c) Column (A) cotal (c) Column (A) (c) Column (A) cotal (c) Column (C) Cotal (c) Column (C) 1) (c) Column (C) (c) Column (C) 1) (c) Column (C) (c) Column (C) cotal (c) Column (C) (c) Column (C) (c) Column (C) (c) Column (C) (c) Column (C) (c) Column (C)	eeds 50% or if or income) ome from to debt- roperty divided nn 5	0. (I) (I) (I) (I) (I) (I) (I) (I) (I) (I)	 b) Total deductions. inter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-finan traight line depreciation (attach schedule) 7. Gross income eportable (column 	. Ind 2(b) (attach schedule) Innected with or allocable Iced property (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (c) Other deductions (c
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and personal property exiteness of the rent for personal property exiteness of the rent for personal property exiteness of the rent for personal property exiteness of the rent is based on profit 1) (a) From real and personal property exiteness of the rent for personal property exiteness of the rent is based on profit 2) (b) From real and personal property exiteness of the rent is based on profit 3) (b) From real and personal property exiteness of the rent is based on profit (a) (b) From real and personal property exiteness of the rent is based on profit (b) Form real and personal property exiteness of the rent is based on profit (c) (c)	eeds 50% or if or income) ome from to debt- roperty divided nn 5	0. (I) (I) (I) (I) (I) (I) (I) (I) (I) (I)	 b) Total deductions. inter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-finan traight line depreciation (attach schedule) 7. Gross income eportable (column 	. Ind 2(b) (attach schedule) Innected with or allocable Iced property (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (c) Other deductions (c
10% but not more than 50%) 10% the rent for personal property exited on profit 1) 1 2) 3) 4) 0. 10tal income. Add totals of columns 2(a) and 2(b). Enter are and on page 1, Part I, line 6, column (A) are and on page 1, Part I, line 6, column (A) 1. Description of debt-financed property 1. Description of debt-financed property 1. Description of debt-financed property (attach schedule) 1) 2. 3) 4) 4) 5. 4) 6. 10 2. 11 22 3) 3 4) 6. 1 Description of debt-financed property (attach schedule) 11 2. 2. 33 4) 4. 4) 4. 4) 5. 4) 5. 2. 6. 3. 4. 4. 4. 4. 4. 4. 4. 4. 5. <td>eeds 50% or if or income) ome from to debt- roperty divided nn 5</td> <td>0. (I) (I) (I) (I) (I) (I) (I) (I) (I) (I)</td> <td> b) Total deductions. inter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-finan traight line depreciation (attach schedule) 7. Gross income eportable (column </td> <td>. Ind 2(b) (attach schedule) Innected with or allocable Iced property (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (c) Other deductions (c</td>	eeds 50% or if or income) ome from to debt- roperty divided nn 5	0. (I) (I) (I) (I) (I) (I) (I) (I) (I) (I)	 b) Total deductions. inter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-finan traight line depreciation (attach schedule) 7. Gross income eportable (column 	. Ind 2(b) (attach schedule) Innected with or allocable Iced property (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (c) Other deductions (c
2) 3) 4) 0. otal 0. total income. Add totals of columns 2(a) and 2(b). Enter ere and on page 1, Part I, line 6, column (A) ichedule E - Unrelated Debt-Financed Income (see instructions) ichedule E - Unrelated Debt-Financed Income (see instructions) 1. Description of debt-financed property 1) 2) 3) 6. Column 4 4) 6. Column 4 4) 6. Column 4 4) 6. Column 4 4) 6. Column 4 1) 1 2) 3) 4) 4 4) 6. Column 4 5. Average adjusted basis of or allocable to debt financed property (attach schedule) 6. Column 4 1) 1 2) 3) 4 4) 4 4) 4 5. Average adjusted basis of allocable to debt-financed property (attach schedule) 6. Column 4 2) 3) 4 2) 3) 4 4) 5. Average adjusted basis of the financed property (attach schedule) 6. Column 4	to debt- roperty	(a) Str	art I, line 6, column (B) 3. Deductions directly corted to debt-finant to debt-finant to debt-finant to debt-finant the depreciation (attach schedule) 7. Gross income eportable (column	(b) Other deductions (attach schedule) (b) Allocable deduction (column 6 x total of colu
3) 4) otal 0. Total otal 0. Total chedule E - Unrelated Debt-Financed Income (see instructions) 2. Gross income allocable financed property 1. Description of debt-financed property 2. Gross income allocable financed property 1) 1. Description of debt-financed property 6. Column 4 4 4. 4. 4. 4 4. 4. 6. Column 4 10 2. 6. Column 4 by column 4 11 2. 2. 6. Column 4 12 3. 6. Column 4 6. Column 4 13 4. 4. 4. 6. Column 4 14 4. 4. 4. 6. Column 4 10 2. 2. 3. 3. 11 2. 2. 3. 3. 3. 12 3. 4. 4. 4. 4. 14 4. 4. 4. 4. 4. 4. 10 2. 2. 3. 3. 4. 4. <td>to debt- roperty</td> <td>(a) Str</td> <td>art I, line 6, column (B) 3. Deductions directly corted to debt-finant to debt-finant to debt-finant to debt-finant the depreciation (attach schedule) 7. Gross income eportable (column</td> <td>(b) Other deductions (attach schedule) (b) Allocable deduction (column 6 x total of colu</td>	to debt- roperty	(a) Str	art I, line 6, column (B) 3. Deductions directly corted to debt-finant to debt-finant to debt-finant to debt-finant the depreciation (attach schedule) 7. Gross income eportable (column	(b) Other deductions (attach schedule) (b) Allocable deduction (column 6 x total of colu
4) 0. Total Fortal income. Add totals of columns 2(a) and 2(b). Enter Fortal income. Add totals of column (A) Image: Column (A) Experiment of the end	to debt- roperty	(a) Str	art I, line 6, column (B) 3. Deductions directly corted to debt-finant to debt-finant to debt-finant to debt-finant the depreciation (attach schedule) 7. Gross income eportable (column	(b) Other deductions (attach schedule) (b) Allocable deduction (column 6 x total of colu
otal 0. Total) Total income. Add totals of columns 2(a) and 2(b). Enter ere and on page 1, Part I, line 6, column (A) > chedule E - Unrelated Debt-Financed Income (see instructions) 1. Description of debt-financed property 2. Gross inc 1. Description of debt-financed property financed p 1. Description of debt-financed property 6. Column 4 2. 30 4. 4. Amount of average acquisition debt or an allocable to debt-financed property (attach schedule) 6. Column 4 10 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 20 30 4. 4. 21 3. 4. 4. 22 3. 4. 5. Average adjusted basis of or allocable to be by colum 4 6. Column 4 21 3. 4. 4. 4. 5. 32 4. 4. 5. Cotal dividends schedule) 6. Column 4 33 5. Average adjusted basis of or allocable to be	to debt- roperty	(a) Str	art I, line 6, column (B) 3. Deductions directly corted to debt-finant to debt-finant to debt-finant to debt-finant the depreciation (attach schedule) 7. Gross income eportable (column	(b) Other deductions (attach schedule) (b) Allocable deduction (column 6 x total of colu
1) Total income. Add totals of columns 2(a) and 2(b). Enter are and on page 1, Part I, line 6, column (A) chedule E - Unrelated Debt-Financed Income (see instructions) 1. Description of debt-financed property 2. Gross inc or allocable financed property 3. 4. 4. 4. 4. 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 10. 20. 3. 4. 4. 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 10. 20. 3. 4. 4. 4. 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 10. 21. 22. 33. 4. 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4. 6. Column 4. 6. Colum	to debt- roperty	(a) Str	art I, line 6, column (B) 3. Deductions directly corted to debt-finant to debt-finant to debt-finant to debt-finant the depreciation (attach schedule) 7. Gross income eportable (column	(b) Other deductions (attach schedule) (b) Allocable deduction (column 6 x total of colu
are and on page 1, Part I, line 6, column (A) Image: column (A) chedule E - Unrelated Debt-Financed Income (see instructions) 2. Gross in or allocable financed property 1. Description of debt-financed property 2. Gross in or allocable financed property 1) 2) 3) 4) 4) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 by col	to debt- roperty	0. P	art I, line 6, column (B) 3. Deductions directly corted to debt-finant to debt-finant to debt-finant to debt-finant the depreciation (attach schedule) 7. Gross income eportable (column	(b) Other deductions (attach schedule) (b) Allocable deduction (column 6 x total of colu
chedule E - Unrelated Debt-Financed Income (see instructions) 2. Gross in or allocable financed property 1. Description of debt-financed property 2. Gross in or allocable financed print financed property 1) 2) 3) 3. 4) 4. 4) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column - by colu 1) 2. 3) 4. 4) 4. 10 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column - by colu 1) 4. 4. 2) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column - by colu 1) 4. 4. 4. 2) 5. 4. 4. 2) 5. 4. 5. 3) 4. 5. 5. 4) 5. 5. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	to debt- roperty	(a) Str	 Deductions directly conto debt-finantraight line depreciation (attach schedule) Gross income eportable (columntrained attach schedule) 	(b) Other deductions (attach schedule) (b) Allocable deduction (column 6 x total of colu
1. Description of debt-financed property or allocable financed p financed p 1. Description of debt-financed property 1 2.	to debt- roperty	(a) str	to debt-finan raight line depreciation (attach schedule) 7. Gross income eportable (column	(b) Other deductions (attach schedule) (b) Allocable deduction (column 6 x total of column 6 x total 0 x total of column 6 x total of column 6 x total 0 x total of colu
1. Description of debt-financed property or allocable financed p financed p 1) 2) 3)	to debt- roperty	7	raight line depreciation (attach schedule) 7. Gross income eportable (column	(b) Other deductions (attach schedule) 8. Allocable deductio (column 6 x total of colu
1)	divided nn 5	7	(attach schedule)	
2) 3) 4) 4) 4. Amount of average acquisition debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 by columna 4	nn 5 %		eportable (column	(column 6 x total of colu
2) 3) 4) 4) 4) 6. Column 4 debt on or allocable to debt-financed property (attach schedule) 6. Column 4 by colu debt-financed property (attach schedule) 6. Column 4 1) 2) 2) 3) 4) 2) 3) 4) 4) otal dividends-received deductions included in column 8 chedule F - Interest, Annuities, Royalties, and Rents From Column 8 Chedule F - Interest, Annuities, Royalties, and Rents From Column 8 1. Name of controlled organization 2. 1) 2. 1) 3. 1) 1.	nn 5 %		eportable (column	(column 6 x total of colu
3) 4) 4) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 by columnation of the column 4 by columnation of the columnati	nn 5 %		eportable (column	(column 6 x total of colu
4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 by colu	nn 5 %		eportable (column	(column 6 x total of colu
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 by column 4 b	nn 5 %		eportable (column	(column 6 x total of colu
debt on or allocable to debt-financed property (attach schedule) of or allocable to debt-financed property (attach schedule) by colu 1)	nn 5 %		eportable (column	(column 6 x total of colu
2)				
2)	%	1		
4) Fotals Fotal dividends-received deductions included in column 8 Chedule F - Interest, Annuities, Royalties, and Rents From Column 8 Chedule F - Interest, Annuities, Royalties, and Rents From Column 8 1. Name of controlled organization 2. Employer identification number 1)				
Totals Total dividends-received deductions included in column 8 Cotal dividends-received deductions 1. Name of controlled organization 2. 2. 2. 2. 2. 3. Net unrelated income (loss) (see instructions) 1)	%			
Cotal dividends-received deductions included in column 8 Chedule F - Interest, Annuities, Royalties, and Rents From Controlled organization 1. Name of controlled organization 2. Employer identification number 3. Net unrelated income (loss) (see instructions)	%			
Cotal dividends-received deductions included in column 8 Chedule F - Interest, Annuities, Royalties, and Rents From Controlled organization 1. Name of controlled organization 2. Employer identification number 3. Net unrelated income (loss) (see instructions)			er here and on page 1, t I, line 7, column (A).	Enter here and on page Part I, line 7, column (B
I. Name of controlled organization 2. Employer identification number 3. 1) 1) Image: Second s				0.
1. Name of controlled organization 2. Employer identification number 3. Net unrelated income (loss) (see instructions) 1) 1)	ontrolled	Organi	izations (see inst	tructions)
Employer identification Net unrelated income (loss) (see instructions) 1)		-	(0000	
	4 Total of s payment	pecified	5. Part of column 4 th included in the control organization's gross inc	6. Deductions direct connected with incor in column 5
2)			+	
3)				
+) I I I I I I I I I I I I I I I I I I I				
7. Taxable Income 8. Net unrelated income (loss) 9. Total of specified pay	nents 10	Part of col	lumn 9 that is included	11. Deductions directly conne
(see instructions) made		in the contro	olling organization's ss income	with income in column 10
1)				
2)				
3)				
4)				
				Add columns 6 and 11.

Ο.

٥.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	 Deductions directly connected (attach schedule) 	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	0.			٥.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from	3. Expenses directly connected with production of unrelated	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a	5. Gross income from activity that is not unrelated	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than		
	trade or business	business income	gain, compute cols. 5 through 7.	business income		column 4).		
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.		
Totals ►	0.	0.				0.		
Schedule I - Advertising Income (assingtructions)								

Schedule J - Advertising income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) TROUT MAGAZINE	98,556.	79,431.	19,125.	67,594	640,054.	19,125.
(2)						
(3)						
(4)						
Totals from Part I	٥.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)► 98 , 556 .						19,125.
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)						
1. Name			2. Title	3. Perce time devo busine	ted to to un	pensation attributable related business
(1)					%	
(2)					%	
(3)					%	
(4)					%	

0.

Total. Enter here and on page 1, Part II, line 14

TROUT UNLIMITED, INC.

38-1612715

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/13	24,621.	0.	24,621.	24,621.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	24,621.	24,621.