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Department of the Treasury

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning October 1 , 2009, and ending September 3						er 30	, 20	10		
_		r applicable						dentifi	ication number	er
	Address o	change use IRS		Frout Unlimited				23-73	55288	
	Name ch	ange print or	Number and street (or P O box	x, if mail is not delivered to st	reet address)	Room/suite	E Telephone	numbe	er	
=	Initial retu	1	PO Box 563					06-49	4-6216	
=	Terminate Amended	Specific	City or town, state or country,	and ZIP + 4			F Group Ex	empti	on	
=		d return Instruc- on pending tions	Butte, MT 59703				Number		.	
<u> </u>			izations and 4947(a)(1) none	vemnt charitable trusts	must attach	G Accou	inting Method		Cash A	ccrual
	- 000		mpleted Schedule A (Form		muot ottuon	1	(specify) ▶			
_							< ▶ ☑ if the	organ	nization is no	
	Nebsit	te:▶ www.georg	egranttu.org				ed to attach			
			only one) — 🗹 501(c) (3)	 (insert no.) ☐ 4947(a	1)(1) or 52	— ı ·	Z, or 990-PF		· · · · · · · · · · · · · · · · · · ·	,
	Check		nization is not a section 509(a)(han \$25 000	
		_	eturn is not required, but if th							••
			ne 9 to determine gross receipts					s		39,934
	art I		penses, and Changes					ns for	r Part I.)	
	1		fts, grants, and similar am				. 1			95
	2	-	revenue including governr		ts .		2			33,596
	3	-	es and assessments .				3	1	••	138
	4	Investment incon					4			132
	5a		om sale of assets other that	an inventory	. 5a	• • •	0	1		
Ð	b		er basis and sales expens		5b		0			
	C		m sale of assets other than			ne 5a)	. 5c			0
	6		ctivities (complete applicable part					1		
e	a		not including \$				_	1		
Revenue	"	reported on line			. 6a	1	12,385	İ		
•	b		enses other than fundraisir		. 6b		0			
	C		oss) from epectal events ar			line 6a)	6c			5,973
	7a	Gross sales of m	ventor less returns and a	allowances	7a		0	-		
	b	Less cost of goo	ods sold	inottanees	. 7b		0			
	C	Gross profit or (le	oss) from sales of invenior	v (Subtract line 7b fror	n line 7a)	<u> </u>	70			0
	8	Other revenue (d	Escribe San San San	y (Gabiraot iiiic 7 b ii ci	ii iii C ra,) 8			0
	9		Add lines 1, 2, 3, 4, 5c, 6c	7c and 8			. > 9	 		39,934
	10		ar amountabaid attach so				10	1		0
	11	Benefits paid to				•	. 11	 		
v	1		ompensation, and employe				. 12	1		0
Se	13	•	s and other payments to in				13	_		33,345
Expenses	. 14		t, utilities, and maintenance			• • •	14			370
ă	15		tions, postage, and shippii				. 15			909
_	16	J. ((describe Dutreach, m	•) 16			6,256
	17	•	. Add lines 10 through 16							40,880
	40		t) for the year (Subtract line				18			(946)
Net Assets	19		ind balances at beginning				-	1	***************************************	
ASS.	1		re reported on prior year's				19			56,814
¥ (20		n net assets or fund baland				. 20	_		0
ž	21		nd balances at end of year					_		55,868
E	art II	Balance She	ets. If Total assets on line	25, column (B) are \$1	,250,000 or	more, file Fo	rm 990 inst		f Form 990	-EZ.
		· · · · · · · · · · · · · · · · · · ·	(See the instructions for		<u></u>		ginning of year		(B) End of ye	
2	2 C	ash, savings, and i	•				56,81	4 22		55,868
2	3 L	and and buildings				•		0 23		0
2			be ▶			.)		0 24		0
2		otal assets					56,81	4 25		55,868
2	6 T	otal liabilities (des	scribe >)		0 26		0
	7 N	let assets or fund	balances (line 27 of column	nn (B) must agree with	line 21) .		56.81	4 27		55,868

Form 990-EZ (2009)

	990-22 (2009)					Page ∠
Par	t III . Statement of Program Service Accomp	plishments (See the instri	uctions for Part II	i.)		Expenses
Desc nan	t is the organization's primary exempt purpose? cribe what was achieved in carrying out the orginer, describe the services provided, the number of program title.				501(c organ 4947(nred for section)(3) and 501(c)(4) nzations and section a)(1) trusts, optional hers)
28	See schedule A attached, German Gulch Project					
	(Grants \$) If this amount	includes foreign grants, che	eck here	▶ 🗆	28a	33,345
29						
	(Grants \$) If this amount				29a	0
30						
		ıncludes foreign grants, che	eck here	. ▶ 🗆	30a	0
31	Other program services (attach schedule)					_
20		includes foreign grants, che		▶ Џ_	31a	0
_	Total program service expenses (add lines 28a t			ted (See the	32	33,345
. eli	List of Officers, Directors, Trustees, and Rey	(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Expense
Boh	(a) Name and address Olson, PO Box 563, Butte, MT 59703	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		account and other allowances
	Olson, PO Box 563, Butte, MT 59703	President, 10 hours	0		0	0
		Co-Treasurer 5 hours	0	-	0	0
	e Luebeck, PO Box 563, Butte, MT 59703	Co-Treasurer 5 hours	0		0	0
	n Vincent, PO Box 563, Butte, MT 59703	Director 1 hour	0		0	0
	Chatriand PO Box 563, Butte, MT 59703	Director, 1 hour	0		0	0
	lyn Olson, PO Box 563, Butte, MT 59703	Director, 1 hour	0	_	0	0
	tt Reynolds, PO Box 563, Butte, MT 59703	Secretary, 2 hours	0		0	0
Dav	e McKernan, Po Box 563, Butte, MT 59703	Director, 1 hour	0		0	0
Bill	Masella, Po Box 563, Butte, MT 59703	Director, 1 hour	0		0	0
Byro	on Mazurek, PO Box 563, Butte, MT 59703	Director, 1 hour	0		0	0
Jim	Gleason, PO Box 563, Butte, MT 59703	Director, 1 hour	0		0	0
Chri	s Bradley, PO Box 563, Butte, MT 59703	Director, 1 hour	0		0	0
Rict	Day, PO Box 563, Butte, MT 59703	Director, 1 hour	0		0	0
Josi	n Yarrıngton, PO Box 563, Butte, MT 59703	Director, 1 hour	0		0	0

Part	V . Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33 ,	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b	ļ	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter.			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			,
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	-	✓
41	List the states with which a copy of this return is filed ▶			
42a	The organization of books are at early of the	06-49		6
	Located at ► 1500 Fairmont Road, Anaconda, MT ZIP + 4 ►	597	711	
Ь	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	405	Yes	No
	account)?	42b		V
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c		✓
40	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	. !	-
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	<u> </u>	✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓
	For	ո 990)-EZ	(2009)

candidates for public office? If "Yes," complete Schedule C, Part I 46 47 47 48 48 49 49 49 49 49 49 40 50 6 6 6 6 6 6 7 7 6 7 7 8 8 8 8 8 8 8 8 8	า 9b	ns 46–49k	e trusts only. Al answer question	npt charitabl le trusts must	(a)(1) nonexei cempt charitab	section 4947(a 47(a)(1) nonexe nd 51.	B) organizations and ations and section 49 e tables for lines 50 a	Section 501(c)(3) 501(c)(3) organizat and complete the	Part VI
1	s No		in opposition to	on behalf of or					
Sign_attree of officer Section 2000 Section 2	+			C. Part II			· · · · · · · · · · · · · · · · · · ·	•	
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees a employees) who each received more than \$100,000 of compensation from the organization if there is none, enter "None (a) Name and address of each employee pad more (b) Title and average hours per week devoted to position None. NA NA NA NA NA NA NA NA NA N	1	48	-						
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees a employees) who each received more than \$100,000 of compensation in the organization. If there is none, enter "None (b) Title and average hours per week devoted to position (before d compensation of the real of the position of the real of the position of the real of the position of the real o	✓		<u>}</u>	ganization?					
employees) who each received more than \$100,000 of compensation from the organization if there is none, enter "None (e) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week deferred compensation (e) Compensation (e) Compensation (e) Compensation (e) Compensation (her allow than \$100,000 (b) Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 NA 1 Total number of other employees paid over \$100,000 NA 1 Total number of other employees paid over \$100,000 NA 1 Total number of other employees paid over \$100,000 NA 1 Total number of other employees paid over \$100,000 Na 1 Total number of other employees paid over \$100,000 Na 1 Total number of other employees paid over \$100,000 NA 1 Total number of other employees paid over \$100,000 NA 1 Total number of other independent contractor paid more than \$100,000 NA 1 Total number of other independent contractor paid more than \$100,000 NA 1 Total number of other independent contractors each receiving over \$100,000 NA 1 Total number of other independent contractors each receiving over \$100,000 NA 1 Total number of other independent contractors each receiving over \$100,000 NA 2 Total number of other independent contractors each receiving over \$100,000 NA 2 Total number of other independent contractors each receiving over \$100,000 NA 3 Total number of other independent contractors each receiving over \$100,000 NA 3 Total number of other independent contractors each receiving over \$100,000 NA 3 Total number of other independent contractors each receiving over \$100,000 NA 3 Total number of other independent contractors each receiving over \$100,000 NA 3 Total number of other independent contractors each receiving over \$100,000 NA	224 100		· · · · · · · · · · · · · · · · · · ·		n?	527 organization	d organization a section	es," was the related of	b If "Ye
(e) Name and address of each employee paid more than \$100,000 than \$100,000 the release to the statements, and to the best of my known and belief, it is true, correct, and complete December 1 to the paster of other received more than \$100,000 the received more than \$100,000 to the received more	ına key ∍."	er "None."	there is none, ent	s (other than of organization If	sated employee sation from the	ignest compensa .000 of compensa	tne organization's five r eceived more than \$100	npiete this table for the	ou Com empl
None. NA NA NA NA NA NA NA NA NA N	ense	(e) Expen	(d) Contributions to) Compensation	average (o	(b) Title and a			· · ·
NA		other allowa							(a) 142
f Total number of other employees paid over \$100,000 . Signature of other independent contractors each receiving over \$100,000 . NA Total number of other independent contractors each receiving over \$100,000 . NA Index penalties of perjury, I declairs that Thave examined this return, including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete Declaration of preparer/cother than officer) is based on all information of which preparer has any knowled.									Vone.
Complete this table for the organization's five highest compensated independent contractors who each received most \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NA NA d Total number of other independent contractors each receiving over \$100,000 NA Under penalties of perjury, I declare that Thave examined this return including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete Declaration of preparer other than officer) is based on all information of which preparer has any knowled. Sign Here Signature of officer	NA_		NA NA	NA NA		NA			
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Complete this table for the organization's five highest compensated independent contractors who each received most \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation. NA d Total number of other independent contractors each receiving over \$100,000 NA Under penalties of perjury, I declare that Thave examined this return including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete Declaration of preparer/other than officer) is based on all information of which preparer has any knowled. Sign Here Date									
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Complete this table for the organization's five highest compensated independent contractors who each received most \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation. NA d Total number of other independent contractors each receiving over \$100,000 NA Under penalties of perjury, I declare that Thave examined this return including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete Declaration of preparer/other than officer) is based on all information of which preparer has any knowled. Sign Here Date				NΔ		IN MAN	mployees paid over \$10	al number of other om	f Total
d Total number of other independent contractors each receiving over \$100,000 . NA Under penalties of perjury, I declare that Thave examined this return, including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete Declaration of preparer than officer) is based on all information of which preparer has any knowled. Sign Here Signature of officer Date	nsation	(c) Compensa	e of service	(b) Typ	00,000	r paid more than \$100	of each independent contracto	(a) Name and address of	None
Under penalties of perjury, I declare that Thave examined this return, including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete Declaration of preparer other than officer) is based on all information of which preparer has any knowled there Sign Here Date	NA		1	NA					
Under penalties of perjury, I declare that Thave examined this return, including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete Declaration of preparer other than officer) is based on all information of which preparer has any knowled there Sign Here Date		101101							
Under penalties of perjury, I declare that Thave examined this return, including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete Declaration of preparer other than officer) is based on all information of which preparer has any knowled there Sign Here Date									
Sign Here Signature of officer Date			NA	>	over \$100,000	each receiving or	ndependent contractors	al number of other inc	d Tota
Here Signature of officer Date	wledge dge	t of my knowl	ements, and to the best of which preparer has a	schedules and sta d on all information	uding accompanying than officer) is base	ned this return, including of preparer other th	ury, I declare that Thave example to the complete Declaration	Under penalties of perjunand belief, it is true, corre	
Type or print name and title	3010	ny knowledg		1					
Paid Preparer's signature Date Check if self-self-employed Preparer's identifying number (See instructions)			Date		C , ī	beck	ve Lune	Stev	nere
FIN D	tructions)	3,2	Oate V	Check if self-		beck	ve Lune	Steu Type or print name a	Paid
address, and ZIP + 4 Prone no Prone no P	tructions)	3,2	Preparer's identifying num	Check if self-employed ▶		beck	ve Lune	Type or print name a Preparer's signature Firm's name (or	Paid Preparer's
May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ Form 990-E	No	3 , A	Preparer's identifying num	Check if self-employed >	Date	beck	e and title	Type or print name a Preparer's signature Firm's name (or yours it self-employed), address, and ZIP + 4	Paid Preparer's Jse Only

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

20**09**

Open to Public Inspection

Name of the organization Employer identification number **George Grant Chapter of Trout Unlimited** 23 7355288 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/4 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33\% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a Type I **b** ☐ Type II d Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii (ii) A family member of a person described in (i) above? (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) (i) Name of supported (n) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support governing document above or IRC section (i) organized in the col (i) of your support? (see instructions)) Yes Yes No Yes No No

Total

Pai	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	4					:
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				·		
4	Total. Add lines 1 through 3 .						
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.		1				
	tion B. Total Support	4) 2005	1 (1) 0000	4) 0007	(-N. 0000	1 1 2 2 2 2 2	(D. T.)
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on				·		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						l
12	Gross receipts from related activities, etc	(see instruction	ons) .			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ге	<u> </u>	id, third, fourth			on 501(c)(3) □
Sec	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2008 Sci	nedule A, Part	II, line 14			15	%_
16a	33% % support test—2009. If the organiand stop here. The organization qualifies				line 14 is 33⅓¹	% or more, che	eck this box
b	33½% support test—2008. If the organization qua				and line 15 is	33½ % or more	e, check this
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances" facts-and-circumstances the "facts-and-circumstances" facts-and-circumstances the "facts-and-circumstances" facts-and-circumstances test—20 more facts-and-circumstances	acts-and-circui	mstances" test,	check this box	and stop here	. Explain in Par	t IV how the
b	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "forganization meets the "facts-and-circumstances"	acts-and-circun	nstances" test, o	check this box a	and stop here	Explain in Part	
12	Private foundation. If the organization did	not check a bo	ox on line 13, 16	a. 16b, 17a, or 1	7b. check this	box and see ins	structions >

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

<u> </u>	(Complete only if you checke	ed the box or	iline 9 of Pa	rt 1.)			
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35,577	128,998	112,419	92,878	39,262	409,134
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	0	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	. 0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	35,577	128,998	112,419	92,878	39,262	409,134
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	0	o	0	0	0	0
	amount on line 13 for the year	0	0	0	0	0	0
8 8	Add lines 7a and 7b Public support (Subtract line 7c from line 6)			V			409,134
Sec	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·		L	300,100
	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	35,577	128,998	112,419	92,878	39,262	409,134
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	898	829	1,042	117	132	3,018
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
_	Add lines 10a and 10b	898	829	1,042	117	132	3,018
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12)	36,475	129,827	113,461	92,995	39,394	412,152
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							
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S			ie 13, column ((f))	15	99.27 <u>%</u> 99.30 %
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 200			d by line 13. co	olumn (f)) .	17	.7 %
18	Investment income percentage from 20	•		· •		18	.7 %
	33% % support tests—2009. If the organism not more than 33% %, check this b	anization did n	ot check the be	ox on line 14, a			
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this	nization did not so box and stop	check a box on here. The organ	ı line 14 or line nizatıon qualifie	19a, and line 19 s as a publicly	6 is more than 3 supported orga	33⅓ %, and nization ► □
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this bo	ox and see inst	ructions ▶ 🔲

chedule A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information. Part II, line 17a or 17b; and	Complete this Part III, line 12.	part to provide to Provide any other	he explanations requirer additional information	red by Part II, line 10; on. See instructions.
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Schedule A

ACTIVITY SUMMARY

This report details project activities completed on the German Gulch Watershed Restoration Project from August 16th, 2009 through September 30, 2010. Progress on each task is briefly outlined below, with recent activities shown in **bold italics**.

Task 1. Stream Restoration

GGTU conducted a second willow and shrub planting project on May 16th 2009, with GGTU board members, and local Boy Scout volunteers attending. Willows and shrubs were planted throughout the pilot reach. Excess plants were purchased from the SBC revegetation project. Weeds were sprayed twice during the summer, and a fall spaying is also planned.

An agreement was reached between GGTU, NRD, and Confluence Consulting to repair a portion of the pilot restoration reach.

All required permits were received and the repair work was completed the week of July 5^{th} , 2010. Photos of the repaired reach are included in Attachment D.

Task 2. Tailings Removal/Upland Vegetation Improvement

GGTU and NRD staff met with Joel Chavez at MDEQ in fall 2008. MDEQ has received preliminary approval from BP to accept tailings as part of the Silver Bow Creek cleanup effort, but final details need to be completed. Joel indicated that due to rising construction costs, there is likely not enough funding in the grant to complete the project. GGTU will work to address this issue in coordination with NRD.

An email was sent to Joel Chavez on October 6, 2010 on the status of the Silver Bow Creek Cleanup and whether it was time to coordinate the removal with German Gulch activities. Mr Chavez responded that it is not yet time.

Task 3. Bridge/Trail Construction

GGTU board members conducted annual trail maintenance activities on August 11th, 2009. Board members and volunteers cleared the trail and removed obstructions.

USFS has started construction on the upper trailhead and parking area. GGTU and USFS are coordinating final fencing and signage for the area, but all work should be completed this fall.

The upper trailhead near Norton Creek has been completed by USFS. Work on the lower trailhead will be coordinated after cleanup activities have moved through the area. Annual trail maintenance was completed by GGTU board members in June 2010.

Task 4. Water Lease

A new well was drilled at the Spangler Ranch in May 2008. The well log and preliminary driller estimates suggest adequate production to meet our lease needs. We also plan to complete and use the 6-inch test well drilled as part of the PDG in 2004. The well has been designed and manufactured screen was on back order for over two months. The well was completed and developed the week of September 14th, 2008. During development activities, the air tool became stuck in the well, and the screen was damaged beyond repair. The well will need to be re-drilled, with all costs borne by the drilling subcontractor.

The new well was drilled and pump tested in early 2009. Pump test results showed that the production from the two wells would be at the low end of the feasible range for the water lease. As a result, WET had the 8-inch well airbursted in June to increase capacity. A follow-up pump test is scheduled, and water rights paperwork will be filed upon results of the new test. Water rights paperwork was filed with the DNRC on September 1, 2010.

A fish screen design (Farmer's Screen – www.fcasolutions.org) was selected FWP and its consultant, and approved by Doug Butori. The fish screen was installed in November 2008. Problems with water backup were encountered during screen start-up activities, and adjustments were made in spring 2009. Extreme runoff conditions in May/June resulted in a partial failure of the streambank just upstream of the fish screen, which needs repair. Also, the screen still needs further adjustment. This work is in the planning stages and is planned for the end of the irrigation season.

Streambank repairs were completed in November 2009, and the area is now stable in the event of future runoff events. Additional fish screen adjustments were also made at this time to eliminate backwater effects. In spring 2010, the fish screen began plugging, which resulted in reduced flow to the Spangler irrigation ditch. FWP has conducted several tests on the screen, and is currently in talks with the screen manufacturer to fix this most recent issue.

Two sections of the Spangler pipeline have been repaired. The upper portion of the Spangler pipeline was also shored up in November 2008. Pipe supports were replaced and rock gabions were installed to protect the pipe from washing out. The lower section was repaired in May 2009. Two concrete joints and a section of pipe under the BN railroad tracks were replaced. This work was completed satisfactorily.

Task 5. Layton Acquisition

GGTU has completed the land transfer with FWP on the lower claim. The transaction on the upper two claims with USFS has been approved by the regional office and GGTU is awaiting final paperwork.

GGTU has not received final paperwork from USFS; however, a copy of the donation deed is included in Attachment D.

Task 6. Cultural Resource Assessment

Preliminary costs and design options have been researched for the signs. GGTU is working on language for approval by NRD before ordering.

No work has been completed on this task since the last report.

EXPENDITURES SUMMARY

Please see the German Gulch expense tracking spreadsheet included in Attachment A. Subcontractor invoices for this quarter are also attached.

October 2010 Reimbursement Request: \$35,161.84 Total NRD Funds Spent to Date: \$444,112.84

MATCH MONEY SUMMARY

Please refer to the German Gulch expense tracking spreadsheet in Attachment A. Also included is a summary sheet showing a monthly tally of in-kind hours from GGTU board members over the project reporting period, as well as a cumulative total of in-kind time. A spreadsheet showing board time is included in Attachment C. Occasionally timesheets are not received for all board members at the time of submittal; as a result, slight modifications to the board time may be made in the future.

GGTU Board Time

In-Kind Match this Period (Oct 2009 – Sept 2010):	\$1,193.75
Total GGTU In-Kind Contribution:	\$22,293.75
Applicant Contribution Goal:	\$15,200.00

Applicant has met in-kind contribution goal.

Agency Matching Funds

Agency Match This Request:	\$ 0.00)
Agency Matching Total:	\$110,840.50)
Agency Matching Goal:	\$137,840.50)

Final agency match is \$27,000 for fish barrier from FWP.

Professional In-Kind Services – (Other Sources)

Pioneer Technical Services:	\$	0.00
Total Outside Services to Date:	\$39,3	328.77
Outside Services In-Kind Goal:	\$20, <i>e</i>	661.00

Applicant has met in-kind contribution goal.

WORK PROPOSED FOR NEXT PERIOD

- Complete interpretive signs for German Gulch trail/parking area on upper end of trail on USFS property.
- Meet with FWP design and construction staff to develop a fix for the plugging issues on the fish screen.

^{* =} Occasionally in-kind numbers are adjusted, as all board members do not turn in timesheets by the report deadline

- Complete Spangler water rights transfer through DNRC and finish all Task 4 activities.
- Keep in contact with MDEQ regarding schedule for tailings removal activities in Task 3.
- Meet with FWP, MDEQ, and NRD regarding fish barrier on German Gulch.
 Determine whether these funds might be better spent for a barrier on Silver Bow Creek.