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Form **990-EZ**

Department of the Treasury Internal Revenue Service

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

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The content of the	В		C Name of organization				D Employer	ridentification number
Temende from Temende		Address change Please use IRS	TROUT UNLIMITED J	ACKSON HOLE	051		52-1	491981
Mail return	_	Name change label or				Room/suite	E Telephone	e number
Note that Secretary Secr	\vdash	Initial return type.	PO BOX 4069	•	İ		(307) 690-9198
Section 501(x)3 organizations and 4947(a)(1) monexempt charitable trusts **Section 501(x)3 organizations and 4947(a)(1) monexempt charitable trusts **Other trusts and a completed Schedule & (From 990 er 990-EZ). **Other trusts and a completed Schedule & (From 990 er 990-EZ). **Other trusts and a completed Schedule & (From 990 er 990-EZ). **Other trusts and trusts (cleack only only) — **X **Section 501(x)(3) **Other trusts and trusts (cleack only only) — **X** **Section 501(x)(3) **Other trusts and its cleach only only) — **X** **Section 501(x)(3) **Other trusts and its cleach only only) — **X** **Section 501(x)(3) **Other trusts and its cleach only only) — **X** **Section 501(x)(3) **Other trusts and its cleach only only) — **X** **Section 501(x)(3) **Other trusts and its clear only only only) — **X** **Section 501(x)(3) **Other trusts and its clear only only) — **X** **Section 501(x)(3) **Other trusts and its clear only only) — **Section 501(x)(3) **Other trusts and its clear only) — **Section 501(x)(3) **Other trusts and its clear only) — **Section 501(x)(3) **Other trusts and its clear only) — **Section 501(x)(3) **Other trusts and its clear only) — **Section 501(x)(3) **Other trusts and its clear only) — **Section 501(x)(3) **Other trusts and its clear only) — **Section 501(x)(3) **Other trusts and contracts **Section 501(x) **Other trusts **Section 501(x)	-	Specific	City or town state or country a	nd ZIP + 4			-	
*Section StrIc(X) organizations and #047(x)(1) monoxempt charitable trusts must strack a completed Schedule A (form 990 or 990-EZ). **Note: **N/A** The version strack a completed Schedule A (form 990 or 990-EZ). Wobsite: **N/A** The organization is not a section 503(x)(3) supporting organization chooses by 190-EZ, or 990-EZ. The organization is not a section 503(x)(3) supporting organization chooses by 190-EZ, or 990-EZ. Add lines 50, 60, and 70, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 is set to file a complete return 1 contributions; gifts, grants, and similar amounts received 2. Program service reverue including government fees and contracts 2. 2. 0. 3. Membership dues and assessments 3. 3. 0. A fine-stream of received 1. 2. 2. 2. 2. 3. 3. 0. 3. 4. Investment income 4. 1. 2. 3. 4. Investment income 5. 6. Special events and schibitists of a disset gifts—than agreeting violation in the service of children in the service of childre	H	tions.			WV	93001		exemption ► 2266
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Nebsite: * N/A Jara-new stable (check only one) X 50(c) (3) * (insert no.) 4947(x)(1) or 20 7940-E7. or 990-E7. or 190-E7. or	_	● Section 501(c)(must att	3) organizations and 4947(a) lach a completed Schedule A	1) nonexempt char (Form 990 or 990-	ntable trusts EZ).	Other (spec	fy) ►	
Jan -		Mahaisa > N/A					if the o	rganization is not
**X Check ** If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return in the complete return of the property of	١.		1 by rough 1 2 2		4047/->/1> 503	– 1 000 E7 (390-PF).	edule D (FOITH 330,
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Form 990-EZ (2009) TROU					-149	91981 Page 2
		rvice Accomplishments				Expenses
What is the organization's primary ex Describe what was achieved	xempt purpose? <u>CO</u> in carrying out the	NSERVATION, PROTECT organization's exempt purpopersons benefited, or other re	CTION AND RESTO	RATION.	(Reg 501(orgai	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
describe the services provide program title	ed, the number of	persons benefited, or other re	levant information for ea	ach	4947	(a)(1) trusts, optional thers.)
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31 Other program services (Grants \$	•) .			31 a	
32 Total program service			arits, check here.		32	16,392.
		, Trustees, and Key Em	nlovees. List each on	e even if not com	J	
1. 45500 1110	0.3, 200.0.3	(b) Title and average hours		(d) Contributions		(e) Expense account
(a) Name and ac	ldress	per week devoted	not paid, enter -0)	employee benefit pla	ns and	and other allowances
PHIL CAMERON		to position		deferred compens	auon	
PO BOX 4069		PRESIDENT				
JACKSON	WY 83001	5.00	0.		0.	
MIKE DAWKINS	W1 03001	3.00	0.		0.	
PO BOX 4069		VICE PRESIDENT				
JACKSON	WY 83001	4.00	0.		0.	
JIM BRODERICK	W1 03001	11.00	0.			
PO BOX 4069		TREASURER				
	WY 83001	5.00	0.		0.	
JAY BUCHNER						
PO BOX 4069		DIRECTOR				
JACKSON	WY 83001	2.00	0.		0.	
JEN MAGNUSSON						
PO_BOX_4069		SECRETARY				
JACKSON	WY 83001	5.00	0.		0.	
BARBARA ALLEN						
PO_BOX_4069		DIRECTOR	_		_	
JACKSON	WY 83001	2.00	0.		0.	
PATRICK DELANEY	- 	DIDUGUOD				
PO BOX 4069		DIRECTOR			0	
JACKSON BRIAN HARTLEY	WY 83001	2.00	0.		0.	
PO BOX 4069		DIRECTOR				
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	•		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		x
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
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		x
b	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
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		х
	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?	37 b	 	X
38 a	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?	38 a	-	X
b	p If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:		ŀ	
а	Initiation fees and capital contributions included on line 9			
t	Gross receipts, included on line 9, for public use of club facilities			'
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			1 1
	section 4911 ►, section 4912 ►; section 4955 ►			
t	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	40 b		X
C	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			
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization .			
e	e 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	40 e		X
41	List the states with which a copy of this return is filed ▶			-
40 -	. The account of			
42 a	a The organization's books are in care of ► JIM BRODERICK Telephone no ► (307)	690	-91	98
	Located at ► PO BOX 4069 JACKSON WY ZIP + 4 ► 83001			~
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	$\overline{}$	Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	The state the hame of the foreign country -			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
(At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
	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>	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'			
3 Δ Δ	Form 990 must be completed instead of Form 990-EZ	45	<u> </u>	(2000)

	501(c)(3) organizations and sec 46-49b and complete the tables	ction 4947(a)(1) no s for lines 50 and 5	nexempt charita 1.	able trusts must answer	question	S
46 Did th	ne organization engage in direct or indirectiblic office? If 'Yes,' complete Schedule C	t political campaign acti	vities on behalf of o	or in opposition to candidates	46	Yes No
	ne organization engage in lobbying activiti		shodulo C. Port II		47	X
	e organization a school as described in sec	· · · · · · · · · · · · · · · · · · ·			48	X
	ne organization a school as described in second		-		49a	$\frac{1}{x}$
	s,' was the related organization a section	-	ciated organization	• • • • • •	49b	- A
50 Comp	blete this table for the organization's five h	nighest compensated em	nployees (other than	n officers, directors, trustees a	nd kev	
emplo	oyees) who each received more than \$100	·			<u>e.'</u>	
(a)	Name and address of each employee paid more than \$100,000	(b) Titte and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expo account other allov	and
NONE	NONE NONE					
						
f Total	number of other employees paid over \$10	00,000		_		
51 Comp	olete this table for the organization's five hensation from the organization. If there is	nighest compensated inc none, enter 'None '	dependent contracto	ors who each received more th	an \$100,00	00 of
	(a) Name and address of each independent conti	ractor paid more than \$100,000	· · · · · · · · · · · · · · · · · · ·	(b) Type of service	(c) Compe	nsation
NONE						
						
d Total	number of other independent contractors	each receiving over \$10	00,000	. -		
	Under penalties of perjury, I declare that I have examinue, correct, and complete. Declaration of preparer (nined this return, including acco (other than officer) is based on	mpanying schedules and all information of which p	statements, and to the best of my know reparer has any knowledge	rledge and beli	ef, it is
		-		1 Bo June	9011	
Sign	Spingage of officer	_ <i>_</i> _		Date Juno 2	2011	
Here		<u></u>		Date		
	Type or print name and title.	JV - (K	EASULEL_			
	- yyar on prints rating data state.		Date	Chart f Prer	parer's Identify	ing Number
Paid	Preparer's signature		Date	Check if self- employed	instructions)	
Pre-	Firm's name (or Non-Paid F	Proparor		emboken - []		
parer's Use	yours it self-	Preparer				
	l employed)	*		FIN ►		
Only	employed), address, and ZIP + 4			EIN Prone no.		
Only	employed), address, and ZIP + 4	own above? See instruc	tions	Phone no.	► Yes	□ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

OMB No 1545-0047 2009

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.

Open to Public Inspection

Employer identification number TROUT UNLIMITED JACKSON HOLE 051 52-1491981 | Part I | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated | Type | Type II d | | Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that 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 a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 0 below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? . . . 11 g (iii) Provide the following information about the supported organizations h (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col (i) listed in your (v) Did you notify the organization in col (i) of (i) Name of Supported Organization (ii) EIN (vi) Is the inization in col (vii) Amount of Support (i) organized in the US? your support? governing document? Yes Yes No Yes No No

	(Complete only if you checke	_		1)		u 170(b)(·	•.,	
Sec	tion A. Public Support								_
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')								_
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								_
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge								
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					<u></u>			
Sec	tion B. Total Support								_
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total	_
7	Amounts from line 4								_
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related active	ities, etc. (see ins	tructions)				12		_
	First five years. If the Form 990 organization, check this box and	stop here			fifth tax year as a		1(c)(3)	▶	1
	tion C. Computation of Pu								
	Public support percentage for 20	• •	• •	e 11, column (f)			14	%	_
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14				15	%	_
16 a	a 33-1/3 support test — 2009. If the and stop here. The organization				the line 14 is 33-1	/3 % or mor	e, ched	ck this box ► [
ŀ	33-1/3 support test — 2008. If the and stop here. The organization				and line 15 is 33-	1/3% or mo	re, che	ck this box	
17 a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	neets the 'facts-ar	nď-circumstances	test, check this b	ox and stop here.	Explain in I	Part IV	how _]
ŀ	o 10%-facts-and-circumstances te or more, and if the organization in organization meets the 'facts-and	meets the 'facts-a	nď-circumstances	test, check this b	ox and stop here.	Explain in I	Part IV		7
18	Private foundation. If the organiz		•	•		•		uctions►	7
BAA	· · · · · · · · · · · · · · · · · · ·				Sc	hedule A (F	orm 9	90 or 990-EZ) 20	09

Schedule A (Form 990 or 990-EZ) 2009 TROUT UNLIMITED JACKSON HOLE 051

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

<u>C</u>	(Complete only if you chec	NCG THE BOX OIT IN			· · · · ·		
	tion A. Public Support	7					
	ndar year (or fiscal yr 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 'unusual grants.')	58,336.	113,406.	41,931.	29,833.	26,445.	269,951.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	13,402.	19,888.	38,613.	20,942.	39,156.	132,001.
	Gross receipts from activities that are not an unrelated trade or business under section 513						·
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge .						
	Total. Add lines 1 through 5 Amounts included on lines 1,	71,738.	133,294.	80,544.	50,775.	65,601.	401,952.
b	2, 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the	35,665.	97,908.	0.	0.	0.	133,573.
c	year	35,665.	97,908.	0.	0.	0.	133,573.
8	Public support (Subtract line	,					
_	7c from line 6)						268,379.
Sec	tion B. Total Support	<u> </u>	•	<u> </u>		 	
	 						40 T. I. I
	ndar vear (or fiscal vr beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008 1	(e) 2009	(II) LOTAL
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9	Armounts from line 6	71,738.	133,294.	80,544.	50,775.	65,601.	401,952.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form					-	
Cale 9 10 a	Amounts from line 6	71,738.	133,294.	80,544.	50,775.	65,601.	401,952.
Cale 9 10 a	Amounts from line 6	71,738.	133,294. 409.	80,544. 350.	50,775. 95.	65,601.	401,952. 866.
Cale 9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is	71,738.	133,294. 409.	80,544. 350.	50,775. 95.	65,601.	401,952. 866.
Cale 9 10 a b c 11 12 13	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990.	71,738. 0. 0.	133,294. 409.	350. 350.	50,775. 95. 95.	12.	401,952. 866.
Cale 9 10 a 10 a 11 12 13 14	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and	71,738. 0. 0. s for the organization here	133, 294. 409. 409.	350. 350.	95. 95.	12.	866. 866.
Cale 9 10 a 10 a 11 12 13 14	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add Ins.9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	71,738. 0. 0. stor the organization here	409.	350. 350.	95. 95.	12.	401,952. 866. 866. 402,818. ►□
Cale 9 10 a b c c 11 12 13 14 Sec 15	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	71,738. 0. 0. s for the organizar stop here blic Support P 09 (line 8, column	409. 409. tion's first, second ercentage (f) divided by line	350. 350.	95. 95.	12. 12. section 501(c)(3)	401,952. 866. 866. 402,818. ►□ 66.63%
Cale 9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of PulPublic support percentage from 20.	71,738. 0. 0. s for the organizar stop here blic Support P 09 (line 8, column 2008 Schedule A, F	409. 409. 409. tion's first, second ercentage (f) divided by line Part III, line 15	350. 350. 350.	95. 95.	12. 12. 12. 12.	401,952. 866. 866. 402,818. ►□
Cale 9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	71,738. 0. 0. s for the organizar stop here blic Support P 09 (line 8, column 2008 Schedule A, F	409. 409. 409. tion's first, second ercentage (f) divided by line Part III, line 15	350. 350. 350.	95. 95.	12. 12. 12. 12.	401,952. 866. 866. 402,818. ►□ 66.63%
Cale 9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of PulPublic support percentage from 20.	71,738. 0. 0. 0. s for the organization here blic Support P 09 (line 8, column 2008 Schedule A, Festment Incon	133, 294. 409. 409. 409. ercentage (f) divided by line Part III, line 15 ne Percentage	350. 350.	95.	12. 12. 12. 12. 12. 15. 16	401,952. 866. 866. 402,818. ►□ 66.63%
Cale 9 10 a 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lis 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pullic support percentage for 20. Public support percentage from 2 tion D. Computation of Investment income percentage for Investment Income Investme	o. 71,738. 0. 0. 0. 0. 0. 0. 0. 0. 0.	133, 294. 409. 409. 409. 409. 409. 409. Freentage (f) divided by line Part III, line 15 ne Percentage column (f) divided A, Part III, line 1	350. 350. 350. 350.	95. 95. fifth tax year as a	12. 12. 12. 12. 15. 16. 17. 18.	401,952. 866. 866. 402,818. ►□ 66.63% 65.63% 0.21% 0.25%
11 12 13 14 Sec 17 18	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage for 20. Public support percentage from 2 tion D. Computation of Investment income percentage for	71,738. 0. 0. 0. 0. 0. 0. 0. 0. 0.	133, 294. 409. 409. 409. 409. 409. 409. 409. 409. 409. 409. 409. 409. 409. 409. 409. 409. 409. 409. 409.	350. 350. 350. 350.	95. 95. ififth tax year as a	12. 12. 12. 12. 15. 16. 17. 18. 19. 19. 19. 10. 10. 11. 11. 11	401,952. 866. 866. 402,818. ►□ 66.63% 65.63% 0.21% 0.25%
Cale 9 10 a 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpulic support percentage for 20. Public support percentage from 2 tion D. Computation of Investment income percentage from 33-1/3 support tests — 2009. If the	71,738. 0. 0. 0. 0. 0. 0. 0. 0. 0.	409. 409.	350. 350. 350. 350. 350. 13, column (f)) by line 13, column c on line 14, and qualifies as a pub-	fifth tax year as a	12. 12. 12. 12. 13. 15. 16. 17. 18. 18. 19. 19. 19. 19. 19. 19	401,952. 866. 866. 402,818. 66.63% 65.63% 0.21% 0.25% ne 17 is not x

Schedule A	A (Form	990 or	990-E2	Z) 2009	TR	OUT	UNL	IMI	TED	JAC	CKSON	HOL	€ 051	52-1491981	Page 4
Part IV	Sup	olemer	ntal Ir	nforma	ition.	Con	plet	e thi	s pa	rt to	provid	le the	expla	nations required by Part II, line 10 litional information. See instruction	 _
	Part	II, line	17a	or 17b	; and	Par	t III,	line	12.	Prov	ide ar	y othe	er add	litional information. See instruction	าร.
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Department	nt of the Treasury evenue Service	or 19, 01	r if the organization Attach to Form	n990 or Fo	rea more t orm 990-Ez	nan ≱15,000 on Form 9: Z. ► See separate instr	uctions.	a.	Inspection
	he organization		-				Empl	loyer identifica	ation number
TROUT	C UNLIMITE	D JACKSON I	HOLE 051				52-	-149198	1
Part I	Fundraising A		ete if the organ	zation and	swered 'Ye	es' to Form 990, Part IV,			
1 In	dicate whether the	ne organization ra	aised funds thro	ough any o	of the follow	wing activities Check al	I that apply		
	Mail solicitatio	ns				Solicitation of non-g	government g	grants	
	Internet and e	mail solicitations				Solicitation of gover	rnment grant	:S	
	Phone solicita	tions				Special fundraising	events		
] In-person solic	citations							
2 a Di er	d the organization	on have written o n Form 990, Part	r oral agreemei VII) or entity ir	nt with any n connecti	/ individual on with pro	l (including officers, dire ofessional fundraising se	ectors, truste ervices?	es or key	Yes No
b If	'Yes,' list the ter empensated at le	n highest paid ind east \$5,000 by the	lividuals or enti e organization.	ties (fundr	aisers) pui	rsuant to agreements ur	nder which th	ie fundraise	er is to be
	(i) Name of ind or entity (fund		(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amoun (or retain fundraiser col.	ned by) listed in	(vi) Amount paid to (or retained by) organization
				Yes	No			<u> </u>	-
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Te	otal				▶			!	
3 Li	st all states in w licensing	hich the organiza	tion is registere	ed or licen	sed to soli	cit funds or has been no	otified it is ex	cempt from	registration
_	_	. 							
_	_								.
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		G (Form 990 or 990-EZ) 2009 TROUT U			52-149		Page 2
Par	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization ar orm 990-EZ, line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, lii gross receipts grea	ne 18, or ater than \$	5,000.
R		•	(a) Event #1 2009 SUMMER EVENT (event type)	(b) Event #2 25TH ANNIVERSARY EV (event type)	(c) Other Events NONE (total number)	(d) Total (Add col (a col.	Events a) through
REVENUE	1	Gross receipts .					
E	2	Less: Charitable contributions .					
	3	Gross income (line 1 minus line 2) .					
	4	Cash prizes					· ·
Ð	5	Noncash prizes					
D R E C T	6	Rent/facility costs					
	7	Food and beverages					
X P	8	Entertainment					
EXPENSES	9	Other direct expenses					
5	10	Direct expense summary. Add lines 4- th	•		>		
Pai	11 t	Net income summary. Combine lines 3, c Gaming. Complete if the organize \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Pa	rt IV, line 19, or re	ported mo	re than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total (Add col. (col.	a) through
Ē	1	Gross revenue					
D X	2	Cash prizes					
D I P E N S E	3	Non-cash prizes					
s	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes %	Yes% No	Yes %		
	7	Direct expense summary. Add lines 2 thre	ough 5 in column (d) .				
	8	Net gaming income summary. Combine li	ines 1, column (d) and l	ıne 7	<u>.</u>	<u> </u>	
9	Ente	er the state(s) in which the organization op	erates gaming activities	:			YES NO
	alst	ne organization licensed to operate gaming lo,' explain:				9a	
			·				
		re any of the organization's gaming license 'es,' explain:	s revoked, suspended o	r terminated during the	tax year?	10a	
				. 			-
		es the organization operate gaming activities				11	_
12	is that	ne organization a grantor, beneficiary or truninister charitable gaming?	ustee of a trust or a men		other entity formed to	. 12	

Schedule G (Form 990 or 990-EZ) 2009

Page 2

Schedule G (Form 990 or 990-EZ) 2009 TROUT UNLIMITED JACKSON HOLE 051	52-1491981	Р	age 3
1 +		YES	NO
13 Indicate the percentage of gaming activity operated in.			
a The organization's facility	8		
b An outside facility			ĺ
14 Enter the name and address of the person who prepares the organization's gaming/special events books are	nd records		
Name· •			
Address. •			
15a Does the organization have a contact with a third party from whom the organization receives gaming reveni	ue? 15	3	-
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and t	the amount		
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address of the third party:		1 1	l
			İ
Name: ►			İ
	•		
Address -			
16 Gaming manager information			
			l
Name: ►			
Gaming manager compensation ► \$			
Description of services provided			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to restate gaming license?	1 17	a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations o			
organization's own exempt activities during the tax year: > \$			
	dule G (Form 990 or	990-EZ	2009

Form **4562**

Nåme(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.
► Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No 67

Identifying number

52-1491981 TROUT UNLIMITED JACKSON HOLE 051 Business or activity to which this form relates Form 990 / Form 990EZ Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. \$250,000 1 1 Maximum amount. See the instructions for a higher limit for certain businesses. . 2 Total cost of section 179 property placed in service (see instructions) \$800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (C) Elected cost Listed property. Enter the amount from line 29. 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election . 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 224 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Assets Placed in Service During 2009 Tax Year Using the General Depreciation System Section B -(C) Basis for depreciation (a) (b) Month and (g) Depreciation **(d)** (e) Classification of property year placed in service (business/investment use Convention Recovery period deduction only - see instructions 19a 3-year property . **b** 5-year property 414 200 DB c 7-year property 7.0 vrs ΗY 60. d 10-year property e 15-year property . . f 20-year property . . S/L g 25-year property . . 25 yrs 27.5 yrs h Residential rental MM S/L property 27.5 yrs ММ S/L i Nonresidential real MM S/L 39 yrs property S/L MM Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life S/L **b** 12-year . . . 12 yrs S/L S/L c 40-year 40 yrs MM Part IV | Summary (See instructions.) 21 Listed property. Enter amount from line 28 ... 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions 22 284.

For assets shown above and placed in service during the current year, enter

52-1491981 Page 2 Form 4562 (2009) TROUT UNLIMITED JACKSON HOLE 051 Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) Yes No No 24b If 'Yes,' is the evidence written? 24 a Do you have evidence to support the business/investment use claimed? Yes (1) (h) **(d)** (e) **(f)** (g) (b) Basis for depreciation (business/investment use only) Elected section 179 cost Type of property (list vehicles first) Depreciation deduction Recovery period Method/ Date placed Cost or investment Convention in service other basis percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (d) **(f)** (a) (b) (c) (e) 30 Total business/investment miles driven Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 1 Vehicle 2 Vehicle 3 during the year (do not include commuting miles) 31 Total commuting miles driven during the year Total other personal (noncommuting) miles driven Total miles driven during the year. Add lines 30 through 32 .. . Yes No Yes No Yes No No Yes No Yes No Yes Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for nersonal use? Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? . Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.). Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles. Part VI | Amortization **(f)** (a) (b) (c) (d) (e) Date amortization begins Amortization Amortization Description of costs Amortizable Code period or percentage 42 Amortization of costs that begins during your 2009 tax year (see instructions):

43 44

Amortization of costs that began before your 2009 tax year

Total. Add amounts in column (f). See the instructions for where to report

Form 990-EZ, Pa Other Expenses							
Other expenses	(des	cribe)					
		EMENT/PROJECTS	1,892.				
Depreciation			284.				
BANK FEES		 	169.				
	REC	TORS MEETING	726.				
MEMBERS MEE			198.				
INTERNET/WE			54.				
OFFICE SUPP			52.				
TELEPHONE			692.				
Total		=	4,067.				
Form 990-EZ, Pa	ilar A	Amounts Paid					
Purpose of Payr	nent	FURTHER THE MISSION OF JHTU BY PR	OVIDING A FORUM FOR A DIALOG	UE ON THE ISSUES T			
Class of Activi	ty	Grantee's Name and Address	Grantee's Relationship	Amount Given			
EDUCATIONAL		Business Person SUMMIT ON THE SNAKE PO BOX 7033	NONE				
		JACKSON WY 83001		1,000.			
If property other Description of Pa Date of Gift		n cash was given, the following additional in rty	nformation needs to be pr	rovided:			
Book Value		How Book Value	Determined				
FMV		How FMV Det	ermined				
Purpose of Payr	nent	FUNDS GRANTED FOR A GAGE STATION	OF THE GROS VENTRE RIVER TO	FURTHER THE RECONN			
Class of Activi	ty	Grantee's Name and Address	Grantee's Relationship	Amount Given			
RECONNECT PROJECT		Business Person	TROUT UNLIMITED NATIONAL PROGRAM	3,500.			
If property other Description of P Date of Gift		n cash was given, the following additional in	nformation needs to be pr	rovided:			
Book Value		How Book Value	Determined				
FMV	How FMV Determined						

Total

10,041.

TROUT UNLIMITE	D JACKSON HOLE 051 52-1491981		2
Form 990-EZ, Par Grants and Simila			Continued
Purpose of Payme	ent funds granted for removal of an i	RRIGATION DIVERSION DAM AND	CHANNEL RESTORATIO
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
RECONNECT PROJECT	Business Person	TROUT UNLIMITED NATIONAL PROGRAM	10,000.
If property other to Description of Pro Date of Gift	han cash was given, the following additional inperty	nformation needs to be p	rovided:
Book Value	How Book Value	Determined	
FMV	How FMV De	termined	
	ge 1, Part I, Line 20 I Net Assets or Fund Balances		
	Description		Amount
CHANGE IN FUND A	TTRIBUTED TO RECOVERY OF FUNDS FROM EMBE	ZZLING IN PRIOR YEARS	10,041.