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DLN: 93493220000212

Form **990**

Department of the Treasury

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)

2010

OMB No 1545-0047

Open to Public

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

	revenue					Inspection
		2010 calendar year, or tax year begin	ning 10-01-2010 and ending 09-30-20	11	D Employer	identification number
_		TROUT UNLIMITED INC				
	ress ch	Doing Business As			38-1612	/15
Nar —	me cha	nge			E Telephone	number
Init	ıal retu	Number and street (of P O box i	f mail is not delivered to street address)	Room/suite	(703)52	2-0200
Ter	mınate	d 1300 17TH ST N NO 500				
– _{Am}	ended		nd ZIP + 4		G Gross receip	ots \$ 36,694,416
– _{App}	olication	ARLINGTON, VA 222093311 pending				
		F Name and address of p	rincipal officer	H(a) Is this o	group return for affil	ıates?
		CHRISTOPHER WOOD		15 (11) 2	a oabteratiioi qiii	idea i IV
		1300 17TH ST N NO 500 ARLINGTON, VA 22209		H(b) Are all a	affiliates included	?
			_			t (see instructions)
[Ta:	x-exem	npt status 501(c)(3) 501(c)()	◀ (insert no)	H(c) Group	o exemption n	umber 🟲
ı w	ehsite	a: ► WWW TU ORG		1		
				1	Т	
		ganization 🔽 Corporation 🗆 Trust 🗀 Associa	ation Other -	L Year of for	mation 1959	M State of legal domicile M
Pa	rt I	Summary				
		Briefly describe the organization's mis		D EICHEDIEC	AND THEID V	WATERCHEDC
8	'	TO CONSERVE, PROTECT, AND RES	TORE NORTH AMERICA'S COLDWATE	-V LIDUEKIED	VIND I LIETK A	VALEKSHEDS
€	:					
Governance	:					
Š	2	Check this box দ if the organization	discontinued its operations or disposed	of more than 2!	5% of its net a	assets
೨ ಪ	3	Number of voting members of the gove	erning body (Part VI, line 1a)		3	3-
က် လ	4	Number of independent voting member	rs of the governing body (Part VI, line 1b)	4	3
ACTIVITIES &	5	Total number of individuals employed i	ın calendar year 2010 (Part V, line 2a)		5	20
Ş	6	Total number of volunteers (estimate i	fnecessary)		6	12,50
4.		Total unrelated business revenue from			7a	58,31
	b	Net unrelated business taxable incomo	e from Form 990-T, line 34		7b	
					Year	Current Year
a)	8	Contributions and grants (Part VIII,		21,337,613	31,368,57	
	9	Program service revenue (Part VIII		5,046,094	4,523,944	
Revenu	10	Investment income (Part VIII, colu	·	204,572	220,71	
_	11		(A), lines 5, 6d, 8c, 9c, 10c, and 11e)		68,231	343,18!
	12	Total revenue—add lines 8 through 12)	11 (must equal Part VIII, column (A), lıı	ie	26,656,510	36,456,414
	13		art IX, column (A), lines 1-3)		436,131	491,867
	14		t IX, column (A), line 4)		0	, (
	15		oyee benefits (Part IX, column (A), lines			
Expenses		5-10)			9,868,593	11,701,00
<u>ā</u>	16a	Professional fundraising fees (Part I	X, column (A), line 11e)		0	(
ਡੋ	b	Total fundraising expenses (Part IX, column				
	17), lines 11a-11d, 11f-24f)		14,967,129	20,371,326
	18		nust equal Part IX, column (A), line 25)		25,271,853	32,564,196
	19	Revenue less expenses Subtract lir	ne 18 from line 12		1,384,657	3,892,218
Net Assets or Fund Balances					of Current ear	End of Year
Sets San	20	Total access (Part V line 16)			20,448,982	25.005.66
4 B	20 21	Total liabilities (Part X, line 16)			2,181,954	25,095,667
5 E	21	Net assets or fund balances Subtra			18,267,028	3,063,913
	22 130	Signature Block	ctime 21 nom line 20		10,207,020	22,031,730
			nined this return, including accompanying	schedules and et	atements and	to the hest of my
now	ledge :		te. Declaration of preparer (other than offic			
(now	ledge.					
		Tk		1	10.00.77	
:i~		****** Signature of officer			12-08-06 te	
Sign Here			CED	Du		
1616	_	HILLARY P COLEY CHIEF FINANCIAL OFFICE Type or print name and title	CER			
		Print/Type	Preparer's signature	Data (Check if self-	DTIN
ne! :	L	preparer's name YONG ZHANG CPA	YONG ZHANG CPA		employed •	PTIN
Paid Prop		Firm's name MCGLADREY LLP				Firm's EIN
Prepa Use (Firm's address 🕨 8000 TOWERS CRESCENT DI	R STE 500			Phone no (703) 336-
726 (Jilly	VIENNA, VA 221826205				6400

May the IRS discuss this return with the preparer shown above? (see instructions) $\ \ .$

Forn	Form 990 (2010)		Page :
Par	Part III Statement of Program Service Accomplis Check if Schedule O contains a response to any ques	_	
1	Briefly describe the organization's mission		
<u>TO (</u>	TO CONSERVE, PROTECT, AND RESTORE NORTH AMERICA'S	COLDWATER FISHERIES AND THEIR WATERSHEDS	
2	2 Did the organization undertake any significant program servithe prior Form 990 or 990-EZ?		
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant c services?	· · · · · · · · · · · · · · · · · · ·	
4	Describe the exempt purpose demeternents for each of the	4947(a)(1) trusts are required to report the amount of grants and	
4a	7	ncluding grants of \$ 147,250) (Revenue \$ 3,984,577) SED ITS RECORD OF DECISION FOR OIL AND GAS LEASING ON 736,070 ACRES OF PI	UBLIC

PROJECTS THAT TU HAS BEEN INVOLVED IN OVER THE YEARS. THROUGH A COLLABORATIVE APPROACH WITH THE FOREST SERVICE, TU WAS ABLE ACHIEVE SIGNIFICANT CONSERVATION GAINS IN THIS LAND MANAGEMENT DECISION IN MT, TU ACHIEVED A MAJOR LEGAL VICTORY THAT WILL HELP PROTECT INSTREAM FLOW IN MONTANA'S FABLED TROUT WATERS IN TROUT UNLIMITED V BEAVERHEAD WATER CO, ET AL, THE MONTANA SUPREME COURT OVERTURNED A
DECISION BY THE MONTANA WATER COURT DENYING TU'S PARTICIPATION IN THE STATE-WIDE WATER RIGHTS ADJUDICATION THE RULING CLEARS THE WAY DECISION BY THE MONTANA WATER COURT DENYING TO'S PARTICIPATION IN THE STATE-WIDE WATER RIGHTS ADJUDICATION. THE RULING CLEARS THE WAY FOR TU TO DO WHAT IT DOES BEST. COLLABORATE WITH IRRIGATORS, ANGLERS AND OTHER STEWARDS TO RESTORE TROUT STREAMS WHILE RESPECTING THE WATER NEEDS OF AGRICULTURE IN CA, THROUGH GRASSROOTS AND SPORTSMEN ORGANIZING, TU HELPED STOP THE MONO COUNTY BOARD OF SUPERVISORS FROM ADOPTING RESOLUTIONS THAT WOULD FACILITATE A PROPOSED GOLD MINING OPERATION AND "RELEASE" WILDERNESS STUDY AREAS IN THE BODIE HILLS TU'S ROADLESS PROTECTION EFFORTS GREW WITH A NEW CONSERVATION PARTNERSHIP WITH THE VET VOICE FOUNDATION, WHICH PRODUCED A JOINT PRESS CONFERENCE IN BAKERSFIELD OPPOSING HR 1581 AT WHICH TU DELIVERED A PETITION SIGNED BY 1,900 SERVICE VETERANS TU'S CA FIELD DIRECTOR ALSO TESTIFIED AT A CONGRESSIONAL FIELD HEARING OF THE HOUSE SUBCOMMITTEE ON NATIONAL PARKS, FORESTS, AND PUBLIC LANDS IN SUPPORT OF THE FS'S TRAVEL MANAGEMENT PROCESS AND THEIR EFFORTS TO BETTER MANAGE MOTORIZED USE TU ALSO ACHIEVED MAJOR POLICY REFORM WHEN THE STATE BOARD ADOPTED A NEW REGULATION TO REDUCE THE IMPACTS ON SALMON AND STEELHEAD FROM WATER DIVERSIONS FOR FROST PROTECTION OF CROPS IN MENDOCINO AND SONOMA COUNTIES. TU ALSO WORKED WITH THE WINE INDUSTRY TO CRAFT LEGISLATION/SIGNED INTO LAW IN 2011. WHICH WILL IMPROVE MENDOCINO AND SONOMA COUNTIES TU ALSO WORKED WITH THE WINE INDUSTRY TO CRAFT LEGISLATION'SIGNED INTO LAW IN 2011, WHICH WILL IMPROVE AND EXPEDITE PERMITTING FOR SMALL OFF-STREAM STORAGE PONDS FOR FROST PROTECTION AND CREATE FAR-REACHING BENEFITS IN WATERSHEDS CRITICAL PROTECT VITAL BROOK TROUT HABITAT IN VA, PA, AND NY THE FUND WILL ENABLE TU TO ASSIST LAND TRUSTS AND OTHER PARTNERS WITH THE TRANSACTION COSTS ASSOCIATED WITH CONSERVATION EASEMENTS AND FEE SIMPLE ACQUISITION PROJECTS IN NY, TU'S EASTERN WATER PROJECT HELPED PASS WATER WITHDRAWAL LEGISLATION THAT REQUIRES ANY USER SEEKING TO WITHDRAW 100,000 GALLONS PER DAY OR MORE TO RECEIVE A PERMIT FROM THE STATE DEC RECONNECT/RESTORETU'S HOME RIVERS INITIATIVES (HRIS) HAD A VERY SUCCESSFUL YEAR. THE NEWEST HELPED TROJECT WAS INITIATED ON IDAHO'S LAND TO RECEIVE AS INITIATION FOR THE PROJECT WAS INITIATED ON IDAHO'S LAND TO RECEIVE AS INITIATION OF THE PROJECT WAS INITIATED ON IDAHO'S LAND TO RECEIVE AS INITIATED ON INITIATED ON IDAHO'S LAND TO RECEIVE AS INITIATED ON INITIATED ON INITIATED ON IDAHO'S LAND TO RECEIVE AS INITIATED ON INITIATED O DEC RECONNECT/RESTORETU'S HOME RIVERS INITIATIVES (HRIS) HAD A VERY SUCCESSFUL YEAR THE NEWEST HRI PROJECT WAS INITIATED ON IDAHO'S BLACKFOOT RIVER TO RESTORE FISH PASSAGE, HABITAT, AND WATER QUALITY TO BENEFIT NATIVE YELLOWSTONE CUTTHROAT TROUT THE ROGUE RIVER HRI COMPLETED WATERSHED-WIDE HABITAT MAPPING AND ROAD-STREAM CROSSING INVENTORIES AT OVER 150 SITES TO IDENTIFY AND PRIORITIZE RESTORATION OPPORTUNITIES TU CAPITALIZED ON THE SUCCESSES OF ITS MIDDLE CLARK FORK HRI TO EXPAND RESTORATION EFFORTS INTO THE UPPER CLARK FORK TU'S BEAR RIVER HRI WORKED CLOSELY WITH UTAH BLM AND OTHER PARTNERS TO RESTORE FISH PASSAGE AT 14 LOCATIONS AND RECONNECT 13 8 MILES OF STREAM FOR BONNEVILLE CUTTHROAT TROUT IN RICH COUNTY, UT-AN EFFORT FOR WHICH TU'S BEAR RIVER PROJECT MANAGER (KIRK DAHLE) WAS AWARDED THE BLM'S 2011 PARTNERS IN CONSERVATION AWARD IN WV, TU'S POTOMAC HEADWATERS HRI INSTALLED OVER 125,000 FEET OF FENCING TO KEEP CATTLE OUT OF STREAMS IN ORDER TO PROTECT AND RESTORE EASTERN BROOK TROUT HABITAT TU'S DRIFTLESS AREA RESTORATION EFFORT PUT OVER \$3 5 MILLION ON THE GROUND TO RESTORE OVER 16 MILES OF STREAM AND RIPARIAN HABITAT IN CO, TU WORKED WITH AN IRRIGATOR TO REMOVE A 4-FOOT IRRIGATION DIVERSION DAM THAT WAS BLOCKING FISH PASSAGE ON TOMICHI CREEK, AN IMPORTANT TRIBUTARY TO THE UPPER GUNNISON RIVER IN WA, TU COMPLETED A TRANSACTION WITH WATER USERS IN MANASTASH CREEK, PERMANENTLY RESTORING 11 CUBIC FEET/SECOND OF WATER AND RECONNECTING ALMOST 30 MILES OF SALMON, STEELHEAD AND RESIDENT TROUT HABITAT IN THIS TRIBUTARY OF THE YAKIMA RIVER TU'S WYOMING WATER PROJECT RECEIVED THE WYOMING WILDLIFE AND NATURAL RESOURCE TRUST'S PARTNER OF THE YEAR AWARD IN 2011, WHICH RECOGNIZED TU'S INNOVATIVE ON-RANCH PARTNERSHIPS AND PROJECT WORK RECONNECTING OVER 500 MILES OF NATIVE TROUT HABITAT THABITAT THABITAT THABITAT THOUGHOUT WY IN CA, TU'S NORTH COAST COHO PROJECT IMPLEMENTED 8 RESTORATION PROJECTS IN 6 WATERSHEDS, INCLUDING 10 9 MILES OF FOREST ROADS BEING DECOMMISSIONED OR UPGRADED RESULTING IN A SEDIMENT SAVINGS OF OVE HIGH PRIORITY COHO STREAMS IN ME, TU, THROUGH ITS INVOLVEMENT WITH THE PENOBSCOT RIVER RESTORATION TRUST, COMPLETED THE ACQUISITION OF 3 DAMS ON THE PENOBSCOT RIVER ONCE THE DAMS ARE REMOVED AND/OR BY-PASSED, OVER 1,000 MILES OF HABITAT WILL AGAIN BE ACCESSIBLE TO WILD ATLANTIC SALMON AND OTHER SPECIES OF SEA-RUN FISH TU'S MAINE BROOK TROUT PROJECT USED VOLUNTEER ANGLERS TO IDENTIFY PREVIOUSLY UNSURVEYED MAINE PONDS, AND DOCUMENTED 41 PONDS WITH BROOK TROUT PRESENT

4b) (Expenses \$ 4,730,022 including grants of \$ 341,172) (Revenue \$

SUSTAINTU GRASSROOTS VOLUNTEERS DONATED MORE THAN 651,212 VOLUNTEER HOURS (VALUED AT \$13,909,888) DURING 2011, AND BROUGHT IN CLOSE TO \$9 MILLION IN REVENUE FOUR GRASSROOTS REGIONAL MEETINGS WERE HELD, ALL OF WHICH GREW IN SIZE AND SCOPE TU WORKED WITH ITS CHAPTERS AND COUNCILS TO UPDATE BYLAWS AND MANUALS THE LEADERS ONLY TOOLS ALSO WERE UPDATED AND 20 ONLINE TRAININGS ON HOW TO USE THESE TOOLS WERE HOSTED, RECORDED AND POSTED ONLINE TO MAXIMIZE THE NUMBER OF VOLUNTEERS THAT CAN BE REACHED TU CONTINUED TO BUILD STRONGER COUNCILS THROUGH TRAININGS AND COMMUNICATIONS TU ADDED SUMMER YOUTH CONSERVATION CAMPS IN TN AND VT, FOR A TOTAL OF 22 NATIONWIDE TU ALSO BEGAN PLANNING FOR ITS POTENTIAL NATIONWIDE AMERICORPS PROGRAM TU'S ONE-TU YOUTH REPORT WAS WRITTEN AND AN INVENTORY OF ALL TU YOUTH ACTIVITY FROM BOTH VOLUNTEERS AND STAFF WAS CONDUCTED AND THE RESULTS PRESENTED AT THE TU ANNUAL MEETING TU PARTNERED WITH COSTA DEL MAR TO DEVELOP 8 NEW COLLEGE AFFILIATE CLUBS IN THE SOUTHEAST TU'S NY TROUT IN THE CLASSROOM PROGRAM WAS SUCCESSFULLY CORDINATED FOR MAR TO DEVELOP 8 NEW COLLEGE AFFILIATE CLUBS IN THE SOUTHEAST TU'S NY TROUT IN THE CLASSROOM PROGRAM WAS SUCCESSFULLY COORDINATED FOR HUNDREDS OF CLASSROOMS, REACHING THOUSANDS OF STUDENTS, AND INCLUDED 3 TEACHER MEETINGS, A MONTH OF FIELD DAYS FOR URBAN YOUTH, AND MANY CLASSROOM OUTREACH VISITS TU EXPANDED THE VSP PROGRAM BY INCREASING THE NUMBER OF CHAPTERS INVOLVED FROM 31 TO 60, AND FORMING PARTNERSHIPS WITH WARRIORS AND QUIET WATERS, RIVERS OF RECOVERY, AND HIDDEN WOUNDS THE VSP PROGRAM ALSO WAS INTRODUCED TO ACTIVE DUTY MILITARY MEMBERS THROUGH A PROGRAM AT THE ARMY WAR COLLEGE AND THE WARRIOR TRANSITION UNIT AT FORT JACKSON, SC, TO THE HOMELESS VETERAN'S COMMUNITY THROUGH THE ABCCM VETERAN'S RESTORATION QUARTERS IN ASHEVILLE, NC, AND IN AREAS OF THE COUNTRY LACKING IN VA MEDICAL CENTERS OR DOD FACILITIES, 8 TU CHAPTERS PROVIDED SERVICES TO DISABLED VETERANS LIVING INDEPENDENTLY IN THEIR AREAS IN 2011, TU'S DUES PAYING MEMBERSHIP GREW BY 6% TO 145,000, AND ITS FB MEMBERSHIP NEARLY DOUBLED TO 17,000 THROUGH INNOVATIVE USE OF DIRECT MAIL AND ONLINE STRATEGIES TU ALSO DEVELOPED ITS BRAND AND MARKETING STRATEGY, LAUNCHED A PILOT COMMUNITY TO TEST WEB FUNCTIONALITY, INITIATED IMPLEMENTATION OF A NEW DATABASE AND CUSTOMER RELATIONSHIP MANAGEMENT (CRM) INFRASTRUCTURE, AND FORMED NEW PARTNERSHIPS TO REACH A YOUNGER. MORE DIVERSE AUDIENCE (E.G., THE FLY FISHING FILM TOUR [F371]) YOUNGER, MORE DIVERSE AUDIENCE (E.G., THE FLY FISHING FILM TOUR [F3T])

4c 1,453,082 including grants of \$

SCIENCETU PREPARED A MEMBER SURVEY AND QUESTIONNAIRE RELATIVE TO AIS ISSUES, AND PARTICIPATED IN NATIONAL INVASIVE SPECIES AWARENESS WEEK AND PROVIDED EDUCATIONAL RESOURCES TO LOCAL CHAPTERS TU CONTINUED ITS SCIENCE COLLABORATION WITH USGS AND THE USFS IN ASSESSMENTS OF NUMEROUS CLIMATE ASSOCIATED RISK FACTORS TO WESTERN TROUT SEVERAL PEER-REVIEWED PAPERS WERE PUBLISHED, INCLUDING A SUMMARY PAPER BY WENGER ET AL IN THE PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES IN 2011 AND INCLUDED 4 TU SCIENTISTS AMONG THE AUTHORS A SUMMARY PAPER ON CLIMATE RISKS TO WESTERN TROUT WAS PUBLISHED IN A USGS OPEN FILE REPORT 2010-1236 TU PRODUCED A LIMITING FACTOR ANALYSIS TOOL - CALLED MR FAT - THAT PROVIDES THE ABILITY TO MEASURE THE EFFECTIVENESS OF VARIOUS MEADOW AND RIPARIAN RESTORATION PROJECTS ON NATIVE FISH LIMITING FACTORS TO PUBLISHED ARTICLES ON THE GENETIC INTEGRITY OF FISH POPULATIONS THAT ARE IMPORTANT TO SPORT FISHING, SUCH AS THE SOUTH LIMITING FACTORS TO PUBLISHED ARTICLES ON THE GENETIC INTEGRITY OF FISH POPULATIONS THAT ARE IMPORTANT TO SPORT FISHING, SUCH AS THE SOUTH FORK OF THE BOISE RIVER IN IDAHO, AND DEVELOPED A HANDBOOK ON STREAM MANAGEMENT FOR PRIVATE LANDOWNERS TU APPLIED ITS CONSERVATION PORTFOLIO PLANNING PROCESS TO RIO GRANDE CUTTHROAT TROUT, YELLOWSTONE CUTTHROAT TROUT, COLORADO RIVER CUTTHROAT TROUT, AND BONNEVILLE CUTTHROAT TROUT MAPS SHOWING THE RESULTS OF OUR ANALYSIS MAY BE FOUND ON THE TU WEBSITE (WWW TU ORG/SCIENCE/CONSERVATION-SUCCESS-INDEX/) THE CSI WAS EXPANDED TO HELP IDENTIFY SALMON AND STEELHEAD STRONGHOLDS ON THE PACIFIC COAST AND NATIVE FISH CONSERVATION AREAS IN THE COLORADO RIVER BASIN AND THE ATLANTIC COAST CSI ANALYSES HAVE BEEN COMPLETED FOR WINTER AND SUMMER STEELHEAD, COHO SALMON, CHINOOK SALMON, CHUM SALMON AND PINK SALMON ON THE WEST COAST, AS WELL AS ATLANTIC SALMON ON THE EAST COAST

Other program services (Describe in Schedule O) See also Additional Data for Description 4d

661.421 including grants of \$ 3,445) (Revenue \$ (Expenses \$

4e Total program service expenses►\$ 29,193,229

art IV	Checkl	ist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
	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		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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," complete Schedule G, Part I (see instructions)	17		No
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," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F.	orm 990	(2010)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 79			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	return		V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
h	year?	3a 3b	Yes Yes	
a	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	103	No
b	If "Yes," enter the name of the foreign country ►			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
ь	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
b	services provided to the payor?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			N.a
d	file Form 8282?	7 c		No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
_	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
110	or onder our of the contract o			
100			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	Yes Yes	No
10a	•	10a 10b		No
10a b	Does the organization have local chapters, branches, or affiliates?		Yes	No
10a b 11a	Does the organization have local chapters, branches, or affiliates?	10b	Yes	No
10a b 11a b	Does the organization have local chapters, branches, or affiliates?	10b	Yes	No
10a b 11a b	Does the organization have local chapters, branches, or affiliates?	10b 11a	Yes Yes Yes	No
10a b 11a b 12a b	Does the organization have local chapters, branches, or affiliates?	10b 11a 12a	Yes Yes Yes	No
10a b 11a b 12a b	Does the organization have local chapters, branches, or affiliates?	10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Does the organization have local chapters, branches, or affiliates?	10b 11a 12a 12b 12c	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Does the organization have local chapters, branches, or affiliates?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Does the organization have local chapters, branches, or affiliates?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Does the organization have local chapters, branches, or affiliates?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Does the organization have local chapters, branches, or affiliates?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Does the organization have local chapters, branches, or affiliates?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Does the organization have local chapters, branches, or affiliates?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15 a b	Does the organization have local chapters, branches, or affiliates?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	

- List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, 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
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. Another's website. Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 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
 1300 N 17TH ST 500
 ARLINGTON, VA 22209
 (703) 522-0200

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List 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 organ	on c	ompen	sate	d any current office	er, director, or trust	ee				
(A) Name and Title	(B) (C) A verage Position (check all that apply) per that apply							(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
See Additional Data Table										

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per		(tion that a			ıll		(D) Reportable compensation from the		(E) Reportable compensation from related		(F) Estima amount o	ated of other
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Keş emploşee	Highest compensated employee	Former	organiz	ration (W- 9-MISC)	organizations (W- 2/1099- MISC)		from organizat relat organiza	the ion and ed
See A	dditional Data Table													
				\vdash				\vdash				+		
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				_			-	<u> </u>				_		
1b	Sub-Total				•	٠.		•						
С	Total from continuation sheets						Þ							
d	Total (add lines 1b and 1c) .			•		•		*		972,672		0		164,130
2	Total number of individuals (inc \$100,000 in reportable comper	_				ted	above) who	receive	d more tha	n			
													Yes	No
3	Did the organization list any for					ey e	mploy	ee, c	or highes	t compens	ated employee			
	on line 1a? If "Yes," complete Sc					•	•	•				3		No
4	For any individual listed on line organization and related organiz													
	ındıvıdual			•		-		•				4	Yes	
5	Did any person listed on line 1a									anızatıon o	r ındıvıdual for			
	services rendered to the organi	zation? <i>If "Yes,"</i>	complet	e Sch	edul	e J f	or suct	n per:	son .		•	5		No
Se	ection B. Independent Cor	ntractors												
1	Complete this table for your five	e highest comper		ındep	ende	ent d	contra	ctors	that rec	eived more	than			
	\$100,000 of compensation from		n						1		(R)	Т	10	·\
		(A) ime and business ad	dress							Descr	(B) iption of services		Compe	
3260	OCINO REDWOOD CO O HOLQUIST LANE PO BOX 489 BRAGG, CA 95437									WATERSHED ENGINEERIN	RESTORATION G AND CO			475,959

(A)	(B)	(C)
Name and business address	Description of services	Compensation
32600 HOLOUIST LANE DO BOY 489	WATERSHED RESTORATION ENGINEERING AND CO	475,959
PO BOX 4433	WATERSHED RESTORATION ENGINEERING AND CO	444,520
MINDSHIFT TECHNOLOGIES INC PO BOX 200105 PITTSBURGH, PA 15251	IT SUPPORT SERVICES	439,996
55110 COUNTRY ROAD 4	WATERSHED RESTORATION ENGINEERING AND CO	375,840
PO BOX 51418	WATERSHED RESTORATION ENGINEERING AND CO	300,096
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►27	who received more than	

Dart \	•	Statement of Revenue				Pa	age 9
		Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f	204,400 10,104,375 21,059,798 325,950	31,368,573			514
Program Service Revenue	b c d e f	MEMBERSHIP DUES PUBLICATIONS All other program service revenue Total. Add lines 2a-2f	900099 541800	4,465,631 58,313 4,523,944	4,465,631	58,313	
	4 5 6a b	Investment income (including dividends, interest and other similar amounts)	(II) Personal	216,883 3,908			3,90
	7a b c d	(i) Securities Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising events (not including	(II) O ther	3,829			3,82
	b c 9a b	\$	510,878 202,793	308,085			308,08
	b c 11a b	Gross sales of inventory, less returns and allowances . a Less cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue MAILING LIST RENTAL	Business Code 900099	31,192			31,19
	e	All other revenue Total. Add lines 11a-11d Total revenue. See Instructions		31,192 36,456,414		58,313	563,89

	990 (2010)				Page 10
Par	Statement of Functional Expenses				
А	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to c			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	491,867	491,867		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	398,650	142,675	142,675	113,300
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	·			<u> </u>
7	Other salaries and wages	8,990,384	8,318,886	276,168	395,330
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	294,383	268,564	9,186	16,633
9	Other employee benefits	1,266,464	1,155,390	 	71,555
10	Payroll taxes	751,122	685,246	 	42,438
а	Fees for services (non-employees) Management	, 51,122	303,210	23,130	12,133
ь	Legal	77,832	23,564	54,268	
c	Accounting	82,682	2,032	80,650	
d	Lobbying	183,380	183,380	' 	_
e	Professional fundraising services See Part IV, line 17	103,300	103,300		
f	Investment management fees				
g	Other	9,837,299	9,805,725		31,574
12	Advertising and promotion	235,394	235,274		60
13	Office expenses	1,715,078	1,169,745	 	440,855
14	Information technology	996,255		 	32,443
15	Royalties	330,233	001,413	102,337	32,443
16	Occupancy	640,727	592,593	18,045	30,089
17	Travel	1,866,640	1,723,024	 	125,865
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,000,040	1,723,024	17,731	123,803
19	Conferences, conventions, and meetings	402,103	339,751	24,447	37,905
20	Interest	102,103	333,731	21,117	37,303
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	164,184	149,157	6,310	8,717
23	Insurance	72,058	4,545		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	72,000	1,313	37,313	
а	PRINTING AND PUBLICATIO	1,197,505	789,016	5,276	403,213
b	WATER LEASES	1,133,267	1,133,267		
С	FULFILLMENT	1,103,705	509,646		594,059
d	RESTORATION MATERIALS	588,416	602,362		-13,946
е	LIST RENTAL	74,801	6,105		68,696
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	32,564,196	29,193,229	972,181	2,398,786
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				000 (2010)

Pa	rt X	Balance Sheet										
					(A) Beginning of year		(B) End of year					
	1	Cash—non-interest-bearing			509	1	678					
	2	Savings and temporary cash investments			4,747,413	2	3,687,956					
	3	Pledges and grants receivable, net			5,363,394	3	10,286,285					
	4	Accounts receivable, net			512,043	4	388,510					
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key er	mployees, and								
		Schedule L				5						
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$, and contributing ensponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)	s, and									
Assets		Schedule L				6						
	7	Notes and loans receivable, net \ldots \ldots \ldots \ldots .				7						
	8	Inventories for sale or use			524,462	8	899,563					
	9	Prepaid expenses and deferred charges	repaid expenses and deferred charges									
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	1,603,725								
	b	Less accumulated depreciation	10b	706,400	372,565	10c	897,325					
	11	Investments—publicly traded securities			8,591,515	11	8,628,380					
	12	Investments—other securities See Part IV, line 11			12							
	13	Investments—program-related See Part IV, line 11			13							
	14	Intangible assets				14	_					
	15	Other assets See Part IV, line 11		•		15						
	16	Total assets. Add lines 1 through 15 (must equal line 34)			20,448,982	16	25,095,667					
	17	Accounts payable and accrued expenses .			2,064,375	17	2,904,191					
	18	Grants payable		18								
	19	Deferred revenue				19						
	20	Tax-exempt bond liabilities				20						
es	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.			21						
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified										
Lial		persons Complete Part II of Schedule L				22						
	23	Secured mortgages and notes payable to unrelated third parties				23						
	24	Unsecured notes and loans payable to unrelated third parties				24						
	25	Other liabilities Complete Part X of Schedule D			117,579	25	159,720					
	26	Total liabilities. Add lines 17 through 25			2,181,954	26	3,063,911					
- 5		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	ete line	es 27			_					
Balances		through 29, and lines 33 and 34.										
lan	27	Unrestricted net assets			1,528,279	27	1,647,578					
Ва	28	Temporarily restricted net assets			10,588,903	28	14,224,332					
рu	29	Permanently restricted net assets			6,149,846	29	6,159,846					
Fund		Organizations that do not follow SFAS 117, check here ▶ and	d compl	ete								
Ŷ		lines 30 through 34.										
	30	Capital stock or trust principal, or current funds				30						
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31						
	32	Retained earnings, endowment, accumulated income, or other fur	nds			32						
Net	33	Total net assets or fund balances			18,267,028		22,031,756					
	34	Total liabilities and net assets/fund balances			20,448,982	34	25,095,667					

Ра	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		36,4	156,41
2	Total expenses (must equal Part IX, column (A), line 25)	2			564,19
3	Revenue less expenses Subtract line 2 from line 1	3		3,8	392,21
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		18,2	267,02
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 1	.27,49
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		22,0	31,75
Par	The triangle of triangle o		•	৮	
		_		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in				
_	Schedule O	٠. ا	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	•	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	equired	3b	Yes	

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As Filed Data -

DLN: 93493220000212

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Inspection

TROUT UNLIMITED INC 38-1612715 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 Type I **b** Type II Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ted in rning nt?	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support
		inst ruct ions))	Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support		and to quanty t			out complete			
	endar year (or fiscal year beginning								
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	ınclude any "unusual								
	grants ")								
2	Tax revenues levied for the								
	organization's benefit and either								
	paid to or expended on its								
_	behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
_	the organization without charge								
4	Total. Add lines 1 through 3								
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								
Ū	line 4								
S	ection B. Total Support		<u> </u>	I I.					
	endar year (or fiscal year beginning								
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
7	A mounts from line 4								
8	Gross income from interest,								
Ū	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar								
	sources								
9	Net income from unrelated								
	business activities, whether or								
	not the business is regularly								
	carried on								
10	Other income Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV)								
11	Total support (Add lines 7								
	through 10)								
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12			
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı			
	check this box and stop here						►		
	-tiC Ct-tiC D-l	L'a Carana at B							
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))					
	· ·		•	II Column (1))		14			
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15			
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check			
_	and stop here. The organization qua						▶ □		
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -		
	box and stop here. The organization qualifies as a publicly supported organization								
1/a	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14								
	is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain								
	in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported propertion organization. ▶ ☐								
L	, , , , , , , , , , , , , , , , , , ,								
D	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here.								
	Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop nere.								
	supported organization	aon meets the 10	acts and circuilis	tances test fill	z organizacion qual	mes as a publici	y ▶[¯		
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1		
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □		

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

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

	ction A. Public Support				• •	•			
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	21,902,544	20,750,260	26,189,013	26,309,284	35,	.834,204	130,985,305	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	243,239	171,349	170,926	157,714		510,878	1,254,106	
3	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								
6	Total. Add lines 1 through 5	22,145,783	20,921,609	26,359,939	26,466,998	36	345,082	132,239,411	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	567,124	442,840	612,872	983,968	1	,244,832	3,851,636	
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							0	
c	Add lines 7a and 7b	567,124	442,840	612,872	983,968	1	,244,832	3,851,636	
8	Public Support (Subtract line 7c							128,387,775	
	from line 6) ction B. Total Support								
	ndar year (or fiscal year						1		
	beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(f) Total	
9	A mounts from line 6	22,145,783	20,921,609	26,359,939	26,466,998	36,	345,082	132,239,411	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	626,135	588,428	296,103	262,264		220,791	1,993,721	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
С	Add lines 10a and 10b	626,135	588,428	296,103	262,264		220,791	1,993,721	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						31,192	31,192	
13	Total support (Add lines 9, 10c,	22,771,918	21,510,037	26,656,042	26,729,262	36,	597,065	134,264,324	
14	11 and 12) First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second	third, fourth, or	fifth tax year as a	section5	01(c)(3) organization,	
	ction C. Computation of Pub								
15	Public Support Percentage for 201	•		13 column (f))		15		95 620 %	
16	Public support percentage from 20	09 Schedule A, P	art III, line 15			16 94 820			
C -	etion D. Commutation of Tax	actment Trans	ma Parsant-						
<u>5e</u> 17	ction D. Computation of Inv Investment income percentage for			=	(f))	17		1 480 %	
18	Investment income percentage from	•			· (///	18		1 880 %	
	z as amone moonie percentage nor	Concaule	,,	• •		_ <u>10</u>		1 000 %	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

organization

33 1/3% support tests—2009. 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

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. Supplemental Information. Complete this part to 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).

Schedule A (Form 990 or 990-EZ) 2010

Software ID: Software Version:

EIN: 38-1612715

Name: TROUT UNLIMITED INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	Posi t	tion (that a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
JON CHRISTIANSEN CHAIRMAN	5 00	Х		х				0	0	0
LARRY HARRIS VICE CHAIR & CHAIR OF N L C	5 00	Х		х				0	0	0
MARK GATES SECRETARY	5 00	Х		Х				0	0	0
HARRIS HYMAN IV TREASURER	5 0 0	Х		х				0	0	0
TOM ANACKER SECRETARY OF NATIONAL LEADERSHIP COUNCIL	5 00	х						0	0	0
JIM ASSELSTINE TRUSTEE	5 00	Х						0	0	0
SHERRY BRAINERD TRUSTEE	5 0 0	Х						0	0	0
MATT CLIFFORD TRUSTEE	5 0 0	Х						0	0	0
VALERIE OHRSTROM TRUSTEE	5 00	Х						0	0	0
CHARLES CONN TRUSTEE	5 00	Х						0	0	0
THOMAS DANKO TRUSTEE	5 0 0	Х						0	0	0
PAUL DOSCHER TRUSTEE	5 0 0	Х						0	0	0
BILL EGAN TRUSTEE	5 0 0	Х						0	0	0
GEORGE JENKINS TRUSTEE	5 00	Х						0	0	0
SHARON LANCE TRUSTEE	5 0 0	Х						0	0	0
NANCY MACKINNON TRUSTEE	5 0 0	Х						0	0	0
MICK MCCORCLE TRUSTEE	5 0 0	Х						0	0	0
KIRK OTEY TRUSTEE	5 00	Х						0	0	0
KEVIN REILLY TRUSTEE	5 00	Х						0	0	0
STEVE STRAINBURG TRUSTEE	5 00	Х						0	0	0
KAI ANDERSON TRUSTEE	5 0 0	Х						0	0	0
JOHN BRAICO MD TRUSTEE	5 0 0	Х						0	0	0
CHARLIE BREITHAUPT TRUSTEE	5 0 0	Х						0	0	0
STONEY BURKE TRUSTEE	5 00	Х						0	0	0
MIKE DOMBECK TRUSTEE	5 00	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	Posi t	((tion (hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
WALLACE C HENDERSON TRUSTEE	5 00	Х						0	0	0
RICHARD JOHNSON TRUSTEE	5 00	Х						0	0	0
HOWARD KERN TRUSTEE	5 00	Х						0	0	0
WALT MINNICK TRUSTEE	5 00	Х						0	0	0
THOMAS D STODDARD TRUSTEE	5 00	Х						0	0	0
OAKLEIGH THORNE TRUSTEE	5 00	Х						0	0	0
JOHN WILLIS TRUSTEE	5 00	Х						0	0	0
CHRISTOPHER WOOD PRESIDENT AND CEO	40 00	Х		х				226,600	0	36,122
CHARLES GAUVIN PRESIDENT EMERITUS & TRUST	40 00	Х		х				210,463	0	36,003
HILLARY COLEY VICE PRESIDENT/CFO/CAO	40 00			х				172,050	0	31,618
STEVEN MOYER VICE PRESIDENT OF GOVERNME	40 00					Х		144,486	0	28,655
ROBERT MASONIS VP OF WESTERN CONSERVATION	40 00					Х		111,300	0	11,360
JACK WILLIAMS SENIOR SCIENTIST	40 00					х		107,773	0	20,372

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

) (Expenses \$ 661,421 including grants of \$ 3,445) (Revenue \$ (Code GOVERNMENT AFFAIRSBIPARTISAN RENEWABLE ENERGY LEGISLATION - THE PUBLIC LANDS RENEWABLE ENERGY DEVELOPMENT ACT - WAS INTRODUCED IN NOVEMBER 2010, WHICH WOULD BEGIN A TRANSITION TO A LEASING PROGRAM FOR WIND AND SOLAR ENERGY DEVELOPMENT ON PUBLIC LANDS, INSTITUTE A ROYALTY, AND DEDICATE A LARGE PORTION OF THE PROCEEDS TO FISH AND WILDLIFE HABITAT CONSERVATION IT WOULD BE A HUGE STEP TOWARD BALANCING ENERGY DEVELOPMENT AND FISHING AND HUNTING OPPORTUNITIES, AS WIND AND SOLAR PROJECTS ARE BUILT ON FEDERAL LANDS THE KLAMATH BASIN ECONOMIC RESTORATION ACT WAS INTRODUCED IN THE HOUSE AND SENATE IN NOVEMBER 2010 THIS LEGISLATION IS NEEDED TO ENACT THE KLAMATH AGREEMENTS, WHICH WILL LEAD TO DAM REMOVAL THAT OPENS UP HUNDREDS OF MILES OF SALMON AND STEELHEAD HABITAT, AND MUCH-NEEDED RESTORATION WORK IN THE KLAMATH BASIN THE LEGISLATION RESULTED FROM MORE THAN A DECADE OF WORK IN THE KLAMATH RIVER BASIN OF CALIFORNIA AND OREGON AS A RESULT OF THE COLLABORATIVE WORK OF THE PINE FOREST WORKING GROUP, A GROUP OF LOCAL CITIZENS FROM NORTHERN NEVADA, THE PINE FOREST RECREATION ENHANCEMENT ACT OF 2011 WAS INTRODUCED IT WOULD CREATE A NEW 26.000-ACRE OFFICIAL WILDERNESS AREA IN THE NORTHWESTERN PART OF THE STATE FROM TWO EXISTING WILDERNESS AREA STUDY AREAS THROUGH A UNIQUE SERIES OF LAND EXCHANGES AND CREATIVE COMPROMISES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493220000212

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Interna	al Revenue Service		F Attach to Form 990 or Form 990-E	z. F see separate	: instructions.			Inspe	
	•	swered "Ye	s," to Form 990, Part IV, Line 3, or I	Form 990-EZ, Pai	rt V, line 46 (Politi	cal Car	n pai	gn Activit	ies),
the		ionizationa Coi	monlete Porte I A and B. De not complete	Dort I C					
			mplete Parts I-A and B Do not complete 01(c)(3)) organizations Complete Part		Do not complete Pa	art LB			
	ection 527 organiza			5 1 7 (G) 14 (5 5 6 6 7 7	Do not complete i				
			s," to Form 990, Part IV, Line 4, or I						n
	` '\ '		have filed Form 5768 (election under s	` ''			•		
	· / · /		have NOT filed Form 5768 (election urs," to Form 990, Part IV, Line 5 (Pro	,	• •			•	
	_		zations Complete Part III	oxy rax) or Form	990-EZ, Part V, III	ie ssa	(PIO	ху гах), п	ien
	ame of the organiza	. , ,	entione complete rare iii		Employ	erideni	tıfıcat	tion numbe	 er
TR	OUT UNLIMITED INC								
Dai	rt I-A Comple	te if the or	ganization is exempt under s	ection 501(c)	38-161		ora	anizatio	.n
			<u> </u>	-		1 327	o. g	umzucio	****
1			ganization's direct and indirect politic	al campaign activ	ities in Part IV				
2	Political expendi	tures					\$		
3	Volunteer hours						_		
Pai	rt I=B Comple	te if the or	ganization is exempt under s	ection 501(c)	(3).				
1			e tax incurred by the organization und			þ	\$		
2	Enter the amoun	t of any excise	e tax incurred by organization manage	rs under section	4955	-	\$		
3	If the organization	on incurred a s	ection 4955 tax, did it file Form 4720) for this year?				┌ Yes	┌ No
4a	Was a correction	made?						☐ Yes	┌ No
b	If "Yes," describ	e ın Part IV							
Pai	rt I-C Comple	te if the or	ganization is exempt under s	ection 501(c)	except sectio	n 501	.(c)(3).	
1	Enter the amoun	t dırectly expe	nded by the filing organization for sec	tıon 527 exempt	function activities	F	\$		
2			rganızatıon's funds contrıbuted to oth	er organızatıons f	or section 527				
	exempt funtion a	ctivities				•	\$		
3	Total exempt fur	iction expendit	tures Add lines 1 and 2 Enter here a	nd on Form 1120	-POL, line 17b	F	\$		
4	Dıd the filing org	anızatıon file F	orm 1120-POL for this year?					☐ Yes	┌ No
5			nd employer identification number (EI						
			For each organization listed, enter the ns received that were promptly and dii						
			political action committee (PÁC) If a						
	(a) Name		(h) Address	(c) FIN	(d) A mount noud	from	(e)	A mount o	f politica

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) ar	nd filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	an affiliated group x A and "limited control" provisions apply		
<u>. </u>	Limits on Lobbying E (The term "expenditures" means a	Expenditures	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influence a legisl	274,915		
C	Total lobbying expenditures (add lines 1a and 1	b)	274,915	
d	O ther exempt purpose expenditures	32,492,074		
e	Total exempt purpose expenditures (add lines 1	32,766,989		
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of li	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	rer -0 -	0	
i	Subtract line 1f from line 1c If zero or less, ente	er - O -	0	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total		
<u>2a</u>	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000		
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000		
_с	Total lobbying expenditures	434,017	190,701	277,460	274,915	1,177,093		
d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000		
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000		
f	Grassroots lobbying expenditures							

che	edule C (Form 990 or 990-EZ) 2010				Pί	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	IOT fi	led F	orm	5768	3
		(a)			(b)	
		Yes	No	, F	Amoun	it
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			-		
	Mailings to members, legislators, or the public?		\vdash	+-		
			\vdash	+-		
e	Publications, or published or broadcast statements?			+-		
f	Grants to other organizations for lobbying purposes?			₩		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		<u> </u>	₩		
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV		 	\vdash		
j	Total lines 1c through 1i			+-		
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		I			
	If "Yes," enter the amount of any tax incurred under section 4912			┨		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		I			
	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01/6	1(5)			
	501(c)(6).	J)10-	<u>,,,,,</u>			
			_	_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		- L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
² aı	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".				ectio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11

Identifier | Return Reference | Explanation

Part IV Supplemental Information

Also, complete this part for any additional information

5 Taxable amount of lobbying and political expenditures (see instructions)

5

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DLN: 93493220000212

OMB No 1545-0047

Department of the Treasury

SCHEDULE D (Form 990)

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

Open to Public

mai Reve	enue Service F- Attach to Fo	orm 990. F See separate instructions.			Tushecu	VIII
	of the organization UNLIMITED INC		Emp	loyer identificati	ion number	r
				1612715		
Part :	Organizations Maintaining Donor Ac organization answered "Yes" to Form 99		unds	or Accounts.	Complete	e if the
	organization answered Tes to Form 99	(a) Donor advised funds		(b) Funds and oth	her accour	nts
То	tal number at end of year	(4) 2 3.13 2 4.13 2 4.13	,	(-)		
	gregate contributions to (during year)					
_	gregate grants from (during year)					
_	gregate value at end of year					
Dı	d the organization inform all donors and donor advi		nor advi	sed	☐ Yes	┌ No
Dı us	d the organization inform all grantees, donors, and ed only for charitable purposes and not for the ben inferring impermissible private benefit	donor advisors in writing that grant funds efit of the donor or donor advisor, or for a	ny othe	r purpose	┌ Yes	┌ No
art I	Conservation Easements. Complete	ıf the organizatıon answered "Yes" t	o Forn	<u>n 990, Part IV,</u>	line 7.	
C.C.	rpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space Examplete lines 2a-2d if the organization held a qualic sement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a	certifie	d historic structi	=	
				Held at the E	nd of the	Year
a To	tal number of conservation easements		2a			į
То	tal acreage restricted by conservation easements		2b		1,	865 00
Nι	umber of conservation easements on a certified his	toric structure included in (a)	2c			(
Nι	umber of conservation easements included in (c) ac	equired after 8/17/06	2d			(
th	umber of conservation easements modified, transfe e taxable year • 0 umber of states where property subject to conserva	2	ed by tr	ie organization di	uring	
Do	pes the organization have a written policy regarding forcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	—— dling of	violations, and	✓ Yes	┌ No
St	aff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents d	uring the year 🛌	40 0	0
Αr	mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s during	g the year ► \$	0	
Do	oes each conservation easement reported on line 2 70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?				☐ Yes	√ No
ba	Part XIV, describe how the organization reports collance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financia				
rt I	Organizations Maintaining Collection Complete if the organization answered "	ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Otl	her Similar A	ssets.	
ar	the organization elected, as permitted under SFAS t, historical treasures, or other similar assets held ovide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch ın fu			ı
his	the organization elected, as permitted under SFAS storical treasures, or other similar assets held for p ovide the following amounts relating to these items	oublic exhibition, education, or research i				
(i)	Revenues included in Form 990, Part VIII, line 1			► \$		
) Assets included in Form 990, Part X			 \$		
Ιf	the organization received or held works of art, histo llowing amounts required to be reported under SFA:		or finan			
	evenues included in Form 990, Part VIII, line 1	<u> </u>		b - ¢		
				F P		
) As	ssets included in Form 990, Part X			► \$		

Part	Titl Organizations Maintaining Co	illections of Art	t, His	storica	I Treas	sures, or Ot	her	<u> Similar Asse</u>	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th					se of its collection	1	
а	Public exhibition		d		oan or ex	kchange progra	ms			
b	Scholarly research		е	Γ	ther					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	un hov	w thev f	irther the	e organization's	s ex	empt purpose in		
-	Part XIV					-				
5	During the year, did the organization solicite assets to be sold to raise funds rather than								Yes	□ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar	jements. Comple	ete ıf	the or	z ganızatı			<u> </u>		,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					s or other asse	ts n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follov	wing tab	е	_				
							_	Amou	ınt	
С	Beginning balance					<u> </u>	1c			
d	Additions during the year					_ :	Ld			
е	Distributions during the year					<u> </u>	Le			
f	Ending balance					_ :	1f			
2a	Did the organization include an amount on F	orm 990, Part X, lın	e 21?	>				Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/								
Pa	rt V Endowment Funds. Complete	ıf the organizatio	n ans	swered	"Yes" to	o Form 990,				
		(a)Current Year	(b	Prior Yea	<u>_</u> `	Two Years Back	+	Three Years Back (e) Four Y	ears Back
1a	Beginning of year balance	6,149,846		6,08	9,846	5,979,34	5			
b	Contributions	10,000		6	0,000	110,500				
С	Investment earnings or losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	6,159,846		6,14	9,846	6,089,84	5			
2	Provide the estimated percentage of the yea	r end balance held	as		•					
а	Board designated or quasi-endowment									
ь	Permanent endowment ► 100 000 %									
c 3a	Term endowment ► Are there endowment funds not in the posse	ssion of the organiz	ation	that are	held and	d administered	for t	he		
	organization by	ooron or and organiz			mora am				Yes	No
	(i) unrelated organizations							3a(i)		No
	(ii) related organizations							3a(ii)		No
b	If "Yes" to 3a(II), are the related organization							3b		
4	Describe in Part XIV the intended uses of the					-				
Par	t VI Investments—Land, Building	s, and Equipme	nt. S	See For	m 990,	Part X, line 1	LO.		ı	
	Description of investment				ost or othe investmen			(c) Accumulated depreciation	(d) B	ook value
1a	Land					7	,801			7,801
Ь	Buildings									
	Leasehold improvements					35	,029	25,967		9,062
	Equipment							, , , , , , , , , , , , , , , , , , ,		· ·
	Other					1,560	,895	680,433		880,462
	I. Add lines 1a-1e (Column (d) should equal Fo), line 10)(c).) .			·		897,325
	, , , , , , , , , , , , , , , , , , , ,	, , ,	• • •					Schedule D (F	orm 9	

Investments—Other Securities. See	form 990, Part X, line 12	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)20011 10100	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
o ther		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13
Till Vitte Investments—Frogram Related. See	Torri 990, Fart X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (b) Should equal Form 990, Part X, col.(B) line 1:	e 15. tion 5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	e 15. tion 5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	

PART XII, LINE 2D - OTHER

PART XIII, LINE 2D - OTHER

ADJUSTMENTS

ADJUSTMENTS

_	dule D (Form 990) 2010				Page 4
Par 1			Form 990 to Financial Stateme		36,456,414
2	Total revenue (Form 990, Par			2	32,564,196
3	Total expenses (Form 990, Pa			3	3,892,218
4	Excess or (deficit) for the yea Net unrealized gains (losses)			4	-127,490
5	Donated services and use of f			5	
6	Investment expenses	acincies		6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add	lines 4 - 8		9	-127,490
10		r per financial statements Combine	e lines 3 and 9	10	3,764,728
Part		<u>'</u>	cial Statements With Revenue	per Ret	urn
1	Total revenue, gains, and oth	ner support per audited financial sta	atements	1	36,531,717
2		out not on Form 990, Part VIII, line			
a		stments		4	
b		facilities		-	
c d		its			
e	Add lines 2a through 2d		202,753	2e	75,30
3	-			3	36,456,414
4	Amounts included on Form 9	90, Part VIII, line 12, but not on lii	ne 1		· · ·
а	Investment expenses not inc	cluded on Form 990, Part VIII, line	7b . 4a		
b	Other (Describe in Part XIV))	4b]	
c	Add lines 4a and 4b			4c	(
5), Part I, line 12)	5	36,456,414
			ncial Statements With Expense	s per R	
1	Total expenses and losses p statements	er audited financial		1	32,766,989
2	Amounts included on line 1 b	out not on Form 990, Part IX, line 2!	5		
а	Donated services and use of	facilities	2a	_	
b	Prior year adjustments .		2b	_	
C	Otherlosses		<u>2</u> c	4	
d	Other (Describe in Part XIV)		2d 202,793	⊣ ।	
e	Add lines 2a through 2d .			2e	202,79
3 4	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·	4.	3	32,564,190
ът а		cluded on Form 990, Part VIII, line	1 1		
b	Other (Describe in Part XIV)	·	4b	1	
c	Add lines 4a and 4b			4c	(
5	Total expenses Add lines 3	and 4c. (This should equal Form 99)	0, Part I, line 18)	5	32,564,19
Par	t XIV Supplemental In	formation			
Part			es 3, 5, and 9, Part III, lines 1a and 4, Fart XIII, lines 2d and 4b Also complete		
	Identifier	Return Reference	Explana	tion	
EXPL	ANATION OF EASEMENTS	PART II, LINE 5	ANNUALLY A TU REPRESENTAT	IVE VISI	TS THE PROPERTY
ENFO	RCEMENT POLICIES		AND SPEAKS WITH THE LANDON PROPERTY AND IDENTIFY ANY		
			DAMAGES SINCE THE LAST INS	PECTION	THAT COULD
			AFFECT THE PROPERTY THE RE		
			PLANNED ACTIVITIES CONCER	NING TH	E LAND
			INCLUDING, BUT NOT LIMITED LAND, AGRICULTURAL ACTIVIT		
			WATER DEVELOPMENT, ROAD C		
DECC	CRIPTION OF HOW	DART II LINE O	COMMERCIAL ACTIVITIES	DE NOT F	DEDORTED IN THE
	CRIPTION OF HOW ANIZATION REPORTS	PART II, LINE 9	CONSERVATION EASEMENTS A REVENUE, EXPENSE OR BALANC		
	SERVATION EASEMENTS				
	CRIPTION OF INTENDED USE NDOWMENT FUNDS	PART V, LINE 4	CCF ENDOWMENT - THIS ENDO' THE DONORS TO PRODUCE AND		
			THAT IS TO BE SPENT TO COVE	RTHESA	ALARIES,
			BENEFITS, AND OPERATING BU SCIENTIST AND CCF DIRECTOR		
			EXPENSES EXCEED A REASONA	BLE EARI	NINGS RATE FOR
			THE SIZE OF THIS ENDOWMENT 4% WAS SET FOR FISCAL YEARS		
			2010 AND 2009 OTHER ENDOW		
			FROM THESE ENDOWMENTS ARI		
			TRUSTEES DETERMINES ANNUA	LLY THE	SPENDING RATE
			FOR THESE ENDOWMENTS DUE CONDITIONS, THE BOARD OF T		
			0% SPENDING RATE FOR THE F	ISCALYE	
DEC.	CRIPTION OF UNCERTAIN	DARTY	SEPTEMBER 30, 2010 AND 2009		NI INCOME TO
	CRIPTION OF UNCERTAIN POSITIONS UNDER FIN 48	PART X	TU IS GENERALLY EXEMPT FROM UNDER THE PROVISIONS OF SE		
			INTERNAL REVENUE CODE (IRC		

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, 2011 AND 2010, SINCE TU DID NOT HAVE SIGNIFICANT UNRELATED BUSINESS INCOME MANAGEMENT EVALUATED TU'S TAX POSITIONS AND CONCLUDED THAT TU HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE

PROVISIONS OF THIS GUIDANCE GENERALLY, TU IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR

EVENT EXPENSE REPORTED ON PART VIII, LINE 8B

EVENT EXPENSE REPORTED ON PART VIII, LINE 8B

YEARS BEFORE 2008

202,793

202,793

DLN: 93493220000212

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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

Supplemental Information Regarding

Fundraising or Gaming Activities

Name of the organization **Employer identification number** TROUT UNLIMITED INC 38-1612715 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 Form 990-EZ filers are not required to complete this table (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reporte more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.					
			(a) Event #1 DINNER (event type)	(b) Event #2 DINNER (event type)	(c) Other Events 4 (total number)	(d) Total Events (Add col (a) through col (c))
₽R	1	Gross receipts	367,983	199,700	147,595	715,278
Revenue	2	Less Charitable contributions	98,778	55,721	49,901	204,400
<u></u>	3	Gross income (line 1 minus line 2)	269,205	143,979	97,694	510,878
	4	Cash prizes				
မာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
ВĞ	7	Food and beverages				
Direct	8	Entertainment				
莅	9	Other direct expenses .	96,281	56,605	49,907	202,793
	10	Direct expense summary Add line	es 4 through 9 in column	(d)	🛌	202,793
	11	Net income summary Combine li	·			308,085
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes	Г Yes <u>%</u> Г No	┌ Yes <u>%</u> ┌ No	
		Direct expense summary Add lines				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	<u> </u>	
9 a b	Is th	er the state(s) in which the organiza he organization licensed to operate No," Explain	gaming activities in each	n of these states?		· Fyes FNo
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, suspen	ded or terminated during	the tax year?	· · F Yes F No

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{ m Yes}$ $\Gamma_{ m No}$				
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity					
	formed to administer charitable gaming?							
13	Indicate the percentage of gamir	ng activity operated in						
а	The organization's facility		13a					
b	An outside facility		13b					
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and					
	Name 🟲							
	Address 🟲							
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming					
	-	· ·		. Γ_{Yes} Γ_{No}				
b			tion 🟲 \$ and the	, , , , , , , , , , , , , , , , , , , ,				
	amount of gaming revenue retain	ned by the third party 🟲 \$						
c	If "Yes," enter name and address	s						
	Name 🟲							
	Address ►							
16	Gaming manager information							
	Name 🟲							
	Gaming manager compensation I	> \$						
	Description of services provided							
	Director/officer	□ Employee	Independent contractor					
17	Mandatory distributions							
а		er state law to make charitable distribu						
				Tyes No				
b		required under state law distributed t	o other exempt organizations or spent					
D		activities during the tax year \$	reconnect to question on Cohedule C./					
Pa	t IV Complete this part to provide instructions.)	provide additional information for	responses to question on Schedule G (see 				
	Identifier	ReturnReference	Explanation					

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493220000212

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

TROUT UNLIMITED INC						38-1612715	
Part I General Informa	ation on Grant	s and Assistance				l .	
 Does the organization mains the selection criteria used t Describe in Part IV the organization 	o award the grants	s or assistance?					▽ Yes ┌
Form 990, Part IV	, line 21 for any	recipient that receive eeded	ed more than \$5,000). Check this box if	no one recipient rece	eived more than \$5,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VIRGINIA COUNCIL OF TROUT UNLIMITED1204 OLD LYNCHBURG RD CHARLOTTESVILLE, VA 22903	23-7355308	501 (C)(3)	16,750				GENERAL OPERATIONS
(2) NMWT LAND TRUSTPO BOX 1388 DILLINGHAM, AK 99576	31-1721762	501 (C)(3)	10,000				BRISTOL BAY INITIATIVE
(3) AMERICAN RIVERS1101 14TH ST NW SUITE 1400 WASHINGTON, DC 20005	23-7305963	501 (C)(3)	10,000				ROGUE RIVER HOME RIVERS INITIATIVE
(4) JOE BROOKS CHAPTER OF TROUT UNLIMITED159 WINEGLASS LOOPS LIVINGSTON, MT 59047	23-7184515	501 (C)(3)	10,000				WATERSHED RESTORATION
(5) UPPER GREEN RIVER CHAPTER OF TROUT UNLIMITEDPO BOX 2261 PINEDALE, WY 82941	23-7184494	501 (C)(3)	9,800				WATERSHED RESTORATION
(6) NORTH BEAR CHAPTER OF TROUT UNLIMITEDPO BOX 12274 DES MOINES,IA 50312	51-0225096	501 (C)(3)	8,000				WATERSHED RESTORATION
(7) ALDO LEOPOLD CHAPTER OF TROUT UNLIMITED805 S CENTER ST	52-1269888	501 (C)(3)	8,000				WATERSHED RESTORATION
BEAVER DAM, WI 53916 (8) MADISON COUNTY CHAPTER OF TROUT UNLIMITED4979 TEMPERANCE HILL RD CAZENOVIA, NY 13035	16-1523555	501 (C)(3)	7,500				WATERSHED RESTORATION
(9) UPPER BEAR RIVER CHAPTER OF TROUT UNLIMITEDPO BOX 947 EVANSTON, WY 82931	52-1766254	501 (C)(3)	7,500				WATERSHED RESTORATION
(10) CENTRAL WISCONSIN CHAPTER OF TROUT UNLIMITED160 W 19TH AVE OSHKOSH, WI 54902	23-7184511	501 (C)(3)	6,000				WATERSHED RESTORATION
(11) SHENANDOAH VALLEY CHAPTER OF TROUT UNLIMITEDPO BOX 897 NEW MARKET, VA 22844	23-7355305	501 (C)(3)	5,700				WATERSHED RESTORATION
(12) SPOKANE FALLS CHAPTER OF TROUT UNLIMITEDPO BOX 30185 SPOKANE, WA 99223	91-1669811	501 (C)(3)	5,300				WATERSHED RESTORATION

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
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE MAJORITY OF THE GRANTS ARE GIVEN OUT TO TU CHAPTERS AND COUNCILS AND ARE MONITORED BY THE EMBRACE-A-STREAM COMMITTEE FOR COMPLIANCE WITH THEIR GRANT AGREEMENT FOR THOSE GRANTS ISSUED TO 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

DLN: 93493220000212

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

TRO	DUT UNLIMITED INC			
	38-1612715			
Pa	rt I Questions Regarding Compensation		I	
			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs $$ section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
۵	If "Vac" to line 8, did the organization also follow the rebuttable procumption procedure described in Populations			

section 53 4958-6(c)?

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and		(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) CHRISTOPHER WOOD	(ı) (ıı)	226,600 0	0 0		19,061 0	17,061 0	262,722 0	0
(2) CHARLES GAUVIN	(I) (II)	210,463 0	0	0	18,941 0	17,061 0	246,465 0	0
(3) HILLARY COLEY	(ı) (ıı)	164,300 0	7,750 0		14,557 0	17,061 0	203,668 0	0
(4) STEVEN MOYER	(ı) (ıı)	144,486 0	0	0	12,594 0	16,061 0	173,141 0	0
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	Kei erence	
	PART I, LINE	TU IS CURRENTLY PAYING INTO AN UNQUALIFIED PLAN (457F) FOR ITS OFFICERS AND KEY EMPLOYEES IN WHICH NONE OF THE OFFICERS OR KEY
	4B	EMPLOYEES VEST IN UNTIL JANUARY OF 2012 THE PURPOSE OF THE SUPPLEMENTAL BENEFIT PLAN IS TO PROVIDE THE EXECUTIVE WITH A LUMP
		SUM CASH BENEFIT UPON THE TERMINATION OF HIS OR HER EMPLOYMENT OR UPON HIS OR HER DEATH IF HIS OR HER EMPLOYMENT IS
		TERMINATED ON ACCOUNT OF DEATH, IF A BENEFIT IS PAYABLE UNDER THE PLAN FOR THE FIRST FISCAL YEAR DURING WHICH AN EXECUTIVE
		PARTICIPATES IN THE PLAN, THE EMPLOYER SHALL CREDIT 5% OF SUCH EXECUTIVE'S COMPENSATION EARNED DURING SUCH FISCAL YEAR, BUT
		AFTER SUCH EXECUTIVE'S ENTRY DATE, TO SUCH EXECUTIVE'S DEFERRED BENEFIT ACCOUNT (IF SUCH EXECUTIVE IS CONTINUOUSLY EMPLOYED
		BY THE EMPLOYER ON A FULL-TIME BASIS FROM HIS ENTRY DATE UNTIL THE END OF THE FISCAL YEAR WHICH INCLUDES SUCH EXECUTIVE'S
		ENTRY DATE) ANY AMOUNTS CREDITED TO AN EXECUTIVE'S DEFERRED BENEFIT ACCOUNT SHALL BE CREDITED ON THE FIRST DAY OF THE FISCAL
		YEAR FOLLOWING THE FISCAL YEAR FOR WHICH SUCH CREDIT IS TO BE MADE ANY DISTRIBUTION MADE TO AN EXECUTIVE OR HIS BENEFICIARY
		PURSUANT TO THE PLAN SHALL BE DEDUCTED FROM SUCH EXECUTIVE'S DEFERRED BENEFIT ACCOUNT AS OF THE DATE ON WHICH SUCH
		DISTRIBUTION IS MADE DURING EACH FISCAL YEAR, EACH EXECUTIVE'S DEFERRED BENEFIT ACCOUNT SHALL BE CREDITED WITH INTEREST AS
		OF THE LAST DAY OF SUCH FISCAL YEAR INTEREST SHALL BE CREDITED ON THE AMOUNT THAT WAS IN THE ACCOUNT AS OF THE FIRST DAY OF
		SUCH FISCAL YEAR THE INTEREST RATE PER ANNUM WHICH SHALL BE CREDITED TO EACH EXECUTIVE'S DEFERRED BENEFIT ACCOUNT FOR EACH
		FISCAL YEAR SHALL BE THE RATE OR RATES SPECIFIED BY THE BOARD OF DIRECTORS OF THE CORPORATION FOR SUCH YEAR IF THE EXECUTIVE
		IS ACTIVELY AND CONTINUOUSLY EMPLOYED BY THE EMPLOYER ON A FULL-TIME BASIS FROM HIS OR HER ENTRY DATE UNTIL HE OR SHE
		ATTAINS HIS NORMAL RETIREMENT AGE, THEN THE EMPLOYER WILL MAKE A LUMP SUM CASH PAYMENT TO THE EXECUTIVE ON HIS NORMAL
		RETIREMENT DATE THE AMOUNT OF SUCH LUMP SUM PAYMENT SHALL BE EQUAL TO THE VALUE OF THE EXECUTIVE'S DEFERRED BENEFIT IF THE
		EMPLOYEE TERMINATES HIS OR HER EMPLOYMENT FOR ANY REASON OTHER THAN DEATH, PRIOR TO THE NORMAL RETIREMENT AGE, HIS OR HER
		BENEFIT UNDER THIS PLAN SHALL BE FORFEITED IF THE EXECUTIVE'S EMPLOYMENT WITH THE EMPLOYER IS TERMINATED ON ACCOUNT OF HIS
		DEATH BEFORE HE OR SHE ATTAINS HIS OR HER NORMAL RETIREMENT AGE, THEN THE EMPLOYER SHALL MAKE A LUMP SUM PAYMENT TO THE
		EXECUTIVE'S BENEFICIARY THE AMOUNT OF SUCH LUMP SUM PAYMENT SHALL BE EQUAL TO THE EXECUTIVES DEATH BENEFIT SUCH PAYMENT
		SHALL BE MADE NO LATER THAN THE DATE THAT IS SIXTY (60) DAYS AFTER THE DATE OF THE EXECUTIVE'S DEATH IF, AT THE DEATH OF THE
		EXECUTIVE, THERE IS NO PROPERLY DESIGNATED LIVING BENEFICIARY, THEN ANY PAYMENT DUE UNDER SECTION ABOVE SHALL BE MADE TO
		THE PERSONAL REPRESENTATIVE OF THE EXECUTIVE'S ESTATE CHRISTOPHER WOOD \$7,990 HILLARY COLEY \$7,555 STEVEN MOYER \$6,815

Schedule J (Form 990) 2010

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DLN: 93493220000212

OMB No 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

NonCash Contributions

Name of the organization

Employer identification number

IKUU	I UNLIMITED INC				38-1612715			
Pa	rt I Types of Property			1	30 1012713			
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of determining of amounts		ontribut	ion
1	Art—Works of art			-9				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
good								
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	11	325,950	FMV			
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—O ther							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other►()							
	Other • ()							
	Other ►()							
	Other ► ()							
29	Number of Forms 8283 received b	v the ora	anization during the tay ve:	ar for contributions				
	for which the organization complete				29			
	J ,		,	J			Yes	No
30a	During the year, did the organization	on receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three years f							
	for exempt purposes for the entire			•		30a		No
L	If "Yes," describe the arrangement					Jua		-110
31	Does the organization have a gift a			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use t				non-cash			N .
						32a		Νo
	If "Yes," describe in Part II			and the formula of the second	N			
33	If the organization did not report re	evenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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DLN: 93493220000212

2010

OMB No 1545-0047

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization TROUT UNLIMITED INC

Employer identification number

38-1612715

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		SOMEONE BECOMES A MEMBER OF TU BY PAYING AT LEAST THE REGULAR ANNUAL MEMBERSHIP PRICE, WHICH GIVES THEM ONE VOTE AT THE ANNUAL MEETING TU DOES NOT HAVE ANY STOCKHOLDERS THE CLASSES OF MEMBERSHIPS ARE AT THE DISCRETION OF THE ORGANIZATION AND CAN BE CHANGED AT ANYTIME

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE NOMINATING COMMITTEE OF THE BOARD PRESENTS THE SLATE OF BOARD MEMBERS AT THE ANNUAL MEETING OF TU FOR APPROVAL BY THE MEMBERSHIP ANY MEMBER IN GOOD STANDING THAT IS PRESENT OR WHO HAS SUBMITTED A PROXY IN ADVANCE OF THE MEETING IS ALLOWED TO VOTE ON THE SLATE

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE MEMBERSHIP ONLY APPROVES THE SLATE OF BOARD MEMBERS AND CHANGES TO THE BY LAWS AS PRESENTED AT THE ANNUAL MEETING

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A COPY OF THE FORM 990 IS MADE ELECTRONICALLY AVAILABLE TO ALL BOARD MEMBERS PRIOR TO SUBMITTAL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	A COPY OF THE CONFLICT OF INTEREST POLICY AND A QUESTIONNAIRE CONCERNING BUSINESS RELATIONSHIPS IS SENT TO ALL BOARD MEMBERS EACH FISCAL YEAR THE BOARD MEMBERS RETURN THE COMPLETED QUESTIONNAIRE TO THE NOMINATING AND GOVERNANCE COMMITTEE OF THE BOARD OF TRUSTEES, WHO MONITORS COMPLIANCE WITH THE POLICY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE CHAIRMAN OF THE BOARD APPOINTS A COMPENSATION COMMITTEE THAT CONSISTS OF NON-COMPENSATED BOARD MEMBERS, INCLUDING THE CHAIRMAN THIS COMMITTEE MEETS AT LEAST ANNUALLY WITH AN INDEPENDENT SALARY CONSULTANT TO REVIEW THE COMPENSATION PACKAGES FOR THE CEO AND OTHER KEY EMPLOYEES, AND COMPARE THE PACKAGES TO THE GENERAL MARKET AND SIMILAR NON-PROFIT ORGANIZATIONS THEY ALSO REVIEW THE WORK PLANS AND ACCOMPLISHMENTS OF THE STAFF AND TAKE INTO CONSIDERATION THE EVALUATIONS OF KEY EMPLOYEES BY THE CEO WHEN DETERMINING THE FINAL COMPENSATION COMPENSATION REVIEWS FOR THE CEO AND OTHER KEY EMPLOYEES ARE DONE IN CONJUNCTION WITH THE COMPLETION OF THE ANNUAL AUDIT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	TU POSTS ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, TAX RETURNS AND FINANCIAL STATEMENTS ON ITS WEBSITE AND WILL MAKE COPIES OF THE DOCUMENTS AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -127,490

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS