

**Return of Organization Exempt From Income Tax**

**2010**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

**Open to Public Inspection**

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

**A For the 2010 calendar year, or tax year beginning** 7/01, **2010, and ending** 6/30, **2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>CALIFORNIA TROUT, INC.</b> <b>870 MARKET STREET #528</b> <b>SAN FRANCISCO, CA 94102</b>	<b>D Employer Identification Number</b> 23-7097680	<b>E Telephone number</b> 415-392-8887
<b>F Name and address of principal officer:</b> JEFF THOMPSON SAME AS C ABOVE		<b>G Gross receipts \$</b> 2,790,863.	
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If 'No,' attach a list. (see instructions)</small>	
<b>J Website:</b> WWW.CALTROUT.ORG		<b>H(c) Group exemption number</b> ▶	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of Formation:</b> 1971	<b>M State of legal domicile:</b> CA

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <u>CALIFORNIA TROUT WAS ESTABLISHED IN 1971 FOR THE PURPOSE OF UNDERTAKING PROGRAMS AND ACTIVITIES TO CONSERVE AND ENHANCE THE WILD TROUT AND THEIR NATURAL HABITAT WITHIN CALIFORNIA.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	19
	4	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	19
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a) .....	<b>5</b>	14
	6	Total number of volunteers (estimate if necessary) .....	<b>6</b>	5
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
7b	Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	0.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
	9	Program service revenue (Part VIII, line 2g) .....	761,437.	2,538,230.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	1,869.	5,298.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	101,971.	118,175.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	865,277.	2,661,703.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....		
	14	Benefits paid to or for members (Part IX, column (A), line 4) .....		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	458,137.	744,412.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) .....		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 370,473.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....	422,952.	1,133,444.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	881,089.	1,877,856.	
19	Revenue less expenses. Subtract line 18 from line 12 .....	-15,812.	783,847.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	21	Total liabilities (Part X, line 26) .....	1,779,778.	2,554,094.
	22	Net assets or fund balances. Subtract line 21 from line 20 .....	177,138.	163,724.
			1,602,640.	2,390,370.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	JEFF THOMPSON	EXEC DIRECTOR			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DOUGLAS W. REGALIA	DOUGLAS W. REGALIA			P00186389
	Firm's name ▶ REGALIA & ASSOCIATES, CPAS				Firm's EIN ▶ 68-0260103
	Firm's address ▶ 103 TOWN & COUNTRY DR., STE. K DANVILLE, CA 94526				Phone no. 925-314-0390

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III. [X]

1 Briefly describe the organization's mission:
ADDITIONALLY, CALIFORNIA TROUT GATHERS FUNDS TO FINANCE CHARITABLE, SCIENTIFIC AND EDUCATIONAL RESEARCH PROJECTS, AND TO PRESERVE AND REHABILITATE PUBLIC TROUT AND STEELHEAD FISHERIES IN CALIFORNIA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: [ ]) (Expenses \$ 1,355,423. including grants of \$ ) (Revenue \$ )
TOTAL PROGRAM EXPENDITURES FOR ACTIVITIES DISCUSSED BELOW AND ON SCHEDULE O.

4b (Code: [ ]) (Expenses \$ including grants of \$ ) (Revenue \$ )
THE FOLLOWING PROVIDES A SUMMARY OF CALIFORNIA TROUT'S LONG RANGE GOALS AS IDENTIFIED IN OUR STRATEGIC PLAN.

GOAL 1: PROTECT AND RESTORE PRIORITY "POCKETS" (OR REGIONS) OF WILD TROUT AND STEELHEAD.

GOAL 2: PROTECT AND RESTORE WATER FLOWS FOR WILD TROUT AND STEELHEAD.

GOAL 3: ENSURE EFFECTIVE STATE WILD TROUT AND STEELHEAD MANAGEMENT.

4c (Code: [ ]) (Expenses \$ including grants of \$ ) (Revenue \$ )
SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,355,423.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i> .....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i> .....	X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i> .....	X	
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? <i>If 'Yes,' complete Schedule C, Part III</i> .....		
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? <i>If 'Yes,' complete Schedule D, Part I</i> .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> .....	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i> .....		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> .....		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i> .....		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> .....	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i> .....		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i> .....		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX</i> .....		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i> .....	X	
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)? <i>If 'Yes,' complete Schedule D, Part X</i> .....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i> .....		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
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 'Yes,' complete Schedule F, Parts I and IV</i> .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV</i> .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV</i> .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions)</i> .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i> .....	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i> .....		X
20 a Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i> .....		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and II</i> .....		X
<b>22</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .....		X
<b>24a</b> 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If 'Yes,' complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If 'Yes,' complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If 'Yes,' complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> .....		X
<b>c</b> 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? <i>If 'Yes,' complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i> .....		X
<b>33</b> 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 'Yes,' complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If 'Yes,' complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

BAA

Form 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
<b>1 a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <span style="float:right">19</span>		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float:right">0</span>		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float:right">14</span>		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
<b>4 a</b>	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)?		X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. <span style="float:right"></span>		
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9 b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <span style="float:right"></span>		
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <span style="float:right"></span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from members or shareholders. <span style="float:right"></span>		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right"></span>		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <span style="float:right"></span>		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year <span style="float:right"></span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13 b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <span style="float:right"></span>		
<b>13 c</b>	Enter the amount of reserves on hand. <span style="float:right"></span>		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year		
<b>1 b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7 a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7 b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	The governing body?	X	
<b>8 b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10 a</b>	Does the organization have local chapters, branches, or affiliates?	X	
<b>10 b</b>	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
<b>11 a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11 b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
<b>12 a</b>	Does the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
<b>12 b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12 c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O.	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15 a</b>	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	X	
<b>15 b</b>	Other officers of key employees of the organization. SEE SCHEDULE O	X	
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16 b</b>	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 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 SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ► ALAN ROESBERRY 870 MARKET STREET, SUITE 528 SAN FRANCISCO CA 94102 415-392-8887

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII.

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

1 a 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TONY BROOKFIELD CHAIRMAN	4	X		X			0.	0.	0.	
(2) THOMAS SZYMONIAK TREASURER	4	X		X			0.	0.	0.	
(3) JOHN SLEZAK, JD SECRETARY	4	X		X			0.	0.	0.	
(4) LINDA ROSENBERG ACH BOARD MEMBER	2	X					0.	0.	0.	
(5) RONALD P. ANTIPA BOARD MEMBER	2	X					0.	0.	0.	
(6) GARY V. ARABIAN BOARD MEMBER	2	X					0.	0.	0.	
(7) JIM ARCE BOARD MEMBER	2	X					0.	0.	0.	
(8) DOUG BALLINGER BOARD MEMBER	2	X					0.	0.	0.	
(9) MICHAEL BERUBE BOARD MEMBER	2	X					0.	0.	0.	
(10) ERIC CALLOW BOARD MEMBER	2	X					0.	0.	0.	
(11) ANDY ECKERT BOARD MEMBER	2	X					0.	0.	0.	
(12) BILL EPSTEIN BOARD MEMBER	2	X					0.	0.	0.	
(13) DICK GALLAND BOARD MEMBER	2	X					0.	0.	0.	
(14) NICK GRAVES BOARD MEMBER	2	X					0.	0.	0.	
(15) PETER B. MOYLE, PHD BOARD MEMBER	2	X					0.	0.	0.	
(16) GEORGE SHILLINGER BOARD MEMBER	2	X					0.	0.	0.	
(17) ALAN VIDINSKY BOARD MEMBER	2	X					0.	0.	0.	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RICHARD WEST BOARD MEMBER	2	X					0.	0.	0.	
(19) JEROME YESAVAGE, MD BOARD MEMBER	2	X					0.	0.	0.	
(20) JEFF THOMPSON EXEC DIRECTOR	40			X	X		122,619.	0.	0.	
(21) ALAN J. ROESBERRY FINANCE & ADMIN	40				X		107,690.	0.	0.	
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
(29)										
<b>1 b Sub-total</b>							230,309.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							230,309.	0.	0.	

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns . . . . .	<b>1 a</b>					
	<b>b</b> Membership dues . . . . .	<b>1 b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1 c</b>					
	<b>d</b> Related organizations . . . . .	<b>1 d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1 e</b>	743,648.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1 f</b>	1,794,582.				
	<b>g</b> Noncash contributions included in lns 1a-1f: \$						
<b>h Total.</b> Add lines 1a-1f . . . . . ▶			2,538,230.				
<b>PROGRAM SERVICE REVENUE</b>			<b>Business Code</b>				
	<b>2 a</b> _____						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . . ▶							
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . ▶		5,298.			5,298.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶						
	<b>5</b> Royalties . . . . . ▶						
	<b>6 a</b> Gross Rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .					
		<b>d</b> Net rental income or (loss) . . . . . ▶					
	<b>7 a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					
		<b>c</b> Gain or (loss) . . . . .					
		<b>d</b> Net gain or (loss) . . . . . ▶					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	201,449.				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	129,160.			
		<b>c</b> Net income or (loss) from fundraising events . . . . . ▶		72,289.	72,289.		
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less: direct expenses . . . . .		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶							
<b>10 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	804.					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶		804.	804.			
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> <u>OTHER INCOME</u> _____			45,082.	45,082.			
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			45,082.				
<b>12 Total revenue.</b> See instructions . . . . . ▶			2,661,703.	118,175.	0.	5,298.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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.				
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.	230,309.	182,096.	33,407.	14,806.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	402,644.	374,462.	28,575.	-393.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	1,440.	1,091.	339.	10.
9 Other employee benefits.	58,010.	48,575.	8,932.	503.
10 Payroll taxes.	52,009.	43,750.	8,046.	213.
11 Fees for services (non-employees):				
a Management.				
b Legal.	42,098.	42,098.		
c Accounting.	4,672.		4,672.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other.	439,341.	200,493.	288.	238,560.
12 Advertising and promotion.	5,850.	777.	150.	4,923.
13 Office expenses.	61,792.	31,522.	699.	29,571.
14 Information technology.	72,783.	54,665.	18,718.	-600.
15 Royalties.				
16 Occupancy.	134,512.	113,729.	18,396.	2,387.
17 Travel.	94,645.	85,283.	40.	9,322.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	14,329.	10,266.	3,473.	590.
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	14,377.	14,377.		
23 Insurance.	7,335.	6,089.	879.	367.
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.)				
a ENTERTAINMENT AND HOSPITALITY	134,965.	5,570.	235.	129,160.
b PRINTING AND PUBLICATIONS	91,528.	60,505.	14,380.	16,643.
c DESIGN CONSULTING	66,758.	37,893.		28,865.
d REPAIRS AND MAINTENANCE	33,424.	33,424.		
e POSTAGE AND SHIPPING	26,609.	17,039.	2,780.	6,790.
f All other expenses.	-111,574.	-8,281.	7,951.	-111,244.
25 Total functional expenses. Add lines 1 through 24f.	1,877,856.	1,355,423.	151,960.	370,473.
26 Joint costs. Check here <input type="checkbox"/> 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.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
ASSETS	1	Cash — non-interest-bearing .....		1	20,188.	
	2	Savings and temporary cash investments .....	1,415,070.	2	1,390,402.	
	3	Pledges and grants receivable, net .....	236,197.	3	987,448.	
	4	Accounts receivable, net .....		4		
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6		
	7	Notes and loans receivable, net .....		7		
	8	Inventories for sale or use .....		8		
	9	Prepaid expenses and deferred charges .....		9	16,191.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a	197,476.		
	b	Less: accumulated depreciation .....	10b	160,301.	10c	37,175.
	11	Investments — publicly traded securities .....			11	
	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 .....		98,807.	15	102,690.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		1,779,778.	16	2,554,094.	
LIABILITIES	17	Accounts payable and accrued expenses .....		17	135,351.	
	18	Grants payable .....		18		
	19	Deferred revenue .....		19		
	20	Tax-exempt bond liabilities .....		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 .....		41,317.	25	28,373.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....		177,138.	26	163,724.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>					
	27	Unrestricted net assets .....		27	1,091,737.	
	28	Temporarily restricted net assets .....		28	1,298,633.	
	29	Permanently restricted net assets .....		29		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds .....		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	32	Retained earnings, endowment, accumulated income, or other funds .....		32		
33	<b>Total net assets or fund balances.</b> .....		1,602,640.	33	2,390,370.	
34	<b>Total liabilities and net assets/fund balances.</b> .....		1,779,778.	34	2,554,094.	

BAA

Form 990 (2010)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,661,703.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,877,856.
3	Revenue less expenses. Subtract line 2 from line 1	3	783,847.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,602,640.
5	Other changes in net assets or fund balances (explain in Schedule O) . . . SEE SCHEDULE O	5	3,883.
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	2,390,370.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
2d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

<b>Name of the organization</b> CALIFORNIA TROUT, INC.	<b>Employer identification number</b> 23-7097680
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% 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 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
<b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11 g (i)</b>	
<b>(ii)</b> A family member of a person described in (i) above? .....	<b>11 g (ii)</b>	
<b>(iii)</b> A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11 g (iii)</b>	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>(A)</b>									
<b>(B)</b>									
<b>(C)</b>									
<b>(D)</b>									
<b>(E)</b>									
<b>Total</b>									

**Part II 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.') . . .						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge. . . .						
4 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4. . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10. . . . .						
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)). . . . .	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33-1/3% support test – 2010.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b <b>33-1/3% support test – 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . ▶ <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.) . . . . .	2,272,127.	2,539,950.	2,060,404.	761,437.	2,538,230.	10,172,148.
<b>2</b> 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. . . . .	304,087.	214,522.	147,121.	177,315.	202,253.	1,045,298.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						0.
<b>6 Total.</b> Add lines 1 through 5. . . . .	2,576,214.	2,754,472.	2,207,525.	938,752.	2,740,483.	11,217,446.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .	0.	0.	0.	0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b. . . . .	0.	0.	0.	0.	0.	0.
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						11,217,446.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6. . . . .	2,576,214.	2,754,472.	2,207,525.	938,752.	2,740,483.	11,217,446.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	37,988.	10,714.	1,121.	1,869.	5,298.	56,990.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						0.
<b>c</b> Add lines 10a and 10b. . . . .	37,988.	10,714.	1,121.	1,869.	5,298.	56,990.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .SEE PART IV. . . . .	-1,373.	3.	698,787.	2.	45,082.	742,501.
<b>13 Total support.</b> (Add lns 9, 10c, 11, and 12.) . . . . .	2,612,829.	2,765,189.	2,907,433.	940,623.	2,790,863.	12,016,937.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	93.4 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15. . . . .	<b>16</b>	92.3 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.5 %
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17. . . . .	<b>18</b>	0.6 %

**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. . . . . ▶

**b 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. . . . . ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . ▶



**PART III, LINE 12 - OTHER INCOME**

<u>NATURE AND SOURCE</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>
TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	RESOURCES LEGACY FUND FDTN 555 CAPITOL MALL #675 SACRAMENTO, CA 95814	\$ 152,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ENVIRONMENT NOW 2515 WILSHIRE BLVD SANTA MONICA, CA 90403	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	SAGE FUND - JOE FERGUSON 60 S. MARKET STREET SUITE 1000 SAN JOSE, CA 95113	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	BELLA VISTA FOUNDATION 1660 BUSH STREET #300 SAN FRANCISCO, CA 94109	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	WEEDEN FOUNDATION 747 THIRD AVENUE, 34TH FLOOR NEW YORK, NY 10017	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	ERIC CALLOW 1210 JOURNEY'S END DRIVE LA CANADA, CA 91011	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CALIFORNIA TROUT, INC.

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**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	LINDA & ANDY ACH ----- 124 COMMONWEALTH AVE. ----- SAN FRANCISCO, CA 94118 -----	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
8	JEROME YESAVAGE ----- 827 SANTA FE AVENUE ----- STANFORD, CA 94305 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
9	GARY & DELORES ARABIAN ----- 224 WARREN ROAD ----- SAN MATEO, CA 94402 -----	\$ 21,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
10	DAVID & ALENA GOEDEL ----- 2115 FOREST VIEW AVENUE ----- SAN FRANCISCO, CA 94010 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
11	BRUCE ALLEN ----- 83 IDLEWOOD ROAD ----- KENTFIELD, CA 94904 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
12	DOUGLAS BALLINGER ----- 101 WINDING WAY ----- WOODSIDE, CA 94062 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	RICHARD BARKER ----- 765 MARKET STREET ----- SAN FRANCISCO, CA 94103 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
14	ALAN VIDINSKY ----- 2331 PACIFIC AVE ----- SAN FRANCISCO, CA 94115 -----	\$ 32,111.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
15	NICHOLAS & MARY GRAVES ----- 2901 BRODERICK STREET ----- SAN FRANCISCO, CA 94123 -----	\$ 54,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
16	HARRY & SHIRLEY HAGEY ----- 196 ALBION AVENUE ----- WOODSIDE, CA 94062 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
17	COLLEEN & ROBERT HAAS ----- 1155 BATTERY STREET, FLOOR 7 ----- SAN FRANCISCO, CA 94111 -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
18	ROBERT & EDIE KIRKWOOD FUND ----- 1221 WAVERLEY STREET ----- PALO ALTO, CA 94301 -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

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**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	BILL LANDRETH ----- 5458 QUAIL MEADOWS DRIVE ----- CARMEL, CA 94923 -----	\$ 36,871.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
20	LAURESTON MCLELLAN ----- 847 MANOR WAY ----- LOS ALTOS, CA 94024 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
21	H. ZEIDWERG & L. ABEYOUNIS ----- 420 SEALE AVE ----- PALO ALTO, CA 94301 -----	\$ 5,118.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
22	TONY & HEATHER BROOKFIELD ----- 221 PACIFIC AVENUE ----- PIEDMONT, CA 94611 -----	\$ 5,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
23	ROBERT EMERY ----- 3522 CLAY STREET ----- SAN FRANCISCO, CA 94118 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
24	WILLIAM EPSTEIN ----- 41 NACE AVENUE ----- PIEDMONT, CA 94611 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

CALIFORNIA TROUT, INC.

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**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	PISCES FOUNDATION ONE MARITIME PLAZA #1400 SAN FRANCISCO, CA 94111	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	HELENE & CHARLES LINKER 330 RAMONA AVENUE PIEDMONT, CA 94611	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	STEVEN MCCANNE 54 EL CAMINO REAL BERKELEY, CA 94705	\$ 38,802.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	STEVEN READ 2025 FOURTH STREET BERKELEY, CA 94710	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	STEVE ROGERS 91 CRYSTAL SPRINGS ROAD HILLSBOROUGH, CA 94010	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	PAUL & KRISTIN VAIS 1501 BAY LAUREL DRIVE MENLO PARK, CA 94025	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

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**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	EARTHSHARE OF CALIFORNIA 49 POWELL STREET #510 SAN FRANCISCO, CA 94102	\$ 5,852.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	CHEVRON CORPORATION 1201 K. STREET #1910 SACRAMENTO, CA 95814	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	THE NATURE CONSERVANCY 201 MISSION STREET, FOURTH FLO SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	WILD SALMON CENTER 721 NW NINTH AVENUE #300 PORTLAND, OR 97209	\$ 9,526.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	LAWRENCE & PAMELA GARLICK 340 LOWELL AVE. PALO ALTO, CA 94301	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	KEN OLIVIER / ANGELA NOMELELLINI 808 EUCALYPTUS AVENUE HILLSBOROUGH, CA 94010	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	MARISLA FOUNDATION 668 N. COAST HIGHWAY, PMB 1400 LAGUNA BEACH, CA 92651	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	BANNERMAN FOUNDATION 9255 SUNSET BLVD STE 400 WEST HOLLYWOOD, CA 90069	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	WELLS FARGO PRIVATE BANK 4365 EXECUTIVE DRIVE, 18TH FL SAN DIEGO, CA 92121	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	SAN DIEGO FOUNDATION 2508 HISTORIC DECATUR RD. #200 SAN DIEGO, CA 92106	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	TROUT UNLIMITED 828 SAN PABLO AVENUE ALBANY, CA 94706	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	HUMBOLDT AREA FOUNDATION 373 INDIANOLA ROAD BAYSIDE, CA 95524	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	MAMMOTH COMMUNITY WATER DISTRICT PO BOX 597 MAMMOTH LAKES, CA 93546	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	AMERICAN RIVERS, INC. 1101 14TH STREET, NW, STE 1400 WASHINGTON, DC 20005	\$ 32,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	INYO WATER DEPARTMENT 135 SOUTH JACKSON STREET INDEPENDENCE, CA 93526	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	TRUCKEE TAHOE COMMUNITY FOUNDATION 11071 DONNER PASS ROAD TRUCKEE, CA 96161	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	TROUT UNLIMITED-SAGE BRUSH CHAPTER 550 W. PLUMB LN, SUITE B-237 RENO, NV 89509	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	JAMES ARCE 36 TERRACE COURT TIBURON, CA 94920	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Part I Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	DARRELL BOYLE 15308 TOP OF THE HILL ROAD LOS GATOS, CA 95032	\$ 21,355.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	DAVID BRETT 1711 E BAYSHORE ROAD B REDWOOD CITY, CA 94063	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	CAPITAL GROUP COMPANIES 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	CHARLES KRUG WINERY-PETER MONDAVI 2800 MAIN STREET ST. HELENA, CA 94574	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	COMMUNITY FOUNDATION OF TEXAS 5500 CARUTH HAVEN LANE DALLAS, TX 75225	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	DEUTSCHE BANK ALEX. BROWN 101 CALIFORNIA STREET, 46TH FL SAN FRANCISCO, CA 94111	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	EARTHJUSTICE 426 17TH STREET, 6TH FLOOR OAKLAND, CA 94612	\$ 7,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	ANDY ECKERT 10 VINEYARD HILL ROAD WOODSIDE, CA 94062	\$ 12,408.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	BOB HOUSTON 1029 J STREET, SUITE 300 SACRAMENTO, CA 95814	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	KENYON YEATES LLP 2001 N STREET, SUITE 100 SACRAMENTO, CA 95811	\$ 30,537.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	RICHARD MERRILL 8545 CARMEL VALLEY ROAD CARMEL, CA 93923	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	SAVERI & SAVERI 706 SANSOME STREET SAN FRANCISCO, CA 94111	\$ 94,579.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>CALIFORNIA TROUT, INC.</b>	Employer identification number <b>23-7097680</b>
---	---

**Part I Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61	THOMAS SZYMONIAK ----- 2312 SHENANDOAH PLACE ----- DAVIS, CA 95616 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	RICHARD WEST ----- 1600 MOUNTAIN BLVD ----- OAKLAND, CA 94611 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	CALIF DEPARTMENT OF WATER RESOURCES ----- P.O. BOX 942836 ----- SACRAMENTO, CA 95814 -----	\$ 237,615.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	CALIFORNIA NATURAL RESOURCES AGENCY ----- 1416 NINTH STREET, SUITE 1311 ----- SACRAMENTO, CA 95814 -----	\$ 371,533.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	CALIF WATER RESOURCES CONTROL BOARD ----- P.O. BOX 100 ----- SACRAMENTO, CA 95812 -----	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.**

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

**Open to Public Inspection**

**If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

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

Name of organization <b>CALIFORNIA TROUT, INC.</b>	Employer identification number <b>23-7097680</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. SEE PART IV
- 2 Political expenditures ..... ▶ \$ 24,000.
- 3 Volunteer hours .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If 'Yes,' describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule **C** (Form 990 or 990-EZ) 2010

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group.  
**B** Check  if the filing organization checked box A and 'limited control' provisions apply.

<b>Limits on Lobbying Expenditures</b> <b>(The term 'expenditures' means amounts paid or incurred.)</b>	<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is</th> <th style="text-align: left;">The lobbying nontaxable amount is</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2007</b>	<b>(b) 2008</b>	<b>(c) 2009</b>	<b>(d) 2010</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount .....					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e)) .....					
<b>c</b> Total lobbying expenditures .....					
<b>d</b> Grassroots nontaxable amount .....					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) .....					
<b>f</b> Grassroots lobbying expenditures .....					

BAA

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		24,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If 'Yes,' describe in Part IV.		X	
j Total. Add lines 1c through 1i.			24,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'**

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a 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	
5 Taxable amount of lobbying and political expenditures (see instructions).	5	

**Part IV Supplemental Information**

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 1i. Also, complete this part for any additional information.

**PART I-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES**

CALIFORNIA TROUT, INC. ENGAGES WITH CONSERVATION STRATEGY GROUP FOR LOBBYING ACTIVITIES IN SACRAMENTO RELATED TO FISHERIES ISSUES.



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

Employer identification number

CALIFORNIA TROUT, INC.

23-7097680

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate contributions to (during year).....		
3 Aggregate grants from (during year).....		
4 Aggregate value at end of year.....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input checked="" type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input checked="" type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?.....  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.....  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X..... ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X..... ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		197,476.	160,301.	37,175.
e Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				37,175.

BAA

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12. N/A

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

**Part VIII Investments—Program Related.** (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) . . . ▶		

**Part IX Other Assets.** (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column(B), line 15) . . . . . ▶	

**Part X Other Liabilities.** (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ACCRUED PAYROLL LIABILITIES	28,373.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25) . . . . . ▶	28,373.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). **SEE PART XIV**

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	2,661,703.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,877,856.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	783,847.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV) ... SEE PART XIV	-15,812.
9	Total adjustments (net). Add lines 4 through 8	-15,812.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	768,035.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>			
1	Total revenue, gains, and other support per audited financial statements	1	3,656,140.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV) ... SEE PART XIV	2d	994,437.
	e Add lines 2a through 2d	2e	994,437.
3	Subtract line 2e from line 1	3	2,661,703.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV.)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,661,703.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
1	Total expenses and losses per audited financial statements	1	2,888,105.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIV.) ... SEE PART XIV	2d	1,010,249.
	e Add lines 2a through 2d	2e	1,010,249.
3	Subtract line 2e from line 1	3	1,877,856.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV.)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,877,856.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

--- **PART X - FIN 48 FOOTNOTE** ---

--- INCOME TAXES ---

--- FINANCIAL STATEMENT PRESENTATION FOLLOWS THE RECOMMENDATIONS OF ASC 740, INCOME ---

--- TAXES. UNDER ASC 740, CALIFORNIA TROUT IS REQUIRED TO REPORT INFORMATION REGARDING ---

--- ITS EXPOSURE TO VARIOUS TAX POSITIONS TAKEN BY CALIFORNIA TROUT AND REQUIRES A ---

--- TWO-STEP PROCESS THAT SEPARATES RECOGNITION FROM MEASUREMENT. THE FIRST STEP IS ---

--- DETERMINING WHETHER A TAX POSITION HAS MET THE RECOGNITION THRESHOLD; THE SECOND ---

--- STEP IS MEASURING A TAX POSITION THAT MEETS THE RECOGNITION THRESHOLD. MANAGEMENT ---

**Part XIV** Supplemental Information (continued)

**PART X - FIN 48 FOOTNOTE (CONTINUED)**

BELIEVES THAT CALIFORNIA TROUT HAS ADEQUATELY EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT AS OF JUNE 30, 2011, CALIFORNIA TROUT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE OR AN ACCRUAL FOR A TAX LIABILITY WOULD BE NECESSARY.

CALIFORNIA TROUT HAS RECEIVED NOTIFICATION FROM THE INTERNAL REVENUE SERVICE AND THE STATE OF CALIFORNIA THAT IT QUALIFIES FOR TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE. THIS EXEMPTION IS SUBJECT TO PERIODIC REVIEW BY THE FEDERAL AND STATE TAXING AUTHORITIES AND MANAGEMENT IS CONFIDENT THAT THE ORGANIZATION CONTINUES TO SATISFY ALL FEDERAL AND STATE STATUTES IN ORDER TO QUALIFY FOR CONTINUED TAX EXEMPTION STATUS. CALIFORNIA TROUT MAY PERIODICALLY RECEIVE UNRELATED BUSINESS INCOME REQUIRING THE ORGANIZATION TO FILE SEPARATE TAX RETURNS UNDER FEDERAL AND STATE STATUTES. UNDER SUCH CONDITIONS, CALIFORNIA TROUT CALCULATES AND ACCRUES THE APPLICABLE TAXES PAYABLE.



2010

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 4

CLIENT 28006

CALIFORNIA TROUT, INC.

23-7097680

1/18/12

04:17PM

**SCHEDULE D, PART XI, LINE 8  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

NET LOSS FOR STUB PERIOD TAX RETURN JUNE 2010.....	\$	-15,812.
TOTAL	\$	<u>-15,812.</u>

**SCHEDULE D, PART XII, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

INCOME FOR STUB PERIOD JAN-JUNE 2010.....	\$	865,277.
SPECIAL EVENTS EXPENSES.....		<u>129,160.</u>
TOTAL	\$	<u>994,437.</u>

**SCHEDULE D, PART XIII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

EXPENSES FOR STUB PERIOD JAN-JUNE 2010.....	\$	881,089.
SPECIAL EVENTS EXPENSES.....		<u>129,160.</u>
TOTAL	\$	<u>1,010,249.</u>

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** 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?  Yes  No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Total** ..... 0.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<u>SPECIAL EVENTS</u> (event type)	(event type)	(total number)	(add column (a) through column (c))
1	Gross receipts	201,449.		201,449.
2	Less: Charitable contributions			
3	Gross income (line 1 minus line 2)	201,449.		201,449.
DIRECT EXPENSES	4	Cash prizes		
	5	Noncash prizes		
	6	Rent/facility costs	29,500.	29,500.
	7	Food and beverages		
	8	Entertainment		
	9	Other direct expenses	99,660.	99,660.
10	Direct expense summary. Add lines 4- through 9 in column (d)			129,160.
11	Net income summary. Combine line 3, column (d), and line 10			72,289.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(add column (a) through column (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 1, column (d) and line 7			

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If 'No,' explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If 'Yes,' explain: \_\_\_\_\_



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
<b>Total</b> .....				▶ \$ _____						

**Part III Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CALIFORNIA TROUT FOUNDATIO	SUPPORTING ORG		COMMON OVERHEAD & EXP	X	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**SUPPLEMENTAL INFORMATION**

CALIFORNIA TROUT, INC. IS PARTY TO MANY BUSINESS TRANSACTIONS WITH CALIFORNIA TROUT FOUNDATION (A CALIFORNIA CORPORATION; FEIN 23-7135962). BOTH CALIFORNIA TROUT, INC. AND CALIFORNIA TROUT FOUNDATION SHARE A COMMON SLATE OF BOARD MEMBERS.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Part I Identification of Disregarded Entities** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) CALIFORNIA TROUT FOUNDATION 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102 23-7135962	SUPPORTING ORGANIZATION	CA	501C3	509A3	CALIFORNIA TROUT, INC.		X
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ----- ----- -----							
(2) ----- ----- -----							
(3) ----- ----- -----							

**Part V Transactions With Related Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties <b>(iv)</b> rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		X
<b>c</b> Gift, grant, or capital contribution from other organization(s)		X
<b>d</b> Loans or loan guarantees to or for other organization(s)		X
<b>e</b> Loans or loan guarantees by other organization(s)		X
<b>f</b> Sale of assets to other organization(s)		X
<b>g</b> Purchase of assets from other organization(s)		X
<b>h</b> Exchange of assets		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets	X	
<b>n</b> Sharing of paid employees	X	
<b>o</b> Reimbursement paid to other organization for expenses		X
<b>p</b> Reimbursement paid by other organization for expenses		X
<b>q</b> Other transfer of cash or property to other organization(s)		X
<b>r</b> Other transfer of cash or property from other organization(s)		X

**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) _____ _____ _____										
(2) _____ _____ _____										
(3) _____ _____ _____										
(4) _____ _____ _____										
(5) _____ _____ _____										
(6) _____ _____ _____										
(7) _____ _____ _____										
(8) _____ _____ _____										



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

Name of the organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS**

**GOAL 1: PROTECT AND RESTORE PRIORITY "POCKETS"**

LESS THAN ONE HUNDRED YEARS AGO, CALIFORNIA'S DIVERSE LANDSCAPE WAS CONNECTED BY HEALTHY RIBBONS OF WATER - RIVERS THAT FLOWED NATURALLY FROM THE HIGH SIERRA THROUGH THE ARID CENTRAL VALLEY TO THE PACIFIC OCEAN. THESE RIVERS SUPPORTED AN ABUNDANCE AND VARIETY OF WILD TROUT AND STEELHEAD. IN FACT, CALIFORNIA IS HOME TO MORE NATIVE SPECIES OF TROUT THAN ANY OTHER STATE IN THE NATION.

TODAY, AFTER A CENTURY OF DEVELOPMENT, MASSIVE POPULATION GROWTH, AND MANIPULATION OF THE STATE'S WATERWAYS, CALIFORNIA'S WILD TROUT AND STEELHEAD HABITATS ARE FRAGMENTED AND DEGRADED. ALL THAT REMAIN ARE DISCRETE, VULNERABLE HABITAT AREAS OR "POCKETS," SUCH AS THE EASTERN SIERRA, THE MOUNT SHASTA AREA, THE NORTH COAST, AND THE CENTRAL VALLEY. WITHIN THESE REMNANTS ARE THE LAST VESTIGES OF WILD TROUT AND STEELHEAD HABITATS. WITHOUT PROTECTION AND RESTORATION, THESE HABITATS WILL FURTHER DETERIORATE RENDERING THEM UNFIT TO SUPPORT THE REMAINING FISH POPULATIONS.

IN 2004, CALTROUT EMBARKED ON A LONG-TERM PLAN TO SYSTEMATICALLY SECURE PROTECTION FOR PRIORITY WATERSHEDS IN THE REMAINING POCKET AREAS, INCLUDING:

\* THE EASTERN SIERRA, WHICH HOSTS THE UPPER OWENS RIVER, MONO LAKE AND ITS TRIBUTARIES, CROWLEY LAKE, AND HOT CREEK (ONE OF THE MOST HEAVILY FLY-FISHED STRETCH OF WATER IN THE STATE).

\* THE MOUNT SHASTA AREA, WHICH INCLUDES HAT CREEK, THE FIRST STATE-DESIGNATED WILD TROUT CREEK IN CALIFORNIA AND THE FAMED MCCLOUD, UPPER SACRAMENTO, PIT, AND

Name of the organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS**

FALL RIVERS.

\* THE NORTH COAST, WHICH HOSTS SOME OF THE MOST RENOWNED PACIFIC STEELHEAD WATERS IN THE COUNTRY, INCLUDING THE SMITH, TRINITY, GARCIA, GUALALA, AND EEL RIVERS. THESE WATERSHEDS ALSO SERVE AS A VITAL HABITAT FOR THE COASTAL CUTTHROAT TROUT.

\* THE SOUTH COAST, WHICH CONTAINS THE LAST REMAINING HABITAT OF THE ENDANGERED SOUTHERN CALIFORNIA STEELHEAD, THE STRAIN OF PACIFIC STEELHEAD FROM WHICH ALL OTHERS EVOLVED.

\* THE GOLDEN TROUT WILDERNESS, THE REMAINING HABITAT OF CALIFORNIA'S UNIQUE STATE FISH, THE CALIFORNIA GOLDEN TROUT -- A FISH THAT BRINGS ANGLERS FROM ALL OVER THE WORLD TO CALIFORNIA.

CALTROUT PLANS TO ADD MORE POCKETS (INCLUDING THE TAHOE/TRUCKEE AREA, THE CENTRAL VALLEY, AND THE CENTRAL COAST) IN THE FUTURE AND, ULTIMATELY, RECONNECT THESE HABITATS, SO THAT THE STATE'S WILD TROUT AND STEELHEAD CAN, ONCE AGAIN, SWIM FROM THE SIERRA TO THE SEA.

DEFINING POCKET BOUNDARIES

CALIFORNIA IS A VAST STATE WITH VARYING AREAS OF DISTINCT BIODIVERSITY. DIVIDING THE STATE INTO MANAGEABLE POCKETS THAT HAVE COMMON HABITAT ELEMENTS ALLOWS CALTROUT'S REGIONAL STAFF TO EFFICIENTLY ESTABLISH AND EXECUTE SUCCESSFUL CONSERVATION PROJECTS. IT ALSO ENABLES THE REGIONAL STAFF TO COLLABORATE WITH THE OVERALL ORGANIZATION THROUGH A STRATEGIC PROCESS WHICH INCLUDES: ASSESSING PROTECTION AND

Name of the organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS**

RESTORATION NEEDS; PRIORITIZING PROJECTS TO BE COMPLETED; ASSEMBLING RESOURCES TO CONDUCT PROJECTS; AND EXECUTING AND MONITORING. FINALLY, IT WILL ENABLE REGIONAL STAFF TO BUILD TIES TO THE COMMUNITY IN A POCKET AREA TO SUPPORT PROJECT WORK AND TO ENABLE CALTROUT TO BUILD AWARENESS, ENHANCE ITS REPUTATION, SECURE FUNDING, EDUCATE THE PUBLIC, AND EXPAND MEMBERSHIP.

THE CONCEPT OF "POCKETS" OF WILD TROUT CAN BE EQUATED TO THE CONCEPT OF REFUGIA IN CONSERVATION THEORY. REFUGIA ARE AREAS OF LAST REMAINING BIOLOGICAL INTEGRITY.

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

GOAL 2: PROTECT AND RESTORE WATER FLOWS FOR WILD TROUT AND STEELHEAD.

CALIFORNIA'S WATER SITUATION IS AMONG THE WORST IN THE WORLD. IT IS ONE OF THE LARGEST ECONOMIES ON EARTH, BUT ITS CLIMATE IS PRIMARILY ARID OR SEMI-ARID. IT IS ONLY THROUGH A MASSIVE MANIPULATION OF THE STATE'S RIVERS AND STREAMS THAT THIS TRANSFORMATION WAS MADE POSSIBLE. WITH OVER 1,200 RESERVOIRS ACROSS THE STATE, CALIFORNIA HAS FORGED AN UNPRECEDENTED PLUMBING SYSTEM TO DELIVER WATER TO THE LARGEST AGRICULTURAL PRODUCERS IN THE U.S. AND TO SOME OF THE LARGEST CITIES IN THE WORLD.

CALTROUT CANNOT POSSIBLY ADDRESS THE ENTIRE WATER SITUATION IN CALIFORNIA. HOWEVER, WE CAN BUILD EFFECTIVE PARTNERSHIPS AND INNOVATIVE STRATEGIES TO PROVIDE HEALTHY WATER FLOW FOR FISH BY: 1) REFORMING HYDROPOWER AND 2) RETURNING WATER TO RIVERS AND STREAMS.

**OBJECTIVE 1: REFORMING HYDROPOWER**

CALTROUT HAS BEEN INVOLVED IN HYDROPOWER REFORM SINCE BEFORE THE RELEASE OF ITS

Name of the organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

1998-2002 STRATEGIC PLAN, AND IT WILL CONTINUE TO REMAIN ONE OF CALTROUT'S HIGHEST PRIORITIES.

HYDROPOWER DAMS AFFECT EVERY MAJOR RIVER IN CALIFORNIA AND HAVE SUBSTANTIAL IMPACT ON THE STATE'S WILD TROUT AND STEELHEAD POPULATIONS. DAMS SUBMERGE RIVERS AND STREAMS, BLOCK FISH MIGRATIONS, AND REDUCE OR ELIMINATE DOWNSTREAM WATER FLOWS THAT ARE ESSENTIAL FOR TROUT AND STEELHEAD SURVIVAL. IN THE SIERRA NEVADA ALONE, DAMS HAVE FLOODED AND BLOCKED OVER 90% OF THE RIVERS THAT DRAIN THIS MAJESTIC MOUNTAIN RANGE.

MANY OF CALIFORNIA'S DAMS WERE BUILT TO GENERATE HYDROPOWER, PARTICULARLY ALONG THE WESTERN SLOPE OF THE SIERRA NEVADA. MOST HYDROELECTRIC FACILITIES ON OUR NATION'S RIVERS OPERATE UNDER LICENSES ISSUED BY THE FEDERAL ENERGY REGULATORY COMMISSION (FERC). UNDER THE AUTHORITY OF THE FEDERAL POWER ACT (FPA), FERC ISSUES HYDROPOWER LICENSES FOR TERMS OF UP TO 50 YEARS. OVER THE PAST CENTURY FERC HAS ISSUED LICENSES TO DEVELOP HYDROPOWER IN VIRTUALLY EVERY MAJOR CALIFORNIA WATERSHED. MOST OF THESE LICENSES WERE ISSUED WITH LITTLE THOUGHT TO THE IMPACT ON THE HEALTH OF TROUT AND STEELHEAD RIVER ECOSYSTEMS.

BETWEEN 2004 AND 2010 DOZENS OF FERC LICENSES, REPRESENTING OVER 100 DAMS, WILL BE UP FOR RENEWAL. THIS RENEWAL CYCLE OFFERS AN UNPRECEDENTED OPPORTUNITY FOR CALTROUT (AND OTHERS) TO COMPEL FERC TO USE THE BEST SCIENCE AVAILABLE IN DETERMINING FISHERY NEEDS AND IN ESTABLISHING ECOLOGICALLY-BASED IN STREAM FLOW REQUIREMENTS FOR DECADES TO COME. THIS IS A HIGH PRIORITY. CURRENTLY, WE ARE INVOLVED IN FERC RE-LICENSING EFFORTS ON THE PIT, KLAMATH, FEATHER, EEL, AND SANTA ANA RIVERS AND HAT CREEK. FOR TROUT, POTENTIAL BENEFITS INCLUDE MORE WATER, COOLER TEMPERATURES, MORE FOOD AND

Name of the organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

BETTER HABITAT. FOR ANGLERS, THE BENEFIT WILL BE MORE ABUNDANT, HEALTHIER FISH.

CAMPAIGNS FOR OBJECTIVE 1: REFORMING HYDROPOWER

CALTROUT WILL CONTINUE IN ITS ROLE AS A STEERING COMMITTEE MEMBER OF THE CALIFORNIA HYDROPOWER REFORM COALITION (CHRC), NEGOTIATING WITH LICENSEES AND FERC FOR HEALTHY WATER FLOWS BELOW DAMS. CALTROUT WILL ALSO UTILIZE THE FERC NEGOTIATING PROCESS TO SECURE MITIGATION PROJECTS THAT BENEFIT WILD TROUT AND STEELHEAD. CALTROUT WILL PRIMARILY FOCUS ON, BUT NOT LIMIT ITSELF TO, LICENSES WITHIN ITS POCKET AREAS.

OBJECTIVE 2: RETURNING WATER TO RIVERS AND STREAMS

A VARIETY OF USERS REAP THE BENEFITS OF CALIFORNIA'S DEVELOPED WATER SYSTEM, INCLUDING INDUSTRY, MUNICIPALITIES, AND RESIDENTIAL USERS. AGRICULTURE, HOWEVER, UTILIZES MORE THAN 80% OF THE HUMAN DEVELOPED WATER IN CALIFORNIA. THIS 80% SUPPORTS AN INDUSTRY WHICH PRODUCES 50% OF AMERICA'S FRUITS AND VEGETABLES AND NINE OF THE TOP TEN FARM PRODUCTS IN THE NATION. AGRICULTURE IS CLEARLY IMPORTANT TO CALIFORNIA'S ECONOMY. HOWEVER, WATER CONSERVATION IS CRITICAL TO HEALTHY FISHERIES. CALTROUT WILL DEVELOP A LONG-TERM PROGRAM TO COLLABORATE WITH IRRIGATORS, FARMERS, AGRICULTURE TRADE ORGANIZATIONS AND OTHERS TO IDENTIFY MUTUALLY BENEFICIAL SOLUTIONS TO REDUCING WATER USE, WHILE ALSO REINTRODUCING WATER INTO RIVERS AND STREAMS TO SUPPORT WILD TROUT AND STEELHEAD FISHERIES.

GOAL 3: ENSURE EFFECTIVE STATE WILD TROUT AND STEELHEAD MANAGEMENT.

THE STATE AGENCY MOST DIRECTLY RESPONSIBLE FOR PROTECTING AND RESTORING WILD TROUT AND STEELHEAD IN THE STATE IS THE CALIFORNIA DEPARTMENT OF FISH AND GAME (DFG). UNFORTUNATELY, DFG IS MORE SORELY UNDER-FUNDED AND UNDER-STAFFED THAN EVER BEFORE.

Name of the organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

ALREADY THE DFG HAS LOST NEARLY HALF OF ITS PROFESSIONAL WILD TROUT STAFF AND OVER THIRTY ENFORCEMENT POSITIONS. FURTHER CUTS TO THE DFG BUDGET MAY REACH BEYOND 50% OF ITS GENERAL FUND ONCE THE STATE MAKES ITS FINAL 2004 BUDGET DECISIONS. GIVEN THESE DRAMATIC CUTS IT IS UNLIKELY THAT DFG WILL MAINTAIN ADEQUATE STAFF TO EFFECTIVELY COMMENT ON IMPORTANT ENVIRONMENTAL-RELATED PROCEDURES, SUCH AS FERC RE-LICENSING, TIMBER HARVEST PLANS, GRAVEL MINING OPERATIONS, AND WATER DIVERSION PROPOSALS. IT IS ALSO LIKELY THERE WILL BE LITTLE OR NO MONEY TO IMPLEMENT EITHER THE COHO OR STEELHEAD RECOVERY PROGRAM RECOMMENDATIONS (A PROCESS IN WHICH CALTROUT HAS SPENT CONSIDERABLE TIME, ENERGY, AND FINANCES TO PROTECT STEELHEAD), TO IMPLEMENT ANY COMPONENTS OF THE HERITAGE TROUT PROGRAM, OR TO IMPLEMENT MANAGEMENT PLANS UNDER THE WILD TROUT PROGRAM. WITHOUT CONCERTED ACTION ON THE PART OF CALTROUT, ITS PARTNERS AND SUPPORTERS, AND OTHERS TO REINSTATE FINANCING OF KEY DFG PROGRAMS, THE DEPARTMENT'S EFFECTIVENESS COULD SLIP EVEN FURTHER.

EFFECTIVE COLLABORATION WITH DFG IS POSSIBLE, HOWEVER, EVEN IN SUCH TIGHT BUDGETARY TIMES. CALTROUT (ALONG WITH TU AND FFF) BEGAN COLLABORATION WITH DFG IN 2003 ON THE DEPARTMENT'S STRATEGIC TROUT PLAN (WHICH WAS APPROVED BY THE ACTING DIRECTOR IN JANUARY). CALTROUT WILL NOW FOCUS ON FURTHER COLLABORATION, PURSUING THE ULTIMATE AIM OF HAVING A WILD TROUT PROGRAM, HERITAGE TROUT PROGRAM, AND STEELHEAD RECOVERY PROGRAM THAT ARE EFFICIENT AND EFFECTIVE.

CALTROUT WILL MOBILIZE ITS STAFF, MEMBERS, VOLUNTEERS, AND THE PUBLIC TO SUCCESSFULLY ADVOCATE FOR A MORE BALANCED APPROACH (BETWEEN HATCHERY AND WILD TROUT AND STEELHEAD) OF DFG MANAGEMENT, WITH THE SPECIFIC AIM OF ENSURING THAT THE WILD TROUT PROGRAM, THE HERITAGE TROUT PROGRAM, AND THE STEELHEAD RECOVERY PROGRAM ARE, NOT ONLY ESTABLISHED, BUT ARE ALSO ADEQUATELY FUNDED, MANAGED, IMPLEMENTED, AND

Name of the organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

MONITORED.

CALTROUT'S STATE MANAGEMENT PROGRAM WILL BE DIVIDED INTO TWO CAMPAIGNS:

CAMPAIGN 1: OVERARCHING RE-PRIORITIZATION OF DEPARTMENT OF FISH AND GAME PROGRAMS, APPROPRIATIONS, POLICIES, AND OVERSIGHT (REFERRED TO AS DFG WILD TROUT AND STEELHEAD PRIORITIZATION CAMPAIGN BELOW).

CAMPAIGN 2: COLLABORATION WITH DFG PERSONNEL AT THE ADMINISTRATIVE LEVEL TO DEVELOP AND IMPLEMENT ITS TROUT STRATEGIC PLAN, WILD TROUT PROGRAM, HERITAGE TROUT PROGRAM, AND STEELHEAD RECOVERY PROGRAM.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT, A MEMBER OF THE BOARD OF DIRECTORS, AND THE EXECUTIVE DIRECTOR. THIS GROUP OF INDIVIDUALS THEN DISCUSSES THE CONTENTS OF THE RETURN WITH THE OUTSIDE TAX PROFESSIONAL. AFTER A FULL REVIEW (WITH MODIFICATIONS WHERE NECESSARY), THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY. A REPRESENTATIVE OF MANAGEMENT SIGNS AND MAILES THE RETURN TO THE DEPARTMENT OF THE TREASURY.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. ALL PERSONNEL AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED. THE ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS

Name of the organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)**

(IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE ORGANIZATION'S POLICIES AND PROCEDURES.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGMT**

A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF ALL HIGH-LEVEL PERSONNEL ANNUALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES. EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND THE ORGANIZATION'S POLICIES AND PROCEDURES.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES**

COMPENSATION OF OTHER HIGH-LEVEL PERSONNEL AND KEY EMPLOYEES IS REVIEWED AT LEAST ANNUALLY BY MEMBERS OF MANAGEMENT. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES AND ALL RELATED BENEFITS. ALL DECISIONS ARE THEN DOCUMENTED IN PERSONNEL FILES.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER LEGAL FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BY TAX AUTHORITIES AND THE GENERAL PUBLIC. TAX RETURNS ARE POSTED ANNUALLY TO WWW.GUIDESTAR.ORG (WHERE IT IS AVAILABLE FOR VIEWING AS AN ELECTRONIC COPY) AND ARE ALSO AVAILABLE AT THE ORGANIZATION'S OFFICE IN SAN FRANCISCO, CALIFORNIA (FOR A PHYSICAL INSPECTION).

**FORM 990, PART XI, LINE 5  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

NET LOSS FROM FOUNDATION .....	\$	3,883.
	TOTAL	<u>\$ 3,883.</u>

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

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

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization <b>CALIFORNIA TROUT, INC.</b>	Employer identification number <b>23-7097680</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>870 MARKET STREET #528</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN FRANCISCO, CA 94102</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ ALAN ROESBERRY -----

Telephone No. ▶ 415-392-8887 ----- FAX No. ▶ 415-392-8895 -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 12, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:  
▶  calendar year 20 \_\_\_\_ or  
▶  tax year beginning 7/01, 20 10, and ending 6/30, 20 11.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

CLIENT 28006

CALIFORNIA TROUT, INC.

23-7097680

1/18/12

04:17PM

**FORM 990, PART IX, LINE 24F  
OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT &amp; GENERAL</u>	<u>FUNDRAISING</u>
BANK CHARGES AND FEES	22,779.	3,261.	7,955.	11,563.
BANK CHARGES JAN-JUNE 2010	-10,510.			-10,510.
FUNDRAISING EXP ELSEWHERE	-129,160.			-129,160.
MISC JAN-JUNE 2010	-3,839.			-3,839.
MISCELLANEOUS	22,282.	705.	235.	21,342.
REPAIRS & MAIN JAN-JUNE 2010	-13,126.	-12,247.	-239.	-640.
TOTAL	<u>\$ -111,574.</u>	<u>\$ -8,281.</u>	<u>\$ 7,951.</u>	<u>\$ -111,244.</u>

1/18/12

04:17PM

CHANGE IN ACCOUNTING PERIOD

DURING ITS PRIOR FISCAL PERIOD ENDED DECEMBER 31, 2009, THE BOARD OF DIRECTORS OF THE ORGANIZATION TOOK ACTION TO CHANGE ITS FISCAL YEAR FROM DECEMBER 31 TO JUNE 30. THIS DECISION NECESSITATED THE PREPARATION AND FILING OF A STUB-PERIOD TAX RETURN FOR THE SIX MONTHS ENDED JUNE 30, 2010. THE ORGANIZATION'S CPA FIRM PREPARED (AS OF JUNE 30, 2010) AND THE ORGANIZATION THEN SUBMITTED (SHORTLY THEREAFTER) FORM 1128 "APPLICATION TO ADOPT, CHANGE, OR RETAIN A TAX YEAR" SEEKING ADVANCE APPROVAL FROM THE INTERNAL REVENUE SERVICE. A COPY OF THAT APPLICATION IS ATTACHED TO THIS TAX RETURN.

1/18/12

04:17PM

PROPERTY, EQUIPMENT AND IMPROVEMENTS  
-----

A SUMMARY OF PROPERTY, EQUIPMENT AND IMPROVEMENTS IS AS FOLLOWS AT JUNE 30, 2011:

OFFICE EQUIPMENT	\$ 143,481
FURNITURE AND FIXTURES	24,781
PROJECT IMPROVEMENTS	29,214
	-----
SUBTOTAL	197,476
LESS ACCUMULATED DEPRECIATION	(160,301)
	-----
TOTAL PROPERTY, EQUIPMENT AND IMPROVEMENTS (NET)	\$ 37,175
	=====

TOTAL DEPRECIATION EXPENSE FOR THE YEAR ENDED JUNE 30, 2011 AMOUNTED TO \$20,187.

California Exempt Organization Annual Information Return

Calendar year 2010 or fiscal year beginning month 07 day 01 year 2010, and ending month 06 day 30 year 2011

**A** First Return Filed?  Yes  No  
**B** Type of organization Exempt under Section 23701 .. **D** (insert letter)  **CORP #** 0614972  
 IRC Section 4947(a)(1) trust. . .

Corporation/Organization Name **CALIFORNIA TROUT, INC.** **FEIN** 23-7097680

Address **870 MARKET STREET #528** City **SAN FRANCISCO, CA 94102** State ZIP Code

**C** Amended Return? ..  Yes  No  
**D** Are you a subordinate/affiliate in a group exemption? ..  Yes  No  
**a** Is this a group filing for affiliates? See General Instruction L. ....  Yes  No  
**b** If 'Yes,' enter the number of affiliates ..  
**c** Are all affiliates included? ..  Yes  No (If 'No,' attach a list. See instructions.)  
**d** Is this a separate return filed by an organization covered by a group ruling? ..  Yes  No  
**e** Federal Group Exemption Number ..  
**f** Is a roster of subordinates attached? ..  Yes  No  
**E** Final return?  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized (attach explanation)  
 If a box is checked, enter date. ....  
**F** Check the box if the organization filed the following federal forms or schedule:  
**1**  990T **2**  990PF **3**  (Schedule H) 990  
**G** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public

contributions, check box. See General Instruction F. No filing fee is required. ....   
**H** Accounting method used .. **1**  Cash **2**  Accrual **3**  Other  
**I** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. ....  Yes  No  
**J** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. ....  Yes  No  
**K** Is the organization exempt under R&TC Section 23701g? ..  Yes  No  
 If 'Yes,' enter amount of gross receipts from nonmember sources. .... \$  
**L** Is the organization under audit by the IRS or has the IRS audited in a prior year? ..  Yes  No  
**M** Is the organization a Limited Liability Company? ..  Yes  No  
**N** Did the organization file Form 100 or Form 109 to report taxable income? ..  Yes  No

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8 .....	<b>1</b>	252,633.
	<b>2</b> Gross dues and assessments from members and affiliates. ....	<b>2</b>	
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received. .... SEE. SCH. B	<b>3</b>	2,538,230.
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction B. ....	<b>4</b>	2,790,863.
	<b>5</b> Cost of goods sold .....	<b>5</b>	
	<b>6</b> Cost or other basis, and sales expenses of assets sold. ....	<b>6</b>	
	<b>7</b> Total costs. Add line 5 and line 6 .....	<b>7</b>	
	<b>8</b> Total gross income. Subtract line 7 from line 4 .....	<b>8</b>	2,790,863.
<b>Expenses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18 .....	<b>9</b>	2,007,016.
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 .....	<b>10</b>	783,847.
<b>Filing Fee</b>	<b>11</b> Filing fee \$10 or \$25. See General Instruction F. ....	<b>11</b>	
	<b>12</b> Total payments .....	<b>12</b>	
	<b>13</b> Penalties and Interest. See General Instruction J. ....	<b>13</b>	
	<b>14</b> Use tax. See General Instruction K. ....	<b>14</b>	
	<b>15</b> <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result .....	<b>15</b>	

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Title	Date	Telephone
<b>DOUGLAS W. REGALIA</b>	<b>EXEC DIRECTOR</b>		<b>415-392-8887</b>

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed	Preparer's PTIN/SSN
<b>DOUGLAS W. REGALIA</b>		<input type="checkbox"/>	<b>P00186389</b>
Firm's name (or yours, if self-employed) and address			FEIN
<b>REGALIA &amp; ASSOCIATES, CPAS</b> <b>103 TOWN &amp; COUNTRY DR., STE. K</b> <b>DANVILLE, CA 94526</b>			<b>68-0260103</b>
			Telephone
			<b>925-314-0390</b>

May the FTB discuss this return with the preparer shown above? See instructions. ....  Yes  No

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts—complete Part II or furnish substitute information. See Specific Line Instructions.**

<b>Receipts from Other Sources</b>	<b>1</b> Gross sales or receipts from all business activities. See instructions..... ●	<b>1</b>	804.
	<b>2</b> Interest..... ●	<b>2</b>	5,298.
	<b>3</b> Dividends..... ●	<b>3</b>	
	<b>4</b> Gross rents..... ●	<b>4</b>	
	<b>5</b> Gross royalties..... ●	<b>5</b>	
	<b>6</b> Gross amount received from sale of assets (See Instructions)..... ●	<b>6</b>	
	<b>7</b> Other income. Attach schedule..... SEE. STATEMENT . 1 ●	<b>7</b>	246,531.
	<b>8 Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.....	<b>8</b>	252,633.
<b>9</b> Contributions, gifts, grants, and similar amounts paid. Attach schedule..... ●	<b>9</b>		
<b>10</b> Disbursements to or for members..... ●	<b>10</b>		
<b>11</b> Compensation of officers, directors, and trustees. Attach schedule ... SEE. STATEMENT . 2 ●	<b>11</b>	230,309.	
<b>12</b> Other salaries and wages..... ●	<b>12</b>	402,644.	
<b>13</b> Interest..... ●	<b>13</b>		
<b>14</b> Taxes..... ●	<b>14</b>	52,009.	
<b>15</b> Rents..... ●	<b>15</b>	134,512.	
<b>16</b> Depreciation and depletion (See Instructions)..... ●	<b>16</b>	14,377.	
<b>17</b> Other. Attach schedule..... SEE. STATEMENT . 3 ●	<b>17</b>	1,173,165.	
<b>18 Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.....	<b>18</b>	2,007,016.	

<b>Schedule L Balance Sheets</b>	<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
	<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>				
<b>1</b> Cash.....		1,415,070.		● 1,410,590.
<b>2</b> Net accounts receivable.....		236,197.		● 987,448.
<b>3</b> Net notes receivable. Attach schedule.....				●
<b>4</b> Inventories.....				●
<b>5</b> Federal and state government obligations.....				●
<b>6</b> Investments in other bonds. Attach sch.....				●
<b>7</b> Investments in stock. Attach schedule.....				●
<b>8</b> Mortgage loans (number of loans _____).....				●
<b>9</b> Other investments. Attach schedule.....				●
<b>10a</b> Depreciable assets.....	175,628.		197,476.	
<b>b</b> Less accumulated depreciation.....	145,924.	29,704.	160,301.	37,175.
<b>11</b> Land.....				●
<b>12</b> Other assets. Attach schedule..... STM . 4		98,807.		● 118,881.
<b>13</b> Total assets.....		1,779,778.		2,554,094.
<b>Liabilities and net worth</b>				
<b>14</b> Accounts payable.....		135,821.		● 135,351.
<b>15</b> Contributions, gifts, or grants payable.....				●
<b>16</b> Bonds and notes payable. Attach schedule.....				●
<b>17</b> Mortgages payable.....				●
<b>18</b> Other liabilities. Attach schedule..... STM . 5		41,317.		28,373.
<b>19</b> Capital stock or principle fund.....		1,602,640.		● 2,390,370.
<b>20</b> Paid-in or capital surplus. Attach reconciliation.....				●
<b>21</b> Retained earnings or income fund.....				●
<b>22</b> Total liabilities and net worth.....		1,779,778.		2,554,094.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
<b>1</b> Net income per books..... ●	783,847.	<b>7</b> Income recorded on books this year not included in this return. Attach schedule..... ●	
<b>2</b> Federal income tax..... ●		<b>8</b> Deductions in this return not charged against book income this year. Attach schedule..... ●	
<b>3</b> Excess of capital losses over capital gains..... ●		<b>9</b> Total. Add line 7 and line 8.....	
<b>4</b> Income not recorded on books this year. Attach schedule..... ●		<b>10</b> Net income per return. Subtract line 9 from line 6.....	783,847.
<b>5</b> Expenses recorded on books this year not deducted in this return. Attach schedule..... ●			
<b>6</b> Total. Add line 1 through line 5.....	783,847.		

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

Department of the Treasury  
Internal Revenue Service

CALIFORNIA COPY

**Schedule of Contributors**

▶ **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

**2010**

Name of the organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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

**Special Rules**

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	RESOURCES LEGACY FUND FDTN 555 CAPITOL MALL #675 SACRAMENTO, CA 95814	\$ 152,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ENVIRONMENT NOW 2515 WILSHIRE BLVD SANTA MONICA, CA 90403	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	SAGE FUND - JOE FERGUSON 60 S. MARKET STREET SUITE 1000 SAN JOSE, CA 95113	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	BELLA VISTA FOUNDATION 1660 BUSH STREET #300 SAN FRANCISCO, CA 94109	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	WEEDEN FOUNDATION 747 THIRD AVENUE, 34TH FLOOR NEW YORK, NY 10017	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	ERIC CALLOW 1210 JOURNEY'S END DRIVE LA CANADA, CA 91011	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	LINDA & ANDY ACH 124 COMMONWEALTH AVE. SAN FRANCISCO, CA 94118	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	JEROME YESAVAGE 827 SANTA FE AVENUE STANFORD, CA 94305	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	GARY & DELORES ARABIAN 224 WARREN ROAD SAN MATEO, CA 94402	\$ 21,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	DAVID & ALENA GOEDEL 2115 FOREST VIEW AVENUE SAN FRANCISCO, CA 94010	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	BRUCE ALLEN 83 IDLEWOOD ROAD KENTFIELD, CA 94904	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	DOUGLAS BALLINGER 101 WINDING WAY WOODSIDE, CA 94062	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	RICHARD BARKER ----- 765 MARKET STREET ----- SAN FRANCISCO, CA 94103 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
14	ALAN VIDINSKY ----- 2331 PACIFIC AVE ----- SAN FRANCISCO, CA 94115 -----	\$ 32,111.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
15	NICHOLAS & MARY GRAVES ----- 2901 BRODERICK STREET ----- SAN FRANCISCO, CA 94123 -----	\$ 54,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
16	HARRY & SHIRLEY HAGEY ----- 196 ALBION AVENUE ----- WOODSIDE, CA 94062 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
17	COLLEEN & ROBERT HAAS ----- 1155 BATTERY STREET, FLOOR 7 ----- SAN FRANCISCO, CA 94111 -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
18	ROBERT & EDIE KIRKWOOD FUND ----- 1221 WAVERLEY STREET ----- PALO ALTO, CA 94301 -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	BILL LANDRETH ----- 5458 QUAIL MEADOWS DRIVE ----- CARMEL, CA 94923 -----	\$ 36,871.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
20	LAURESTON MCLELLAN ----- 847 MANOR WAY ----- LOS ALTOS, CA 94024 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
21	H. ZEIDWERG & L. ABEYOUNIS ----- 420 SEALE AVE ----- PALO ALTO, CA 94301 -----	\$ 5,118.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
22	TONY & HEATHER BROOKFIELD ----- 221 PACIFIC AVENUE ----- PIEDMONT, CA 94611 -----	\$ 5,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
23	ROBERT EMERY ----- 3522 CLAY STREET ----- SAN FRANCISCO, CA 94118 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
24	WILLIAM EPSTEIN ----- 41 NACE AVENUE ----- PIEDMONT, CA 94611 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	PISCES FOUNDATION ONE MARITIME PLAZA #1400 SAN FRANCISCO, CA 94111	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	HELENE & CHARLES LINKER 330 RAMONA AVENUE PIEDMONT, CA 94611	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	STEVEN MCCANNE 54 EL CAMINO REAL BERKELEY, CA 94705	\$ 38,802.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	STEVEN READ 2025 FOURTH STREET BERKELEY, CA 94710	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	STEVE ROGERS 91 CRYSTAL SPRINGS ROAD HILLSBOROUGH, CA 94010	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	PAUL & KRISTIN VAIS 1501 BAY LAUREL DRIVE MENLO PARK, CA 94025	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	EARTHSHARE OF CALIFORNIA 49 POWELL STREET #510 SAN FRANCISCO, CA 94102	\$ 5,852.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	CHEVRON CORPORATION 1201 K. STREET #1910 SACRAMENTO, CA 95814	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	THE NATURE CONSERVANCY 201 MISSION STREET, FOURTH FLO SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	WILD SALMON CENTER 721 NW NINTH AVENUE #300 PORTLAND, OR 97209	\$ 9,526.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	LAWRENCE & PAMELA GARLICK 340 LOWELL AVE. PALO ALTO, CA 94301	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	KEN OLIVIER / ANGELA NOMEILLINI 808 EUCALYPTUS AVENUE HILLSBOROUGH, CA 94010	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	MARISLA FOUNDATION 668 N. COAST HIGHWAY, PMB 1400 LAGUNA BEACH, CA 92651	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	BANNERMAN FOUNDATION 9255 SUNSET BLVD STE 400 WEST HOLLYWOOD, CA 90069	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	WELLS FARGO PRIVATE BANK 4365 EXECUTIVE DRIVE, 18TH FL SAN DIEGO, CA 92121	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	SAN DIEGO FOUNDATION 2508 HISTORIC DECATUR RD. #200 SAN DIEGO, CA 92106	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	TROUT UNLIMITED 828 SAN PABLO AVENUE ALBANY, CA 94706	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	HUMBOLDT AREA FOUNDATION 373 INDIANOLA ROAD BAYSIDE, CA 95524	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	MAMMOTH COMMUNITY WATER DISTRICT PO BOX 597 MAMMOTH LAKES, CA 93546	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	AMERICAN RIVERS, INC. 1101 14TH STREET, NW, STE 1400 WASHINGTON, DC 20005	\$ 32,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	INYO WATER DEPARTMENT 135 SOUTH JACKSON STREET INDEPENDENCE, CA 93526	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	TRUCKEE TAHOE COMMUNITY FOUNDATION 11071 DONNER PASS ROAD TRUCKEE, CA 96161	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	TROUT UNLIMITED-SAGE BRUSH CHAPTER 550 W. PLUMB LN, SUITE B-237 RENO, NV 89509	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	JAMES ARCE 36 TERRACE COURT TIBURON, CA 94920	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	DARRELL BOYLE 15308 TOP OF THE HILL ROAD LOS GATOS, CA 95032	\$ 21,355.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	DAVID BRETT 1711 E BAYSHORE ROAD B REDWOOD CITY, CA 94063	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	CAPITAL GROUP COMPANIES 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	CHARLES KRUG WINERY-PETER MONDAVI 2800 MAIN STREET ST. HELENA, CA 94574	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	COMMUNITY FOUNDATION OF TEXAS 5500 CARUTH HAVEN LANE DALLAS, TX 75225	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	DEUTSCHE BANK ALEX. BROWN 101 CALIFORNIA STREET, 46TH FL SAN FRANCISCO, CA 94111	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	EARTHJUSTICE 426 17TH STREET, 6TH FLOOR OAKLAND, CA 94612	\$ 7,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	ANDY ECKERT 10 VINEYARD HILL ROAD WOODSIDE, CA 94062	\$ 12,408.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	BOB HOUSTON 1029 J STREET, SUITE 300 SACRAMENTO, CA 95814	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	KENYON YEATES LLP 2001 N STREET, SUITE 100 SACRAMENTO, CA 95811	\$ 30,537.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	RICHARD MERRILL 8545 CARMEL VALLEY ROAD CARMEL, CA 93923	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	SAVERI & SAVERI 706 SANSOME STREET SAN FRANCISCO, CA 94111	\$ 94,579.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>CALIFORNIA TROUT, INC.</b>	Employer identification number <b>23-7097680</b>
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**Part I Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61	THOMAS SZYMONIAK ----- 2312 SHENANDOAH PLACE ----- DAVIS, CA 95616 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	RICHARD WEST ----- 1600 MOUNTAIN BLVD ----- OAKLAND, CA 94611 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	CALIF DEPARTMENT OF WATER RESOURCES ----- P.O. BOX 942836 ----- SACRAMENTO, CA 95814 -----	\$ 237,615.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	CALIFORNIA NATURAL RESOURCES AGENCY ----- 1416 NINTH STREET, SUITE 1311 ----- SACRAMENTO, CA 95814 -----	\$ 371,533.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	CALIF WATER RESOURCES CONTROL BOARD ----- P.O. BOX 100 ----- SACRAMENTO, CA 95812 -----	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Part II** Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		

BAA

Name of organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

CLIENT 28006

CALIFORNIA TROUT, INC.

23-7097680

1/18/12

04:17PM

**STATEMENT 1  
FORM 199, PART II, LINE 7  
OTHER INCOME**

INCOME FROM SPECIAL EVENTS.....	\$	201,449.
OTHER INCOME.....		45,082.
	TOTAL \$	<u>246,531.</u>

**STATEMENT 2  
FORM 199, PART II, LINE 11  
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JEFF THOMPSON 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102	EXEC DIRECTOR 40.00	\$ 122,619.	\$ 0.	\$ 0.
ALAN J. ROESBERRY 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102	FINANCE & ADMIN 40.00	107,690.	0.	0.
TONY BROOKFIELD 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102	CHAIRMAN 4.00	0.	0.	0.
THOMAS SZYMONIAK 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102	TREASURER 4.00	0.	0.	0.
JOHN SLEZAK, JD 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102	SECRETARY 4.00	0.	0.	0.
LINDA ROSENBERG ACH 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102	BOARD MEMBER 2.00	0.	0.	0.
RONALD P. ANTIPA 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102	BOARD MEMBER 2.00	0.	0.	0.
GARY V. ARABIAN 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102	BOARD MEMBER 2.00	0.	0.	0.
JIM ARCE 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102	BOARD MEMBER 2.00	0.	0.	0.

CLIENT 28006

CALIFORNIA TROUT, INC.

23-7097680

1/18/12

04:17PM

**STATEMENT 2 (CONTINUED)**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DOUG BALLINGER 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102	BOARD MEMBER 2.00	\$ 0.	\$ 0.	\$ 0.
MICHAEL BERUBE 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102	BOARD MEMBER 2.00	0.	0.	0.
ERIC CALLOW 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102	BOARD MEMBER 2.00	0.	0.	0.
ANDY ECKERT 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102	BOARD MEMBER 2.00	0.	0.	0.
BILL EPSTEIN 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102	BOARD MEMBER 2.00	0.	0.	0.
DICK GALLAND 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102	BOARD MEMBER 2.00	0.	0.	0.
NICK GRAVES 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102	BOARD MEMBER 2.00	0.	0.	0.
PETER B. MOYLE, PHD 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102	BOARD MEMBER 2.00	0.	0.	0.
GEORGE SHILLINGER 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102	BOARD MEMBER 2.00	0.	0.	0.
ALAN VIDINSKY 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102	BOARD MEMBER 2.00	0.	0.	0.
RICHARD WEST 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102	BOARD MEMBER 2.00	0.	0.	0.
JEROME YESAVAGE, MD 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102	BOARD MEMBER 2.00	0.	0.	0.
<b>TOTAL</b>		<u>\$ 230,309.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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CALIFORNIA TROUT, INC.

23-7097680

1/18/12

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**STATEMENT 3**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

ACCOUNTING FEES.....	\$	4,672.
ADVERTISING AND PROMOTION.....		5,850.
BANK CHARGES AND FEES.....		22,779.
BANK CHARGES JAN-JUNE 2010.....		-10,510.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		14,329.
DESIGN CONSULTING.....		66,758.
ENTERTAINMENT AND HOSPITALITY.....		134,965.
FUNDRAISING EXP ELSEWHERE.....		-129,160.
INFORMATION TECHNOLOGY.....		72,783.
INSURANCE.....		7,335.
LEGAL FEES.....		42,098.
MISC JAN-JUNE 2010.....		-3,839.
MISCELLANEOUS.....		22,282.
OFFICE EXPENSES.....		61,792.
OTHER EMPLOYEE BENEFIT.....		58,010.
OTHER FEES.....		439,341.
PENSION PLAN CONTRIBUTIONS.....		1,440.
POSTAGE AND SHIPPING.....		26,609.
PRINTING AND PUBLICATIONS.....		91,528.
REPAIRS & MAIN JAN-JUNE 2010.....		-13,126.
REPAIRS AND MAINTENANCE.....		33,424.
SPECIAL EVENT EXPENSES.....		129,160.
TRAVEL.....		94,645.
	TOTAL	<u>\$ 1,173,165.</u>

**STATEMENT 4**  
**FORM 199, SCHEDULE L, LINE 12**  
**OTHER ASSETS**

DEPOSIT.....		10,631.
DUE FROM CALIFORNIA TROUT FOUNDATION.....		92,059.
PREPAID EXPENSES AND DEFERRED CHARGES.....		16,191.
	TOTAL	<u>\$ 118,881.</u>

**STATEMENT 5**  
**FORM 199, SCHEDULE L, LINE 18**  
**OTHER LIABILITIES**

ACCRUED PAYROLL LIABILITIES.....		28,373.
	TOTAL	<u>\$ 28,373.</u>

IN  
**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



**WEBSITE ADDRESS:**  
<http://ag.ca.gov/charities/>

<b>State Charity Registration Number</b> <u>12573</u>  <b>CALIFORNIA TROUT, INC.</b> <small>Name of Organization</small>  <u>870 MARKET STREET #528</u> <small>Address (Number and Street)</small>  <u>SAN FRANCISCO, CA 94102</u> <small>City or Town State ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report  <b>Corporate or Organization No.</b> <u>0614972</u>  <b>Federal Employer ID No.</b> <u>23-7097680</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 7/01/10 ending 6/30/11) list:  
 Gross annual revenue \$ 2,661,703. Total assets \$ 2,554,094.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? <span style="float: right;">SEE STATEMENT 1</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <span style="float: right;">SEE STATEMENT 2</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. <span style="float: right;">SEE STATEMENT 3</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number 415-392-8887

Organization's e-mail address INFO@CALTROUT.ORG

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

JEFF THOMPSON	EXEC DIRECTOR	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>
		<small>Date</small>

CLIENT 28006

CALIFORNIA TROUT, INC.

23-7097680

1/18/12

04:17PM

**STATEMENT 1  
FORM RRF-1, PART B, LINE 1  
FINANCIAL TRANSACTIONS**

CALIFORNIA TROUT EMPLOYED MR. JEFF THOMPSON AS ITS EXECUTIVE DIRECTOR AND MR. ALAN ROESBERRY AS ITS FINANCE AND ADMINISTRATION DIRECTOR. DURING THE YEAR ENDED JUNE 30, 2011, MR. THOMPSON WAS PAID \$122,619 AND MR. ROESBERRY WAS PAID \$107,690 IN TOTAL COMPENSATION.

**STATEMENT 2  
FORM RRF-1, PART B, LINE 6  
GOVERNMENT AGENCY THAT PROVIDED FUNDING**

RECEIVED \$237,615 FROM  
CALIFORNIA DEPARTMENT OF WATER RESOURCES  
P.O. BOX 942836  
SACRAMENTO, CA 94236  
916-653-5791

RECEIVED \$371,533 FROM  
CALIFORNIA NATURAL RESOURCES AGENCY  
1416 NINTH STREET, SUITE 1311  
SACRAMENTO, CA 94236  
916-653-5791

RECEIVED \$125,000 FROM  
CALIFORNIA STATE WATER RESOURCES CONTROL BOARD  
P.O. BOX 100  
SACRAMENTO, CA 95812  
916-341-5700

**STATEMENT 3  
FORM RRF-1, PART B, LINE 8  
VEHICLE DONATION PROGRAM INFORMATION**

RECEIVED \$38,327 FROM  
CALIFORNIA DEPARTMENT OF FISH & GAME  
1416 9TH STREET  
SACRAMENTO, CA 95814  
916-445-0411

**STATEMENT 9**  
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THE JUNE 30, 2011 FINANCIAL STATEMENTS OF CALIFORNIA TROUT, INC. WERE AUDITED BY THE INDEPENDENT ACCOUNTING FIRM OF REGALIA & ASSOCIATES, CPAS, WHICH ISSUED AN UNQUALIFIED OPINION. A COPY OF THE REPORT IS INCLUDED WITH THIS RETURN.