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ARMANINO^{LLP}

12657 Alcosta Blvd., Suite 500 San Ramon, CA 94583 ph 925.790.2600 fx 925.790.2601

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 0614972

aan Form

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

Intern	al Rever	f the Treasury nue Service	 Do not enter social security numbers on this form a Go to www.irs.gov/Form990 for instructions and 	the latest	information.	Open to Public Inspection					
<u>A</u> F	or the			ending J	UN 30, 2021						
	heck if		forganization		D Employer identifi	cation number					
	Addres change Name	es CALIFO	DRNIA TROUT, INC.		22 2002600						
]chang ⊐Initial	Ŭ	usiness as	23-7097680							
	_return]Final]return/	, 360 PI	r and street (or P.O. box if mail is not delivered to street address) TNE STREET, 4TH FLOOR	Room/suite	E Telephone numbe 415-392-8887						
	termin ated	- City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	17,367,435.						
	Ameno	SAN FR	RANCISCO, CA 94104	H(a) Is this a group re	eturn						
	Applic dition	F Maine a	nd address of principal officer: CURTIS KNIGHT		for subordinates	? Yes X No					
	pendir		C ABOVE		H(b) Are all subordinates in						
IT	ax-exe	empt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 🚺 527		list. See instructions					
		te: CALTRO			H(c) Group exemption	n number 🕨					
			X Corporation Trust Association Other ►	L Year		A State of legal domicile: CA					
Pa	irt I	Summary									
	1	Briefly describ	SION IS ENSURING								
Governance			ALTHY WATER AND RESILIENT WILD FISH FOR A BETTER CALIFORNIA. WE								
'nai	2	Check this bo	x 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.					
Iove		Number of vot	3	18							
	4	Number of ind	4	18							
Activities &			5	35							
itie			6	30							
ctiv				0.							
۲			business taxable income from Form 990-T, Part I, line 11			0.					
					Prior Year	Current Year					
•	8	Contributions	and grants (Part VIII, line 1h)		9,151,605.	16,983,761.					
nue			ice revenue (Part VIII, line 2g)		56,657.	40,210.					
Revenue		•	come (Part VIII, column (A), lines 3, 4, and 7d)		7,644.	5,542.					
Ř			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,211.	56,474.						

	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,238,117.	17,085,987.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,883,612.	3,099,296.
nses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ଚ	b	Total fundraising expenses (Part IX, column (D), line 25) 729, 795.		
EX	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,520,686.	10,326,882.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,404,298.	13,426,178.
	19	Revenue less expenses. Subtract line 18 from line 12	833,819.	3,659,809.
o Ses			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	4,942,888.	11,384,181.
Net Assets Fund Balanc	21	Total liabilities (Part X, line 26)	1,759,316.	4,540,800.
Flag	22	Net assets or fund balances. Subtract line 21 from line 20	3,183,572.	6,843,381.
Do	-+ 11	Signature Block		

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.

Sign	Signature of officer		[Date						
Here										
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	MATTHEW PETROSKI	self-employed P00853132								
Preparer	Firm's name ARMANINO LLP		F	Firm's EIN 🕨 94–6214841						
Use Only	Jse Only Firm's address 12657 ALCOSTA BLVD, STE. 500									
SAN RAMON, CA 94583-4600 Phone no.925-790-2600										
May the II	May the IRS discuss this return with the preparer shown above? See instructions									
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

OMB No. 1545-0047

2020

orm	990 (2020) CALIFORNIA TROUT, INC.	23-7097680	Page 2
	t III Statement of Program Service Accomplishments		U
	Check if Schedule O contains a response or note to any line in this Part III		X
	Briefly describe the organization's mission:		
	CALTROUT'S MISSION IS ENSURING HEALTHY WATER AND RESILIENT WILD FISH		
	FOR A BETTER CALIFORNIA. WE SHARE A COMMON VISION OF A CALIFORNIA		
	WHERE HEALTHY WATERS FLOW FROM HEADWATERS TO SEA. WHERE THE DIVERSITY		
	AND RESILIENCE OF OUR WATERS AND FISH MATCH THAT OF THE PEOPLE		
	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Y	es 🛛 No
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Y	es 🛛 No
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services, as me	asured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.		,
a	(Code:) (Expenses \$ 4,614,151. including grants of \$) (Revenue \$	8	30,210.
	SHASTA -KLAMATH REGIONAL PROGRAM GOAL: PROTECT AND RESTORE THE		,,
	SPRING-FED COLD-WATER RIVER SYSTEMS OF THE SHASTA-KLAMATH REGION THAT,		
	IN THE FACE OF DROUGHT AND CLIMATE CHANGE, SUSTAIN NATIVE SALMONIDS,		
	SUPPORT THE LOCAL ECONOMY, SUPPLY WATER TO CENTRAL AND SOUTHERN		
	CALIFORNIA, AND PROVIDE CRITICAL HABITAT FOR ENDANGERED SPECIES. BATTLE		
	CREEK BARRIER REMOVAL PROJECT - FISH PASSAGE HAS BEEN RESTORED TO MORE		
	THAN 8 MILES OF HIGH-QUALITY SPRING-FED HABITAT IN BATTLE CREEK. THIS		
	PROJECT DIRECTLY BENEFITS ONE OF THE WORLD'S MOST ENDANGERED RUNS OF		
	ANADROMOUS SALMONWINTER-RUN CHINOOK SALMON. THIS RUN IS FOUND ONLY IN		
	CALIFORNIA AND HAS A LIFE HISTORY STRATEGY AND GENETIC SIGNATURE THAT		
	IS FOUND NOWHERE ELSE ON THE PLANET.		
b	(Code:) (Expenses \$ 2,725,449. including grants of \$) (Revenue \$	6	
	NORTH COAST REGIONAL PROGRAM GOAL: PROTECT THE ECOLOGICAL HEALTH OF THE		
	NORTH COAST'S RIVERS, AND THE SALMON AND STEELHEAD STRONGHOLD		
	POPULATIONS THEY SUSTAIN IN THE SMITH, KLAMATH, TRINITY, REDWOOD, MAD,		
	AND THE EEL RIVERS BY ESTABLISHING SOUND POLICIES AND SCIENCE-BASED		
	RECOVERY AND MONITORING PROGRAMS, TO RESTORE PRODUCTIVE AND VIBRANT		
	COMMERCIAL AND RECREATIONAL FISHERIES, GOOD WATER QUALITY, AND		
	SUSTAINABLE WORKING LANDSCAPES. BUILD DEIJ INTO OUR PARTNERSHIPS,		
	PROJECT DEVELOPMENT, AND INTERNAL PRACTICES FOR HIRING AND RETENTION,		
	AND CONTINUE TO EMPHASIZE PARTNERSHIPS WITH TRIBAL AND OTHER		
	MARGINALIZED OR MINORITY SERVING PROGRAMS. THE ECOLOGICAL RESTORATION		
	OF COCHRAN CREEK PROJECT ALLOWS FISH PASSAGE AND HELP SUSTAIN		
	POPULATIONS OF COHO, STEELHEAD, AND COASTAL CUTTHROAT TROUT, WHILE		
С	(Code:) (Expenses \$1,900,637. including grants of \$) (Revenue \$	§)
	SOUTH COAST REGIONAL PROGRAM GOAL: CALTROUT AS A LEADER ON FISH AND		
	WATER ISSUES ON A LANDSCAPE SCALE; PROMOTE RECOVERY OF ENDANGERED		
	SOUTHERN CALIFORNIA STEELHEAD THROUGH SCIENCE-BASED PROJECTS THAT		
	INCREASE ACCESS TO PRIME HABITAT BY REMOVING MIGRATION BARRIERS,		
	IMPROVE TROUT HABITAT, AND PRESERVE NATIVE RAINBOW TROUT POPULATIONS;		
	INCREASE AWARENESS OF STATE WATER ISSUES TO SO CAL LEGISLATORS AND		
	ESTABLISH LEGAL PRECEDENT ON IMPORTANT STATEWIDE FISH AND WATER ISSUES.		
	RINDGE DAM PROJECT IN 2020, CALIFORNIA STATE PARKS AND PARTNERS		
	COMPLETED A FEASIBILITY STUDY THAT RESULTED IN A SCIENCE-BASED PLAN		
	BUILT UPON STAKEHOLDER INPUT. IN 2021, THE 2021-2022 CALIFORNIA STATE		
	BUDGET ALLOCATED \$12.5 MILLION FOR CALIFORNIA STATE PARKS TO ADVANCE		
	PLANNING, DESIGN, AND TECHNICAL STUDIES OVER THE NEXT THREE YEARS THAT		
d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 2,525,188. including grants of \$) (Revenue \$	87,301.)	
2	Total program service expenses 11,765,425.		
		Forr	n 990 (2020)
)02	12-23-20 SEE SCHEDULE O FOR CONTINUATION(S)		
	2		
5	16 701245 128100.1 2020.05094 CALIFORNIA TROU	T, INC.	12810
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Form	990	(2020)	

CALIFORNIA TROUT, INC.

Par	t IV Checklist of Required Schedules			9
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
-	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
-		4	x	
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5		5		x
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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3 2020.05094 CALIFORNIA TROUT, INC.

Form **990** (2020)

	Form	990	(2020)
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CALIFORNIA TROUT, INC.

Par	t IV Checklist of Required Schedules (continued)			<u></u>
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
Ŭ	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
-0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
_		,	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1'	-		
		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	х	
000000	(gambling) winnings to prize winners?	1c	 990	(2020)
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2020.05094 CALIFORNIA TROUT, INC.

Page 4

Form	990 (2020) CALIFORNIA TROUT, INC. 23-70976	80	Р	age 5				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a3!	5						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
~	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions)	2b						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x				
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	00		<u> </u>				
40		4		x				
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>						
D	If "Yes," enter the name of the foreign country							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		<u> </u>				
6a	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 as charitable contributions?	<u>6a</u>		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.) 11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
-	Note: See the instructions for additional information the organization must report on Schedule O.							
h	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							
с	Enter the amount of reserves on hand							
14a	Did the second structure of the second structure is a second structure of the second structure of the second structure of the second structure of the second structure st	14a		x				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		<u> </u>				
ы 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>				
15		15		x				
	excess parachute payment(s) during the year?	15						
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x				
10	If "Yes," complete Form 4720, Schedule O.			<u> </u>				
		Form	990	(2020)				
				(

032005 12-23-20

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI				X					
Sec	check in Schedule O contains a response of note to any line in this Part Vi	<u></u>			11					
				Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	18		103						
iu	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.									
b		18								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
-	officer, director, trustee, or key employee?		2		x					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	F	_							
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?		3		x					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	I	4		x					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		x					
6	Did the organization have members or stockholders?		6		x					
- 7a		····· -	-							
	more members of the governing body?		7a		x					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	····· F								
~	persons other than the governing body?		7b		x					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	·····								
a			8a	х						
b	Each committee with authority to act on behalf of the governing body?		8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	····· -								
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x					
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		-							
				Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	Г	10a	Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	х						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for		11a	Х						
b										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х						
b			12b	Х						
с										
	in Schedule O how this was done		12c	х						
13	Did the organization have a written whistleblower policy?	····· F	13	Х						
14	Did the organization have a written document retention and destruction policy?		14	х						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official		15a	х						
	Other officers or key employees of the organization		15b		x					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?		16a		x					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	····· -								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?		16b							
Sec	tion C. Disclosure	<u></u>			1					
17	List the states with which a copy of this Form 990 is required to be filed PCA									
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (Section 50	1(c)(3)s (onlv)	availa	ble					
18	for public inspection. Indicate how you made these available. Check all that apply.	()()	,,							
18										
18	UWI WEDSILE A ANOLITER'S WEDSILE A UDON REQUEST UNDER AVAIANT ON SCREEDING OF									
18 19		cy, and t								
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest police	cy, and f								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polic statements available to the public during the tax year.									
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest police									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polic statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records									

Form 990 (2020)	CALIFORNIA TROUT, INC.	23-7097680 Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employe	es, and Independent Contractors							
Check if Sc	hedule O contains a response or note to any line in this Part V	/I						
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.								
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation								

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.

See instructions for the order in which to list the persons above.

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

Name and title Average hours per veck (stray) bours or between at stretchrustee) bours and stretchrustee) bours and stretchrustee) tream at stretchrustee tream at stream at stretchrustee tream at stream at stretchrustee	(A)	(B)		(C)					(D)	(E)	(F)	
hours per veck, week, (ist any related organizations, below, mess persons betward affectives and affect			Positio		Position							
Image: Note of the second se		hours per	box, unless		box, unless person is both an		compensation	compensation	amount of			
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(16) LAURESTON MCLELLAN 1.50 0.20 <td></td>												
BOARD MEMBER 0.20 X 0.			Х						0.	0.	0.	
(17) RICHARD MOORE 1.50 0.20 X 0.0.00 0.0.00 0.0.00 0.0.00 0.0.00 0.0.00 0.0.00 0.0.00 0.0.00 0.0.00 0.0.00 0.0.00 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.0000												
BOARD MEMBER 0.20 X 0. 0. 0.			Х						0.	0.	0.	
	BOARD MEMBER	0.20	Х						0.	0.		

032007 12-23-20

Form 990 (2020)

Form 990 (2020) CALIFORNIA TR	OUT, INC.								23-709	9768(3	F	Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do not check more than one					ne	Reportable	Reportable		Es	timat	ed
	hours per	box	, unle	ss pei	rson i	s both	an	compensation	compensatior	ו ו	an	nount	of
	week		cer ar		Irecto	or/trust	ee)	from	from related			othe	
	(list any hours for	director						the	organizations			•	ation
	related	e or di	ee			sated		organization	(W-2/1099-MIS	()		om tł	
	organizations	rustee	trust		66	n pen:		(W-2/1099-MISC)			•	aniza d rela	
	below	dual t	Itiona		nploy	st cor yee	-					inizat	
	line)	Individual trustee or	In stit utional	Officer	ƙey employee	Highest compensated employee	Former				5-		
(18) TAYLOR MOORE	1.50		-		-								
BOARD MEMBER	0.20	х						0.		٥.			Ο.
(19) JEFF MOUNT, PHD	1.50												
BOARD MEMBER	0.20	х						0.		٥.			0.
(20) CAITLIN O'CONNOR	1.50												
BOARD MEMBER	0.20	Х						0.		٥.			0.
(21) GEORGE REVEL	1.50												
BOARD MEMBER	0.20	Х						0.		٥.			0.
(22) BOB ROSENBERG	1.50												
BOARD MEMBER	0.20	Х						0.		٥.			0.
(23) TODD RULON-MILLER	1.50												_
BOARD MEMBER	0.20	х						0.		0.			0.
(24) SCOTT TUCKER	1.50							0					0
BOARD MEMBER (LEFT 6/2021) (25) MITCH ZUKLIE	0.20	Х						0.		0.			0.
BOARD MEMBER (START 1/2021)	0.20	х						0.		٥.			0.
	0.20	л						· · ·					<u> </u>
1b Subtotal							•	676,393.		0.		86	,951.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								676,393.		0.		86	,951.
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable				
compensation from the organization									-				5
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	key e	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for su	uch individual										3		X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$150	,		•								4	X	
5 Did any person listed on line 1a receive or a													
rendered to the organization? <i>If</i> "Yes," com	plete Schedule	e J fo	or si	ıch i	bers	on .					5		X
Section B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·	100.000 . (
1 Complete this table for your five highest cor										ensat	ION TRO	om	
the organization. Report compensation for t	ne calendar ye	are		ig w			.1111	(B)			(0	••	
אן Name and business	address							Description of s	ervices	C	ompei		on
NORTHWEST HYDRAULIC CONSULTANTS													
12787 GATEWAY DRIVE, TUKWILA, WA 9816	58							HYDROLOGY				743	,439.
UNIVERSITY OF CA DAVIS													,
ONE SHIELDS AVE, DAVIS, CA 95616								SCIENTIFIC RESEARC	н			553	,734.
GS BLACK													
5916 EASTSIDE RD, ETNA, CA 96027								PROJEDT MANAGEMENT				548	,554.
SYBLON REID													
1130 SIBLEY STREET, FOLSOM, CA 95630								ENGINEERING				476	,082.
NORTHERN HYDROLOGY & ENGINEERING, 310													
CONCORDE DRIVE, SUITE B, MCKINLEYVILI								ENGINEERING				418	,764.
2 Total number of independent contractors (ir	•	ot lin	niteo	d to		se list 9	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	alion 📂					-							

032008 12-23-20

u	t VII	Statement of Re	ven	ue						-
		Check if Schedule O o	conta	ins a resp	oonse	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclue from tax und
					1					sections 512 -
and Other Similar Amounts		Federated campaigns								
not		Membership dues				749 705				
An		Fundraising events				748,705.				
ilar		Related organizations				10 461 055				
im		Government grants (contr				10,461,055.				
Ъ.	f	All other contributions, gifts,	-							
Ę		similar amounts not included	abov			5,774,001.				
pq	g	Noncash contributions included in				1,105,263.				
an	h	Total. Add lines 1a-1f				····· •	16,983,761.			
						Business Code				
	2 a	GOV. & OTHER CONTRA	CTS			110000	40,210.	40,210.		
Revenue	b									
nu	С									
eve	d									
œ	е									
	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f				►	40,210.			
	3	Investment income (includ	ling c	lividends	intere	est, and				
		other similar amounts)				▶	5,542.			5,5
	4	Income from investment of								
	5	Royalties								
		,		(i) Re		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)	<u> </u>							
		Gross amount from sales of	′ <u> </u>	(i) Secu		(ii) Other				
	<i>i</i> a	assets other than inventory	70	(1) 0000						
	h	,	7a							
,	b	Less: cost or other basis	74							
		and sales expenses	7b							
		Gain or (loss)								
		Net gain or (loss)			·····					
	8 a	Gross income from fundraisi								
		including \$								
		contributions reported on		,		220 666				
		Part IV, line 18								
		Less: direct expenses				260,493.				
		Net income or (loss) from		Ũ		▶	-20,827.			-20,8
	9 a	Gross income from gamin	-							
		Part IV, line 19								
	b	Less: direct expenses			. 9b					
	С	Net income or (loss) from	gami	ng activit	ies	····· ►				
•	10 a	Gross sales of inventory, I	ess r	eturns						
		and allowances			. 10 a	23,256.				
	b	Less: cost of goods sold			. 10b	20,955.				
	с	Net income or (loss) from	sales	of invent	ory	►	2,301.	2,301.		
						Business Code				
	11 a	MISCELLANEOUS INCOM	E			900099	75,000.	75,000.		
puč	b									
eve	С									
Revenue		All other revenue								
		Total. Add lines 11a-11d					75,000.			
	0				<u></u>		17,085,987.	117,511.	0.	-15,2

CALIFORNIA TROUT, INC.

23 - 7097680Page 10

	Check if Schedule O contains a response	e or note to any line in t	his Part IX		X
	ude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants	and other assistance to domestic organizations				·
and do	mestic governments. See Part IV, line 21				
2 Grants	s and other assistance to domestic				
individ	luals. See Part IV, line 22				
	s and other assistance to foreign				
organi	zations, foreign governments, and foreign				
individ	luals. See Part IV, lines 15 and 16				
4 Benefi	its paid to or for members				
	ensation of current officers, directors,				
trustee	es, and key employees	366,900.	124,636.	221,491.	20,77
	nsation not included above to disqualified				
person	s (as defined under section 4958(f)(1)) and				
person	s described in section 4958(c)(3)(B)				
7 Other	salaries and wages	2,126,088.	1,461,358.	211,844.	452,88
	n plan accruals and contributions (include				
section	401(k) and 403(b) employer contributions)	69,849.	54,814.	3,261.	11,77
	employee benefits	343,469.	251,809.	38,049.	53,61
	Il taxes	192,990.	135,404.	29,076.	28,51
	or services (nonemployees):				
a Manag	gement				
		58,289.		58,289.	
	Inting	80,247.		80,247.	
		20,813.		20,813.	
	sional fundraising services. See Part IV, line 17				
f Invest	ment management fees				
	(If line 11g amount exceeds 10% of line 25,				
columr	n (A) amount, list line 11g expenses on Sch O.)	8,236,737.	8,008,568.	180,325.	47,84
	tising and promotion	17,981.	8,161.	4,733.	5,08
	expenses	290,924.	226,097.	25,493.	39,33
	ation technology	1,104,374.	1,060,606.	32,616.	11,15
	ies				
	bancy	355,270.	296,106.	20,523.	38,64
7 Travel		45,992.	42,457.	1,134.	2,40
B Payme	ents of travel or entertainment expenses				
	y federal, state, or local public officials				
	rences, conventions, and meetings	20,680.	17,009.		3,67
0 Interes					
1 Payme	ents to affiliates				
	ciation, depletion, and amortization	18,201.	18,201.		
3 Insura		26,290.	18,449.	3,064.	4,77
	expenses. Itemize expenses not covered				
above ((List miscellaneous expenses on line 24e. If e amount exceeds 10% of line 25, column (A)				
	t, list line 24e expenses on Schedule O.)				
	TING & PUBLICATIONS	30,589.	22,237.		8,35
b ENTER	RTAINMENT & HOSPITA	20,495.	19,513.		98
c					
d					
-	er expenses				
	unctional expenses. Add lines 1 through 24e	13,426,178.	11,765,425.	930,958.	729,79
	osts. Complete this line only if the organization	, , ,	. , .	, ,	,
	ed in column (B) joint costs from a combined				
-	ional campaign and fundraising solicitation.				
	ere Filliowing SOP 98-2 (ASC 958-720)				

10

2020.05094 CALIFORNIA TROUT, INC.

Form 990 (20	20
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CALIFORNIA TROUT, INC.

	990 (2			23-70976	80 Page 1
a	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	443,561.	1	1,441,093
	2	Savings and temporary cash investments	1,717,090.	2	4,607,61
	3	Pledges and grants receivable, net	1,976,341.	3	3,717,16
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	48,199.	9	28,80
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 931,695.			
	b	Less: accumulated depreciation 10b 70,684.	29,212.	10c	861,01
	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	728,485.	15	728,48
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,942,888.	16	11,384,18
	17	Accounts payable and accrued expenses	1,364,049.	17	3,290,80
	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	Loans and other payables to any current or former officer, director,			
tie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	1,250,00
	25	Other liabilities (including federal income tax, payables to related third			· · ·
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	395,267.	25	(
	26	Total liabilities. Add lines 17 through 25	1,759,316.	26	4,540,80
		Organizations that follow FASB ASC 958, check here 🕨 🗓			· ·
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	2,197,875.	27	4,257,52
Sal	28	Net assets with donor restrictions	985,697.	28	2,585,85
Dd		Organizations that do not follow FASB ASC 958, check here 🕨 📃			
Ъ		and complete lines 29 through 33.			
P	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	3,183,572.	32	6,843,383
Z	33	Total liabilities and net assets/fund balances	4,942,888.	33	11,384,183

Form 990 (2020)

032011 12-23-20

Part XI Reconciliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part X, column (A), line 25) 3 Action (A), line 25) 4 Total expenses (must equal Part X, column (A), line 25) 5 Action (A), line 25) 6 Action (A) 7 A stassets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other charges in net assets or fund balances (explain on Schedule O) 10 Acta assets or fund balances (explain on Schedule O) 11 Accounting method used to prepare the Form 990: Cash X Accrual 11 Accounting method used to prepare the Form 990: Cash X Accrual 11 Check if Schedule O contains a response or note to any line in this Part XII 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Yees No Yees No 12 Accounting method used to accountaing a respon	Form	990 (2020) CALIFORNIA TROUT, INC.	23-709768	0	Pa	_{qe} 12
1 Total evenue (must equal Part VIII, column (A), line 12) 1 17,085,987. 2 Total expenses (must equal Part IX, column (A), line 25) 2 13,426,178. 3 Revenue less expenses. Subtract line 2 from line 1 3 3,659,803. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3,183,572. 5 Net unrealized gains (losses) on investments 6 6 7 7 7 8 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Kassets or fund balances (explain on Schedule O) 9 0. 10 Kassets or fund balances (explain on Schedule O) 9 0. 11 Net assets or fund balances (explain on Schedule O) 9 0. 12 Accounting method used to prepare the Form 990: Cash X Accrua	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 13,426,178. 3 Revenue less expenses. Subtract line 2 from line 1 3 3,659,809. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3,183,572. 5 Net unrealized gain (losses) on investments 5 6 7 6 7 7 6 6 7 7 7 7 7 8 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 6,843,381. 7 7 7 7 7 7 7 10 Accounting method used to prepare the Form 990: Cash X Accrual Other 7 7 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 7 7 11 Accounting method asis, or both: Separate basis, consolidated basis Both consolidated and separate basis 2a X 11 Accounting the organization's financial statements and selection of an		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 13,426,178. 3 Revenue less expenses. Subtract line 2 from line 1 3 3,659,809. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3,183,572. 5 Net unrealized gain (losses) on investments 5 6 7 6 7 7 6 6 7 7 7 7 7 8 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 6,843,381. 7 7 7 7 7 7 7 10 Accounting method used to prepare the Form 990: Cash X Accrual Other 7 7 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 7 7 11 Accounting method asis, or both: Separate basis, consolidated basis Both consolidated and separate basis 2a X 11 Accounting the organization's financial statements and selection of an						
3 3, 659, 809. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3, 183, 572. 5 Bonated services and use of facilities 6 6 7 8 6 6 9 Ontated services and use of facilities 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Ket assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 6, 843, 381. Part XII Financial Statements and Reporting X X Yes Check if Schedule O contains a response or note to any line in this Part XII X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis Both consolidated and separate basis. Za X 16 Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis. Zb	1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,	085,	987.
4 3,183,572. 5 Net unrealized gains (losses) on investments 6 0onated services and use of facilities 7 8 9 0. 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Zb <x< td=""> X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a s</x<>	2		2	13,	426,	178.
4 3,183,572. 5 Net unrealized gains (losses) on investments 6 0onated services and use of facilities 7 6 8 7 8 7 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Ret assets or fund balances (explain on Schedule O) 9 0. 10 Kat assets or fund balances (explain on Schedule O) 9 0. 10 Kat assets or fund balances (explain on Schedule O) 10 Check if Schedule C contains a response or note to any line in this Part XII Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 11 Accounting method used to prepare the Form 990: 128	3	Revenue less expenses. Subtract line 2 from line 1	3	3,	659,	809.
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 6, 843, 381. PartXII Financial Statements and Reporting X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 H* res, 'check a box below to indicate whether the financial statements accountant? 2a X I 1 Pres, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X I 1 M* res, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b	4		4	3,	183,	572.
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 0 6, 843, 381. Part XII Financial Statements and Reporting X X Yes 0 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 12 Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No 1 Accoult date basis, or both: Separate basis Consolidated basis, or both: Separate basis Separate basis <td>5</td> <td>Net unrealized gains (losses) on investments</td> <td>5</td> <td></td> <td></td> <td></td>	5	Net unrealized gains (losses) on investments	5			
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 0 6, 843, 381. Part XII Financial Statements and Reporting X X Yes 0 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 12 Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No 1 Accoult date basis, or both: Separate basis Consolidated basis, or both: Separate basis Separate basis <td>6</td> <td>Donated services and use of facilities</td> <td>6</td> <td></td> <td></td> <td></td>	6	Donated services and use of facilities	6			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 6,843,381. Part XII Financial Statements and Reporting X X X Check if Schedule O contains a response or note to any line in this Part XII X X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis Zb X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Doth consolidated and separate basis Zb X If "Yes," theck a box below to indicate whether the financ	7		7			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 6,843,381. Part XIII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X I 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X	8		8			
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of addits, explain why on conclude of and describe any steps taken to undergo such addits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
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Form **990** (2020)

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(Form 990 or 990-EZ)

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.

OMB No. 1545-0047	
2020	

		f the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			nformation.		Open to Public Inspection
Nam	e of t	the organizati		ele te transienge					Employer	r identification number
		•		RNIA TROUT, INC						23-7097680
Pa	rt I	Reason	for Public (Charity Status.	(All organizations must c	omplete ti	his part.) S	ee instructior	<u>่</u> าร.	
The o	organ				For lines 1 through 12, c					
1	ГТ.		-		on of churches described	•	-	1)(A)(i).		
2					Attach Schedule E (Forn			- //- //-		
3					anization described in s			ii).		
4			-		njunction with a hospital			•	(iii). Enter	the hospital's name.
•		city, and stat			· · · · · · · · · · · · · · · · · · ·				.,,,.	·····,
5		-		or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	unit describe	ed in
•				Complete Part II.)						
6					nental unit described in	section 1	70(h)(1)(A)	(v)		
7				-	ntial part of its support fi				he general i	public described in
		-		omplete Part II.)		on a gov	Similar		ie general j	
8					(1)(A)(vi). (Complete Par	+ 11)				
9					in section 170(b)(1)(A)(,	ed in conii	unction with a	land-grant	college
5		-			ulture (see instructions).		-		-	-
		university:		grant college of agric			name, eny	, and state of	the college	
10	X		on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membersh	nin fees an	d aross receipts from
10		-		• • • •	t to certain exceptions;					•
					(less section 511 tax) fro					
				mplete Part III.)		JIII BUSINE	3505 2040		Janization	
11				-	ively to test for public sa	foty See	section 50	19(a)(<u>4</u>)		
12		•	-	-	ively for the benefit of, to	•			arry out the	nurnoses of one or
		-	-	-	ed in section 509(a)(1) of	-			-	
					f supporting organization					
а		7	•	• •	upervised, or controlled		-		-	aivina
u	L			-	gularly appoint or elect a	•	-			
			-	complete Part IV, Se		i majority c				apporting
b		¬ ~		-	l or controlled in connect	tion with it	s sunnorte	ad organizatio	n(s) hy hay	vina
D	L			-	anization vested in the sa			-		-
			-	t complete Part IV,		anic perso	13 1141 00		ge the supp	Joned
с		¬ ~	. ,	•	g organization operated	in connec	tion with	and functiona	lly integrate	ad with
U		••	-	• • • •). You must complete l				ily integrate	ia with,
d		¬ ··	0		porting organization oper			-	rted organi [.]	zation(s)
u	L		-		zation generally must sat				-	
			-		mplete Part IV, Sections	-		-	anatonti	Veness
е		7			written determination fro				II Type III	
U	L		•		nally integrated supporti			Type I, Type	n, type n	
f	Ente	-	of supported c	•						
a			••	about the supporte						
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990-EZ) 2020 CALIFORNIA TROUT, INC.

23-7097680

Page **2**

 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.)

	ndar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4. ction B. Total Support						
		(-) 0010	(1-) 0017	(-) 0010	(-1) 0010	(-) 0000	(0) Tatal
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
-	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 VI.)						
	Total support. Add lines 7 through 10		\				
12	,		,				
13	First 5 years. If the Form 990 is for th	0			-		
Se	organization, check this box and stor ction C. Computation of Publi						
	Public support percentage for 2020 (li			column (f))		14	%
	Public support percentage from 2020 (iii Public support percentage from 2019		-				%
	33 1/3% support test - 2020. If the c						
102	stop here. The organization qualifies						
ŀ	33 1/3% support test - 2019. If the c		-			6 or more check th	
	and stop here. The organization qual						
17-	10% -facts-and-circumstances test						
1/2	and if the organization meets the facts	-					
	meets the facts-and-circumstances te			-		-	
ŀ	10% -facts-and-circumstances test	e e	•		•	17a and line 15 is	
ĸ	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio						s b
				,,,		edule A (Form 990	

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

23-7097680 Page **3**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar year (or fiscal year beginning in) 🕨 (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 4,973,719 6,939,298 9,465,020 9,151,605. 16,974,836 47,504,478. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 4,073. 10,061. 365,106. 65,273. 72,391. 516,904. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organ-4 ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 4,977,792. 6,949,359. 9,830,126. 9,216,878, 17,047,227 48,021,382. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 1,013,802 340,223 928,104. 4,257,399. 141,119 1,834,151 3 received from disqualified persons 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. c Add lines 7a and 7b 1,013,802 141,119 340,223 928,104. 1,834,151 4,257 399 43,763,983. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6 4,977,792 6,949,359 9,830,126 9,216,878 17,047,227 48,021,382. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 1,017. 1,053 9,154 7,644. 5,542 24,410. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,017. 1,053 9,154 7,644 5,542 24,410. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 1,000 234,290 183,640 138,621 314,666, 872,217. assets (Explain in Part VI.) 4,979,809. 10,022,920. 9,363,143. 48,918,009. 7,184,702. 17,367,435. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 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 89.46 % 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 89.40 16 Public support percentage from 2019 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .05 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 % .05 18 Investment income percentage from 2019 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2020. 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 - 2019. 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 Schedule A (Form 990 or 990-EZ) 2020 032023 01-25-21 15

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^{2020.05094} CALIFORNIA TROUT, INC.

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

16

032024 01-25-21

1 2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a

23-7097680 Page 4

Yes No

Schedule A (Form 990 or 990-EZ) 2020

10b

2020.05094 CALIFORNIA TROUT, INC.

Part IV Supporting Organizations (continued)

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provi	de		
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	No

			100	110
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		•		

SUDEIVISE			y organization.	
Section C.	Type II Sup	porting Org	anizations	

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control organization was vested in the same persons that controlled or managed
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Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			

<u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions)	۱.
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions)	

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	each of its supported	organizations.	Complete line 3 below.
---	--	------------------	------------------	-----------------------	----------------	------------------------

	С		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
--	---	--	---	---	----

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

з

2a

2b

3a

3b

Yes No

Schedule A (Form 990 or 990-EZ) 2020 CALIFORNIA TROUT, INC.

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Ily integrated	d Type III supporting orga	nization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Par	I V Type III Non-Functionally Integrated 509	allo subborning Orga	mzations (continu	<u>led)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	Γ	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016 Excess from 2017				
	Excess from 2017 Excess from 2018				
	Excess from 2019				
	Excess from 2020				
<u> </u>					

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Cobodula A	(Form 990 or 990-EZ) 2020 CALIFORNIA TROUT, INC.		23-7097680 F	
Part VI	Supplemental Information. Provide the explanations req Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and (See instructions.)	i, 11b, and 11c; Part IV, Section B, line c, 2a, 2b, 3a, and 3b; Part V, line 1; Pai	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C t V, Section B, line 1e; Part `	Page 8 , V,
032028 01-25-2	1 20		dule A (Form 990 or 990-EZ	2) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

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CALIFORNIA	TROUT	INC
	/	

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Section:
\overline{X} 501(c)(³) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
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

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule E	B (Form	990,	990-EZ,	or 990-PF)	(2020)
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Name of organization

Page **2**

Employer identification number

CALIFORNIA TROUT, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$35,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$343,333.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

22 2020.05094 CALIFORNIA TROUT, INC.

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Schedule E	3 (Form	990,	990-EZ,	or 990-PF)	(2020)
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Name of organization

Page **2**

Employer identification number

CALIFORNIA TROUT, INC.

23-7097680

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$87,400.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$32,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	i-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

CALIFORNIA TROUT, INC.

23-7097680

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$123,351.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$5,074.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$860,000.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$6,262.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u> 023452 11-25		\$248,227.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Name of organization

Employer identification number

CALIFORNIA TROUT, INC.

23-7097680

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$330,903	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$77,906.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$2,318,371.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$6,354.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

CALIFORNIA TROUT, INC.

23-7097680

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	, , , , , , , , , , , , , , , , ,	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$10,137.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

128100.1

Name of organization

Employer identification number

CALIFORNIA TROUT, INC.

23-7097680

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$10,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$2,605,263.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$50,918.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35_		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$5,203.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

15150516 701245 128100.1

27 2020.05094 CALIFORNIA TROUT, INC.

Name of organization

Employer identification number

CALIFORNIA TROUT, INC.

23-7097680

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$64,089.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

28

2020.05094 CALIFORNIA TROUT, INC.

^{128100.1}

Name of organization

Page **2**

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>48</u> 023452 11-25-		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

15150516 701245 128100.1

Name of organization

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>49</u>		\$105,510.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
50		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.			
51		\$15,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$24,193.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-25		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

Page 2

128100.1

15150516 701245 128100.1

Name of organization

Employer identification number

CALIFORNIA TROUT, INC.

23-7097680	
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
55		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
56		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
57		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
58		\$53,598.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
59_		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
60		\$ <u>22,285.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
023452 11-25	-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)	

31

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

2020.05094 CALIFORNIA TROUT, INC.

Name of organization

Employer identification number

CALIFORNIA TROUT, INC.

23-7097680

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l spa	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
61		\$_	150,299.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
62		\$.	50,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
63		\$.		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
64		\$.	125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
65		\$_	200,000.	PersonXPayrollImage: Second
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
66		\$.	600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

32

15150516 701245 128100.1

2020.05094 CALIFORNIA TROUT, INC. 128100.1

Page **2**

Name of organization

Employer identification number

CALIFORNIA TROUT, INC.

23-7097680

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$162,600.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$7,500.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$58,890.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		\$10,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$9,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
023452 11-25	-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

CALIFORNIA TROUT, INC.

23-7097680

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
74		\$11,028.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
75		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
76		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
78		\$268,006.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
023452 11-25	-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

- -

Employer identification number

CALIFORNIA TROUT, INC. _

23-7097680

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79_		\$5,254.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	, , , , , , , , , , , , , , , , ,	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81_		\$43,932.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82		\$48,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$19,697.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

15150516 701245 128100.1

Name of organization

Part I

(a)

No.

Employer identification number

(d)

Type of contribution

23-7097680

(c)

Total contributions

CALIFORNIA TROUT, INC.

15150516 701245 128100.1

36 2020.05094 CALIFORNIA TROUT, INC.

85		\$10,400.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$150,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90	5-20	\$5,000. Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)
	36		,

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

(b)

Name, address, and ZIP + 4

Name of organization

Employer identification number

CALIFORNIA TROUT, INC.

23-7097680

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$5,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$5,732.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		\$14,951.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

37

2020.05094 CALIFORNIA TROUT, INC. 128100.1

Name of organization

Employer identification number

CALIFORNIA TROUT, INC.

23-7097680

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$98,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100		\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$11,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25-	-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

38

2020.05094 CALIFORNIA TROUT, INC. 128100.1

Name of organization

Page **2**

Employer identification number

CALIFORNIA TROUT, INC.

23-7097680

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$15,896.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$23,032.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$640,764.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>108</u> 023452 11-25-		\$\$\$\$\$\$\$\$\$ Schedule B /Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

39 2020.05094 CALIFORNIA TROUT, INC.

Name of organization

Employer identification number

CALIFORNIA TROUT, INC.

23-7097680

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$15,071.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$667,500.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25-	-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

2020.05094 CALIFORNIA TROUT, INC. 128100.1

Name of organization

Page **2**

Employer identification number

CALIFORNIA TROUT, INC.

. .

23-7097680

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117	, , , , , , , , , , , , , , , , ,	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118	, , , , , , , , , , , , , , , , ,	\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$135,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

41 2020.05094 CALIFORNIA TROUT, INC.

15150516 701245 128100.1

Name of organization

Page **2**

CALIFORNIA TROUT, INC.

Employer identification number

23-7097680

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$36,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
<u>122</u>	Name, address, and ZIP + 4	\$932,994.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124		\$34,243.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

42

023452 11-25-20

2020.05094 CALIFORNIA TROUT, INC. 128100.1

Name of organization

Page **2**

Employer identification number

CALIFORNIA TROUT, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$15,000.	Type of contribution Person X Payroll
(a)	(b)	(c) Total contributions	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$280,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129		\$700,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

15150516 701245 128100.1

43 2020.05094 CALIFORNIA TROUT, INC.

Name of organization

Employer identification number

CALIFORNIA TROUT, INC.

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23-7097680

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

15150516 701245 128100.1

44 2020.05094 CALIFORNIA TROUT, INC.

ame of org	ganization		Employe	er identification numbe
LIFORNI	IA TROUT, INC.		23-	-7097680
art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is neede	ed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
	STOCK/SECURITY			
9		\$29	9,900.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction	I	(d) Date received
13	STOCK/SECURITY	\$ 33	3,333.	06/30/21
		V		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction	I	(d) Date received
	REAL ESTATE			
15				
		\$850	0,000.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction	I	(d) Date received
	STOCK/SECURITY			
28		\$10) <u>,137.</u>	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
30	STOCK/SECURITY			
		\$5	5,079.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
34	STOCK/SECURITY			
		\$25	5,919.	06/30/21

45

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

2020.05094 CALIFORNIA TROUT, INC. 128100.1

Page **3**

Page 3

CALIFORNIA TROUT, INC.

Name of organization

Employer identification number

23-7097680

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK/SECURITY		
52			
		\$13,493.	06/30/21
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
65	STOCK/SECURITY		
		\$\$	06/30/21
()			
(a) No.	(b)	(c)	(d)
from	ری) Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
	STOCK/SECURITY		
94			
		\$ 3,801.	06/30/21
		(,	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	STOCK/SECURITY		
104			
		\$8,160.	06/30/21
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	STOCK/SECURITY		
105		——	
		\$\$	06/30/21
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
100	STOCK/SECURITY		
109		——	
		\$\$	06/30/21

023453 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

2020.05094 CALIFORNIA TROUT, INC. 128100.1

⁴⁶

Name of organization

Employer identification number

CALIFORNIA TROUT, INC.

23-7097680

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	WINE COUNTRY SPORTING LIFE FOR 4 = \$6,000		
113			
		\$6,000.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

47

15150516 701245 128100.1

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **4**

lame of org	ganization		Employer identification numb
ALIFORNI	IA TROUT, INC.		23-7097680
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	Ity. For organizations Iess for the year. (Enter this info. once.) \$
	Use duplicate copies of Part III if additional	space is needed.	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		e) Transfer of gift	
			L
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
			[
-			
		(e) Transfer of gift	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-			
		(e) Transfer of gift	Ľ
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
Ļ			
		(e) Transfer of gift	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
F			
		[
3454 11-25-;	20		Schedule B (Form 990, 990-EZ, or 990-PF) (2

48

15150516 701245 128100.1

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

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

Nan	ne of organization				Emple	oyer identification number
	CALIFORNIA	TROUT, INC.				23-7097680
Pa	art I-A Complete if the org	anization is exempt under	r section 501(c) o	r is a section 52	27 org	janization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures				
Pa	art I-B Complete if the org	anization is exempt under	r section 501(c)(3).		
2 3 4a t Pa	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made? If "Yes," describe in Part IV. art I-C Complete if the org Enter the amount directly expended	incurred by organization managers n 4955 tax, did it file Form 4720 fo nanization is exempt under	s under section 4955 r this year? r section 501(c), e	except section 5	. ► \$ 501(c)	Yes No Yes No (3).
	Enter the amount of the filing organ				. 🏲 Þ	
2	exempt function activities		0		> ¢	
3	Total exempt function expenditures				ΨΨ	
Ū	line 17b				▶\$	
4	Did the filing organization file Form					
5	Enter the names, addresses and em					
	made payments. For each organization	· · · · · ·				
	contributions received that were pro				eparate	e segregated fund or a
	political action committee (PAC). If		e information in Part IV	/. T		1
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ent	on's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

Schedule C ((Form 990	or 990-F7	2020	CALIFORNIA	TROUT	TNC
Schedule O	0000000	01 330-LZ	12020	CALLFORNIA	INCOL	, 1110

section 501(h)).	ition is exer	npt under sectio	n 501(c)(3) and file	a Form 5768 (el	ection under	
A Check 🕨 🗌 if the filing organization be	elongs to an aff	liated group (and list in	n Part IV each affiliated g	group member's nam	ne, address, EIN,	
expenses, and share of expenses, and share of expenses and share of expenses and share of expenses are share s	cess lobbying	expenditures).				
B Check 🕨 🔄 if the filing organization ch	ecked box A a	nd "limited control" pro	ovisions apply.			
Limits on I (The term "expenditures	obbying Expe " means amou)	(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influence	oublic opinion (grassroots lobbying)				
b Total lobbying expenditures to influence	a legislative boo	dy (direct lobbying)				
c Total lobbying expenditures (add lines 1a	and 1b)					
e Total exempt purpose expenditures (add	lines 1c and 1c)				
f Lobbying nontaxable amount. Enter the a	mount from the	e following table in bot	h columns.			
If the amount on line 1e, column (a) or (b) is	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	cess over \$500,000.					
Over \$1,000,000 but not over \$1,500,000						
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.				
 g Grassroots nontaxable amount (enter 25) h Subtract line 1g from line 1a. If zero or les i Subtract line 1f from line 1c. If zero or les j If there is an amount other than zero on e 	ss, enter -0- s, enter -0- hither line 1h or	, 0	ation file Form 4720			
reporting section 4911 tax for this year?					Yes No	
(Some organizations that ma	de a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	f the five columns b	pelow.	
	obbying Expe	nditures During 4-Ye	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total	
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

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	a)	(b)
of the lobbying activity.	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)?		Х	
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	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?			20,813.
j Total. Add lines 1c through 1i			20,813.
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? Part III-A Complete if the organization is exempt under section 501(c)(4), sec	 tion 501(o)(/	5) or ood	tion
Part III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).		<i>bj</i> , or sec	
			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 carry over lobbying and political campaign activity expenditures from			
Part III-B Complete if the organization is exempt under section 501(c)(4), sec	• • •		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."	ed "No" OR	(b) Part I	II-A, line 3, is
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)			
expenses for which the section 527(f) tax was paid).			
a Current year		2a	
b Carryover from last year			
c Total			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an	d political		
expenditure next year?		. 4	
5 Taxable amount of lobbying and political expenditures (See instructions)		5	
Part IV Supplemental Information			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	oup list); Part II-	A, lines 1 a	nd 2 (See
instructions); and Part II-B, line 1. Also, complete this part for any additional information.			
PART II-B, LINE 1, LOBBYING ACTIVITIES:			
CALTROUT ENGAGES WITH CALIFORNIA STATE LOBBYISTS, INNOVATIVE POLICY			
SOLUTIONS LLC, AND PRIORITY STRATEGIES, WHO FILE UNDER THE FPPC. THE			
FILINGS UNDER CALIFORNIA TROUT WILL ACCOUNT FOR ALL LOBBYING ACTIVITIES			
EMPLOYED BY THE ORGANIZATION.			

032043 12-02-20

)

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)	
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

_	CALIFORNIA TROUT, INC.		<u></u>	23-7097680
Par	t I Organizations Maintaining Donor Advise	d Funds or Other	Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advis	sed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets h	neld in donor advised fu	nds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
-	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?		• • •	
Par				
1	•			v, mo r.
	Purpose(s) of conservation easements held by the organization	-		tarially important land area
	Preservation of land for public use (for example, recrea	tion or education)		storically important land area
	Protection of natural habitat		Preservation of a ce	rtified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contri	bution in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not o	n a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or	terminated by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspe	ction, handling of	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	►	. .	Ũ	c
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and e	nforcing conservation e	easements during the year
	► \$		······································	
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirement	nts of section 170(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
3	balance sheet, and include, if applicable, the text of the footr		•	
		ole to the organization	S III di Cidi Statements i	
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Tr	easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	•		
Та	If the organization elected, as permitted under FASB ASC 95	· ·		
	of art, historical treasures, or other similar assets held for pub			ance of public
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, o	or research in furtheran	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical treat	asures, or other similar	assets for financial gain	, provide
	the following amounts required to be reported under FASB A	SC 958 relating to thes	e items:	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2020
	12-01-20			
		52		

JZ			
2020.05094	CALIFORNIA	TROUT,	INC.

Sche	dule D (Form 990) 2020 CALIFORNIA	TROUT, INC.						23-709	7680	Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	easures, or	[·] Other	Similar	Assets	contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the	following that	make sig	nificant u	ise of its	•	,	
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌	Loan or exc	hange progra	ım					
b	Scholarly research	e	• 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how tl	hey further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, h	istorical trea	sures, or othe	r similar a	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if th	e organizatic	on answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custodi							_	_		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	e Distributions during the year						1e				
f	Ending balance						_ 1f _		7		1
	Did the organization include an amount on Fe						y?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i						<u></u>	<u></u>			
ı aı									(-) [haali
4.	Designing of year balance	(a) Current year	(0)	Prior year	(c) Two year	S DACK	a) Three y	ears back	(e) Four	years	раск
1a ⊾	Beginning of year balance										
u o	Contributions										
C A	Net investment earnings, gains, and losses										
a	Grants or scholarships										
е	Other expenditures for facilities										
4	and programs										
1	Administrative expenses										
9 2	End of year balance Provide the estimated percentage of the curr		 0 (lino 1	a column (a)) bold as:						
2	Board designated or quasi-endowment	•	e (iirie i %	y, column (a	III HEIU as.						
a h	Permanent endowment		70								
0		%									
U	The percentages on lines 2a, 2b, and 2c sho	•									
39	Are there endowment funds not in the posse		ation the	at are held ar	nd administer	ed for the	organiza	tion			
ou	by:						organiza]	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part l'	V, line 11a. S	See Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or c		T	t or other		cumulate	d	(d) Boo	k value	e
		basis (investr			(other)	• •	reciation		()		
1a	Land				200,000.					200,	000.
b	Buildings				650,000.		11,8	320.		638,	180.
	Leasehold improvements										
d	Equipment				81,695.		58,8	864.		22,	831.
e	Other										
	Add lines 1a through 1e. (Column (d) must e		X. colui	mn (B), line 1	0c.)					861,	011.
					-,			Schedule	D (Forn	n 990)	2020

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1) DEE	POSIT	16,935.
(2) DUE	E FROM CALIFORNIA TROUT FOUNDATION	711,550.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line 15.)▶	728,485.
Part X	Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1) Fec	leral income taxes	
(2)		
(3)		
(4)		
(5)		

(9) **Total.** <u>(Column (b) must equal Form 990, Part X, col. (B) line 25.)</u>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

032053 12-01-20

(6) (7) (8)

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 CALIFORNIA TROUT, INC.	23-709	7680 Page 4		
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With R	evenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	17,367,435.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		20,955.		
е	Add lines 2a through 2d			2e	20,955.
3	Subtract line 2e from line 1			3	17,346,480.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-260,493.		
с	Add lines 4a and 4b			4c	-260,493.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.))		5	17,085,987.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With E	xpenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total expenses and losses per audited financial statements			1	13,707,626.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)		20,955.		
е	Add lines 2a through 2d			2e	20,955.
3	Subtract line 2e from line 1			3	13,686,671.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-260,493.		
с	Add lines 4a and 4b			4c	-260,493.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18			5	13,426,178.
Pa	t XIII Supplemental Information.	· ·			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4	; Part X, li	ne 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar			-	
		-			

PART X, LINE 2:

CALIFORNIA TROUT IS REQUIRED TO REPORT INFORMATION REGARDING ITS EXPOSURE

TO VARIOUS TAX POSITIONS TAKEN BY THE ORGANIZATION 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 BELIEVES THAT CALIFORNIA TROUT HAS ADEQUATELY

EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT AS OF JUNE 30,

2021, 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

032054 12-01-20

Schedule D (Form 990) 2020 CALIFORNIA TROUT, INC.	23-7097680	Page 5
Part XIII Supplemental Information (continued)		
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. THE EXEMPTIONS ARE		
SUBJECT TO PERIODIC REVIEW BY THE FEDERAL AND STATE TAXING AUTHORITIES AND		
MANAGEMENT IS CONFIDENT THAT CALIFORNIA TROUT 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 CALIFORNIA TROUT TO FILE SEPARATE TAX RETURNS UNDER		
FEDERAL AND STATE STATUTES. UNDER SUCH CONDITIONS, CALIFORNIA TROUT		
CALCULATES AND ACCRUES THE APPLICABLE TAXES.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
COGS 20,955.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
GALA EXPENSES -260,493.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
COGS 20,955.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
GALA EXPENSES -260,493.		

Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities						ities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or organization entered more than \$15,000 on Form 990-EZ, line 6a.						2020		
Department of the Treasury Internal Revenue Service	► G	Attach to Form to www.irs.gov/Form990 for				on		Open to Public Inspection	
Name of the organization		10 www.iis.gov/Form990101	Instruction	s anu	the latest mornati	011.		ntification number	
		TROUT, INC.					23-709768		
	complete this part	Complete if the organization a t.	nswered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written c ed in Form 990, P) highest paid indiv	f	licitation of licitation of ecial fundra dual (includ ith professi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
(i) Name and addres or entity (fund		(ii) Activity	fùnd have c or cor	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total 3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to so	licit contrib	▶ utions	or has been notified	it is (exempt from re	gistration	
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Fo	orm 990 or	990-E	Z. 9	Sche	dule G (Form 9	90 or 990-EZ) 2020	

032081 11-25-20

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

			(a) Event #1 SF ANNUAL GALA	(b) Event #	2	(c) Other events NONE	(d) Total events (add col. (a) through
,			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	988,371.				988,371
:	2	Less: Contributions	748,705.				748,705
	3	Gross income (line 1 minus line 2)	239,666.				239,666
	4	Cash prizes					
	5	Noncash prizes	16,985.				16,985
	6	Rent/facility costs					
	7	Food and beverages					
Ι.	8	Entertainment					191,176
	^	Other direct expenses	52,332.				52,332
9			,	1	I		
	0	Direct expense summary. Add lines 4 throug	gh 9 in column (d)				▶ 260,493
1	0 1	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	gh 9 in column (d) line 3, column (d)				▶ 260,493
1	0 1	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization	gh 9 in column (d) line 3, column (d)				
1	0 1	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	gh 9 in column (d) line 3, column (d) n answered "Yes" on Form	n 990, Part IV, line	19, or rep	ported more than	 260, 493 -20, 827 (d) Total gaming (add
1 1 ar	0 1	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization	gh 9 in column (d) line 3, column (d)		19, or rep		 260,493 -20,823 (d) Total gaming (additional data)
1 1 ar	0 1	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization	gh 9 in column (d) line 3, column (d) n answered "Yes" on Form	n 990, Part IV, line (b) Pull tabs/ins	19, or rep	ported more than	 260, 493 -20, 827 (d) Total gaming (add
1 1 ar	0 1	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	gh 9 in column (d) line 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line (b) Pull tabs/ins	19, or rep	ported more than	 260,493 -20,823 (d) Total gaming (additional data)
1 1 ar	0 1	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization	gh 9 in column (d) line 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line (b) Pull tabs/ins	19, or rep	ported more than	 260, 493 -20, 827 (d) Total gaming (add
	10 11 1	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	gh 9 in column (d) line 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line (b) Pull tabs/ins	19, or rep	ported more than	 260, 493 -20, 827 (d) Total gaming (add
	10 11 1 1 2	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	gh 9 in column (d) line 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line (b) Pull tabs/ins	19, or rep	ported more than	 260, 493 -20, 827 (d) Total gaming (add)
	10 11 1 2 3	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	gh 9 in column (d) line 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line (b) Pull tabs/ins	19, or rep	ported more than	 260, 493 -20, 827 (d) Total gaming (add
	10 11 1 2 3	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	gh 9 in column (d) line 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line (b) Pull tabs/ins	19, or rep	ported more than	 260, 493 -20, 827 (d) Total gaming (add)
	10 1 1 1 2 3 4	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	gh 9 in column (d) line 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line (b) Pull tabs/ins	19, or rep	ported more than	 260, 493 -20, 827 (d) Total gaming (add
	10 1 1 2 3 4 5	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	gh 9 in column (d) line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line (b) Pull tabs/ins bingo/progressive	19, or rep	oorted more than (c) Other gamin	260, 49 -20, 82 g (d) Total gaming (add col. (a) through col. (a)
	0 1 1 1 2 3 4 5 6	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	gh 9 in column (d) line 3, column (d) n answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c) Bi	990, Part IV, line (b) Pull tabs/ing bingo/progressive	19, or rep	c) Other gamin	260, 49 -20, 82 g (d) Total gaming (add col. (a) through col. (a)

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

No

No

128100.1

Sch	edule G (Form 990 or 990-EZ) 2020 CALIFORNIA TROUT, INC.	23-70	97680	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$	nt		
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	:he		
Da	organization's own exempt activities during the tax year s			01- 101-
Га	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nd Part	III, lines 9,	96, 106,
0320	83 11-25-20 Schedule G	(Form	990 or 990)-EZ) 2020

Part IV Supplemental Information (continued)	·
	Schedule G (Form 990 or 990-EZ)

032084 04-01-20

15150516 701245 128100.1

SC	CHEDULE J Compensation Information					1545-004	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest				20	<u> </u>
			npensated Employees answered "Yes" on Form 990, Part IV, line 23.		20	ZU	J
Depa	tment of the Treasury		attach to Form 990.		Open to		ic
	al Revenue Service		90 for instructions and the latest information.	Employed id	Inspe		
Narr	e of the organization	Employer id	entificatio 97680	on nui	nper		
Pa	rt I Question	CALIFORNIA TROUT, INC.		23-70	97000		
14	att Question	s negariting compensation				Yes	No
1a	Check the appropri	ate box(es) if the organization provided any	y of the following to or for a person listed on Form	990		Tes	NO
		line 1a. Complete Part III to provide any re		550,			
	First-class or c		Housing allowance or residence for perso	naluse			
	Travel for com		Payments for business use of personal re-				
		ation and gross-up payments	Health or social club dues or initiation fee				
		spending account	Personal services (such as maid, chauffer				
	,			, ,			
b	If any of the boxes	on line 1a are checked, did the organizatio	n follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described a	bove? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing	g or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, r	egarding the items checked on line 1a?		2		
3	Indicate which, if an	ny, of the following the organization used to	o establish the compensation of the organization's				
	CEO/Executive Dire	ctor. Check all that apply. Do not check a	ny boxes for methods used by a related organization	on to			
	establish compensa	ation of the CEO/Executive Director, but ex	plain in Part III.				
	Compensation	committee	Written employment contract				
	Independent o	ompensation consultant	X Compensation survey or study				
	Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee			
_							
4		any person listed on Form 990, Part VII, S	section A, line 1a, with respect to the filing				
	organization or a re	-					x
a ⊾		e payment or change-of-control payment?	lified vetimement plan?				X
b		eive payment from a supplemental nonqua					X
С		eive payment from an equity-based competence and provide the a	pplicable amounts for each item in Part III.		40		
	I Tes to any of in	les 4a°C, list the persons and provide the a	ppicable amounts for each terr in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizatio	ns must complete lines 5-9.				
5			d the organization pay or accrue any compensatio	'n			
-	contingent on the r						
а	•				5a		x
							x
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, di	d the organization pay or accrue any compensatio	'n			
	contingent on the r	et earnings of:					
а	The organization?				6a		X
							x
		r 6b, describe in Part III.					
7			d the organization provide any nonfixed payments				
					. 7	Х	
8	Were any amounts	reported on Form 990, Part VII, paid or acc	crued pursuant to a contract that was subject to th	ie			
		ption described in Regulations section 53.			8		X
9		d the organization also follow the rebuttab					
					. 9		L
LHA	For Paperwork R	eduction Act Notice, see the Instructions	s for Form 990.	Schedu	le J (Forn	n 990)	2020

032111 12-07-20

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) CURTIS KNIGHT	(i)	159,049.	24,000.	0.	7,952.	18,527.	209,528.	0.	
EXECUTIVE DIRECTOR	(ii)	Ο.	0.	0.	0.	0.	0.	0.	
(2) ALAN J. ROESBERRY	(i)	130,951.	10,000.	0.	6,548.	10,018.	157,517.	0.	
CHIEF ADMINISTRATIVE OFFIE	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
_	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2020

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

PART I, LINE 3:

MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF ALL HIGH-LEVEL

PERSONNEL PERIODICALLY 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.

PART I, LINE 7:

CURTIS KNIGHT, EXECUTIVE DIRECTOR AND ALAN ROESBERRY, CHIEF ADMINISTRATIVE

OFFICER RECEIVED NON-FIXED BONUSES IN 2020 CALENDAR YEAR IN THE AMOUNTS OF

\$24,000 and \$10,000. The amounts were included on the 2020 form W-2 and

REPORTED ON SCH J, PART II, COLUMN B(II).

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

Go to www.irs.gov/Form990 for instructions and the latest information.

2020 Open to Public Inspection

Employer identification number

23-7097680

Name of the organization

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	18	255,263.	FMV			
10	Securities - Closely held stock			, , , , , , , , , , , , , , , , , , ,				
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential	X	1	850,000.	FMV			
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 (
29	Number of Forms 8283 received by the organized	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement			1	
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	tions?	31		х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				ł
	contributions?					32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	/ for which column (a) is cheo	cked,			
describe in Part II.								

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

Schedule M (Form 990) 2020

032141 11-23-20

Schedule M (Form 990) 2020	CALIFORNIA	TROUT,	INC.
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Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTORS NOT THE NUMBER OS

CONTRIBUTIONS.

Part II

Schedule M (Form 990) 2020

23-7097680

032142 11-23-20

SCHEDUL	ΕO
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(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 23-7097680

CALIFORNIA TROUT, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SHARE A COMMON VISION OF A CALIFORNIA WHERE HEALTHY WATERS FLOW FROM

HEADWATERS TO SEA. WHERE THE DIVERSITY AND RESILIENCE OF OUR WATERS AND

FISH MATCH THAT OF THE PEOPLE THROUGHOUT OUR STATE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGHOUT OUR STATE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OUR FIVE KEY INITIATIVES ACT ON THE THREATS IDENTIFIED IN THE SOS II

REPORT TO CREATE STATEWIDE IMPACT AND CROSS REGIONAL EFFICIENCIES. OUR

WORKING MODEL-APPLYING A SCIENCE-BASED, REGIONAL APPROACH TO FINDING

PRAGMATIC SOLUTIONS THAT WORK FOR DIVERSE INTERESTSCONTINUES TO

DIFFERENTIATE US FROM OTHER CONSERVATION GROUPS AND MAKE US A TRUSTED,

RELIED-UPON SOURCE THAT CAN GETS THE JOB DONE.

1. PROTECT THE BEST - KEEP SALMON AND STEELHEAD STRONGHOLDS AND WILD

TROUT WATERS INTACT AND PROTECTED.

2. RECONNECT HABITAT - GIVE WILD FISH ACCESS TO DIVERSE HABITATS BY

REMOVING BARRIERS AND GETTING OBSOLETE DAMS OUT.

3. INTEGRATE WILD FISH AND WORKING LANDSCAPES - BALANCE THE NEEDS OF

FISH AND PEOPLE BY REESTABLISHING RESILIENT WILD FISH POPULATIONS AND

NATURAL PROCESSES WITHIN MANAGED LANDSCAPES.

4. STEWARD SOURCE WATER AREAS - ENSURE WATER SECURITY FOR FISH AND

PEOPLE BY PROTECTING AND RESTORING OUR VITAL SOURCE WATER AREAS

ESPECIALLY MOUNTAIN

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Schedule O (Form 990 or 990-EZ) 2020

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2020.05094 CALIFORNIA TROUT, INC.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization CALIFORNIA TROUT, INC.	Employer identification number 23-7097680
5. RESTORE ESTUARIES - NURTURE AND RESTORE THE VITAL LAND-SEA	·
INTERFACE.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
ENHANCING AND EXPANDING PRODUCTIVE TIDAL, BRACKISH, FRESHWATER, AND	
RIPARIAN HABITATS. THE PROJECT'S REVEGETATION COMPONENT INCLUDES OVER	
45,000 WETLANDS PLANT "PLUGS" AND MANY HUNDREDS OF REDWOOD, SITKA	
SPRUCE, AND ALDER TREES.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
WILL LEAD TO THE REMOVAL OF RINDGE DAM AND UPSTREAM BARRIERS.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
OTHER PROGRAMS INCLUDE: CENTRAL VALLEY REGION, SIERRA HEADWATERS	
REGION, BAY AREA REGION, APPLIED CONSERVATION RESEARCH, EDUCATION AND	
OUTREACH	
EXPENSES \$ 2,525,188. INCLUDING GRANTS OF \$ 0. REVENUE \$ 87,301.	
FORM 990, PART VI, SECTION A, LINE 1:	
IN ACCORDANCE WITH COMMON PRACTICE IN THE NONPROFIT COMMUNITY, THE BOARD	
DELEGATES CERTAIN MATTERS TO THE EXECUTIVE COMMITTEE, WHICH IS EMPOWERED TO	
ACT BETWEEN BOARD MEETINGS IF NECESSARY, AND SOMETIMES WITH SPECIFICALLY	
DELEGATED AUTHORITY TO ACT IN PARTICULAR AREAS ON BEHALF OF THE FULL BOARD.	
THE COMPOSITION OF EXECUTIVE COMMITTEE INCLUDES CERTAIN MEMBERS OF THE	
ORGANIZATION'S BOARD OF GOVERNORS.	
FORM 990, PART VI, SECTION B, LINE 11B:	

FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization CALIFORNIA TROUT, INC.	Employer identification number 23-7097680
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, THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL	
MEMBERS OF THE ORGANIZATION'S VOTING BODY. A REPRESENTATIVE OF MANAGEMENT	
AUTHORIZES THE FINAL FORM 990 WHICH IS THEN E-FILED WITH THE INTERNAL	
REVENUE SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
MEMBERS OF THE BOARD OF DIRECTORS REVIEW 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 (IN FACT OR APPEARANCE) ARE	
DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE ORGANIZATION'S	
POLICIES AND PROCEDURES.	
FORM 990, PART VI, SECTION B, LINE 15A:	
MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF ALL HIGH-LEVEL	
PERSONNEL PERIODICALLY 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.	
COMPENSATION OF OTHER HIGH-LEVEL PERSONNEL AND KEY EMPLOYEES IS REVIEWED	

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization CALIFORNIA TROUT, INC.		Employer identification number 23-7097680
PERIODICALLY BY MEMBERS OF MANAGEMENT. EFFORTS	ARE MADE TO SECURE	
COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDE	ER TO DETERMINE	
COMPETITIVENESS AND APPROPRIATENESS OF SALARIES	S AND ALL RELATED BENEFITS.	
ALL DECISIONS ARE THEN DOCUMENTED IN PERSONNEL	FILES.	
FORM 990, PART VI, SECTION C, LINE 19:		
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.OF	RG (WHERE THEY ARE AVAILABLE	
FOR VIEWING AS ELECTRONIC COPIES) AND ARE ALSO	AVAILABLE FOR A PHYSICAL	
INSPECTION AT THE ORGANIZATION'S OFFICE IN SAN	FRANCISCO, CALIFORNIA.	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
CONSULTING & OUTSIDE SERVICES:		
PROGRAM SERVICE EXPENSES	7,511,043.	
MANAGEMENT AND GENERAL EXPENSES	180,325.	
FUNDRAISING EXPENSES	28,012.	
TOTAL EXPENSES	7,719,380.	
DESIGN CONSULTING:		
PROGRAM SERVICE EXPENSES	56,593.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	19,832.	
TOTAL EXPENSES	76,425.	
CONSTRUCTION:		
PROGRAM SERVICE EXPENSES	440,932.	
	·	Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020		Page 2
Name of the organization CALIFORNIA TROUT, INC.		Employer identification number 23-7097680
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	440,932.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	8,236,737.	
FORM 990, PART X11, LINE 2C:		
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.		
032212 11-20-20	70	chedule O (Form 990 or 990-EZ) 2020

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Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

CALIFORNIA TROUT, INC.

Employer identification number 23-7097680

OMB No. 1545-0047

Open to Public Inspection

20

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

		1	1	1	I
(a) Name, address, and EIN (if applicable) 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

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on 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	(f) Direct controlling entity		g) i12(b)(13) olled ity?
				501(c)(3))		Yes	No
CALIFORNIA TROUT FOUNDATION - 23-7135962							
360 PINE STREET, 4TH FL	7			LINE 12C,	CALIFORNIA TROUT		
SAN FRANCISCO, CA 94104	SUPPORTING ORGANIZATION	CALIFORNIA	501(C)(3)	III-FI	INC	х	
	-						
	-						
	-						

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Schedule R (Form 990) 2020

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?				ercentage wnership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
										+		
										\vdash		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on 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	(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	contr	tion b)(13) rolled tity?
		country)		0. 4000				Yes	No
]								
	1								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Σ
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			:
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)		X	+
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			+
Other transfer of cash or property to related organization(s)	1r		
Cher transfer of cash or property from related organization(s)	1s		

(a) Name of related organization		(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
<u>(4)</u>				
<u>(5)</u>				
<u>(6)</u>				

Schedule R (Form 990) 2020 CALIFORNIA TROUT, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	ı)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gener	al or F	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(org	c)(3) s.?	total	end-of-year	allocat	ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partn	er?	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
												-	
												_	

Schedule R (Form 990) 2020

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2020