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| Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A I	or the	e 2022 calendar year, or tax year beginning JU	JL 1, 2022 and	ending J	UN 30, 2023		
	Check if pplicable	C Name of organization			D Employer ide	entific	ation number
	Addres	CALIFORNIA TROUT, INC.					
	Name change	B 1 1 1			23-7097	680	
	Initial return	Number and street (or P.O. box if mail is not del	livered to street address)	Room/suite	E Telephone nu	ımber	
	Final return/		•	200	415-392-	8887	
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		19,845,622.
	Ameno	SAN FRANCISCO, CA 94133			H(a) Is this a gro	oup re	turn
	Applic tion	F Name and address of principal officer: CORT	IS KNIGHT		for subordi	nates?	? Yes X No
_	pendir	SAME AS C ABOVE			H(b) Are all subording	nates inc	cluded? Yes No
<u>1</u>	ax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," atta	ach a l	list. See instructions
	Vebsit				H(c) Group exer		
		or garried to the	ssociation Other	L Year	of formation: 1971	M	State of legal domicile: CA
Pa		Summary		TIM'S MESS	NION TO ENGLISH	·NG	
Governance	1	Briefly describe the organization's mission or most HEALTHY WATER AND RESILIENT WILD FISH			SION IS ENSURI	.NG	
rna	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its ne	et asse	ets.
ove	3	Number of voting members of the governing body	(Part VI, line 1a)			3	26
	4	Number of independent voting members of the gov	verning body (Part VI, line 1b)			4	26
es &		Total number of individuals employed in calendar y				5	47
ĬŢ		Total number of volunteers (estimate if necessary)				6	75
Activities &		Total unrelated business revenue from Part VIII, co				7a	0.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	······		7b	0.
					Prior Year	.41	Current Year
e	I				20,891,2	_	19,328,563.
Revenue	ı				10 /	0.	147.406
Re		Investment income (Part VIII, column (A), lines 3, 4,			10,4	$\overline{}$	147,496. -157,740.
	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			20,921,2	_	19,318,319.
_		Total revenue - add lines 8 through 11 (must equal			20,321,2	0.	19,310,319.
	ı	Grants and similar amounts paid (Part IX, column (0.	0.
	45	Benefits paid to or for members (Part IX, column (A Salaries, other compensation, employee benefits (F			3,928,4		5,277,156.
Expenses	162	Professional fundraising fees (Part IX, column (A), li			0,220,	0.	0.
oen	h	Total fundraising expenses (Part IX, column (D), line					
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d,	-		14,766,8	354.	15,480,074.
		Total expenses. Add lines 13-17 (must equal Part I)			18,695,2	_	20,757,230.
		Revenue less expenses. Subtract line 18 from line			2,225,9		-1,438,911.
Or or		·		Ве	ginning of Current \		End of Year
Net Assets or	20	Total assets (Part X, line 16)			13,152,8	340.	14,944,228.
L Ass	21	Total liabilities (Part X, line 26)			3,967,7	716.	7,182,776.
ESE T	22	Net assets or fund balances. Subtract line 21 from	line 20		9,185,1	24.	7,761,452.
	art II	Signature Block					
		Ities of perjury, I declare that I have examined this return,				of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowledge.		
		Signature of officer			Date		
Sig			TE OFFICED		Date		E 14 04
Her	е	ALAN J. ROESBERRY, CHIEF ADMINISTRATI Type or print name and title	VE OFFICER				5.14.24
		**	Droparor's signature	Ţ	Date Che	eck [PTIN
Paid		Print/Type preparer's name MATTHEW PETROSKI	Preparer's signature MATTHEW PETROSKI		F / 1 F / 0 4		
	ı Darer	Firm's name ARMANINO LLP		μ	Firm's EII	i-employe NI S	04-6214841
	Only	Firm's address 2700 CAMINO RAMON, STE. 35	50		FIIIII 5 EII	N -	
	Jy	SAN RAMON, CA 94583-5004			Phone no	925-	-790-2600
May	the IF	RS discuss this return with the preparer shown abo	ve? See instructions		I I HOHO HO		X Yes No

23-7097680

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Х
1	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	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$6,026,390. including grants of \$) (Revenue \$)
	PROGRAM #1: THE CALIFORNIA TROUT (CALTROUT) SHASTA-LASSEN PROGRAM	
	WORKED TO 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. THIS WORK INCLUDED PROTECTION OF LEGACY WATERS	
	SUCH AS THE HAT CREEK/FALL RIVER, MCCLOUD, PIT RIVERS, THE BATTLE CREEK	
	SALMON AND STEELHEAD RESTORATION PROJECT (BCSSRP) WHICH AIMS TO REMOVE	
	FIVE DAMS, INSTALL FISH SCREENS AND LADDERS ON THREE DAMS, AND END THE	
	DIVERSION OF WATER FROM THE NORTH FORK TO THE SOUTH FORK, CALTROUT	
	WORKED ON RESTORING THE HABITAT CONDITIONS IN KEY KLAMATH TRIBUTARIES	
	INCLUDING THE SHASTA-SCOTT WATERSHEDS BY IMPROVING WATER MANAGEMENT ON	
4b	(Code:) (Expenses \$3,974,566. including grants of \$) (Revenue \$	
	PROGRAM #2: THE CALIFORNIA TROUT (CALTROUT) NORTH COAST PROGRAM, WORKS	— ′
	TO 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, THE EEL RIVERS, AND HUMBOLDT BAY,	
	CALTROUT ESTABLISHED 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. THIS REGION'S EFFORTS INCLUDED WORK TO REMOVE THE DAMS IN	
	THE EEL RIVER AND MONITOR FISH RESPONSE AFTER THE CEDAR CREEK HATCHERY	
	DAM REMOVAL, AND TO RESTORE ESTUARIES ON THE EEL RIVER, THE MAD RIVER,	
	ELK RIVER, AND THE REDWOOD CREEK ESTUARY. OTHER EFFORTS INCLUDED WORK	
	ON THE ENDANGERED SPECIES ACT AND THE ELK RIVER RECOVERY AND COMMUNITY	
4c	(Code:) (Expenses \$2,240,434. including grants of \$) (Revenue \$	
	PROGRAM #3: THE CALIFORNIA TROUT (CALTROUT) SOUTH COAST PROGRAM	— ′
	INCLUDES: THE SANTA MARGARITA RIVER BRIDGE REPLACEMENT AND FISH	
	PASSAGE PROJECT- CONSTRUCTION OF A STEEL BRIDGE THAT PASSES 100 YR.	
	FLOW - ACCOMPLISHMENTS: FINAL BRIDGE DESIGN, PLANS AND PERMITTING	
	COMPLETED. THE I-5 METROLINK AT TRABUCO CREEK FISH PASSAGE PROJECT -	
	RESTORE SOUTHERN STEELHEAD MIGRATION WHILE STABILIZING FLOOD CONVEYANCE	
	AND TRANSPORTATION INFRASTRUCTURE IN ORANGE COUNTY - ACCOMPLISHMENTS:	
	FINAL DESIGN DEVELOPED FOR METROLINK FISHWAY. THE SOUTH COAST	
	STEELHEAD COALITION - ACCOMPLISHMENTS: TWELVE PRIORITIZED PROJECTS AS	
	PART OF SOUTH COAST STEELHEAD COALITION STRATEGIC PLAN. ALL HIGH	
	PRIORITY PROJECTS ARE UNDERWAY OR COMPLETED. THE CA ENDANGERED SOUTH	
	COAST STEELHEAD PETITION CESA LISTING - ACCOMPLISHMENTS: IN JANUARY	
4d	Other program services (Describe on Schedule O.)	
-14	(Expenses \$ 5,731,943. including grants of \$) (Revenue \$ 1,086.)	
46	Total program service expenses 17,973,333.	
-10	Total program service expenses	0000

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_		x
-		6		- 21
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		١.,
	Schedule D, Part III	8		X
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		Х
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		Х
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	11a	Х	
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		Х
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	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's separate of consolidated limit clarification 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	Х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza		40-		x
	Schedule D, Parts XI and XII	12a		- 21
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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. See instructions	17		Х
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	Х	
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		x

232003 12-13-22

Form **990** (2022)

Form	990 (2022) CALIFORNIA TROUT, INC. 23-70976	80	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to 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? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	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		Х
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D.	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pai				
	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	-		
	Enter the hamber of Forms w 24 included of fine 1a. Enter of inflot applicable	밐		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

23-7097680

Part V	St	tatements Regarding Other IRS Filings and Tax Compliance $_{\it (c)}$	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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).	_		37
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		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	C-		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		Λ
b		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	db		
a	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	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5		
Ū	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		Х
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:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against			
b	amounts due or received from them.)			
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.			
а	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
40	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		
	ii 165, complete i offit 000a.			

Form **990** (2022) 232005 12-13-22

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 26 **1a** Enter the number of voting members of the governing body at the end of the tax year 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 O. 26 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b 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? X 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 ALAN ROESBERRY - 415-392-8887

Form **990** (2022)

94133

435 PACIFIC AVE, 200, SAN FRANCISCO, CA

CALIFORNIA TROUT, INC. 23-7097680 Page 7 Form 990 (2022)

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

Check if Schedule O contains a response or note to any line in this Part VII

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition		ono	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	recto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	99			sated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	l trust		99	npen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	Individual trustee or director	ntio na	_	m ploy	st cor	-	1000 1120)		organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3
(1) CURTIS KNIGHT	40.00									
EXECUTIVE DIRECTOR				х				240,000.	0.	40,320.
(2) ALAN J. ROESBERRY	40.00									
CHIEF ADMINISTRATIVE OFFICER				Х				199,167.	0.	26,778.
(3) SHARRIN RIOS	40.00									
FINANCE DIRECTOR						Х		154,125.	0.	39,405.
(4) TRACEY DIAZ	40.00									
DEVELOPMENT AND COMM.						Х		179,167.	0.	7,815.
(5) GABRIELLA ROFF	40.00									
INST GIVING DIRECTOR						Х		143,712.	0.	23,246.
(6) SANDRA JACOBSON	40.00									
PROGRAM DIRECTOR						Х		134,767.	0.	26,830.
(7) JACOB KATZ	40.00									
SENIOR SCIENTIST						Х		134,767.	0.	25,417.
(8) KELLY BARLOW	5.00									
BOARD CHAIR	0.20	Х		Х		_		0.	0.	0.
(9) STEVE BALOFF	5.00									
TREASURER	0.20	Х		Х				0.	0.	0.
(10) ROBERT PAYNE	5.00								_	_
SECRETARY	0.20	Х		Х		<u> </u>		0.	0.	0.
(11) ANDREW (DREW) BASSAK	2.00									
BOARD MEMBER	0.20	Х						0.	0.	0.
(12) NICHOLAS BLIXT BOARD MEMBER	2.00	,							0	0
(13) ASHELY BOREN	0.20	Х						0.	0.	0.
BOARD MEMBER	0.20	X						0.	0.	0
(14) STEPHANIE CARLSON	2.00	Λ						0.	0.	0.
BOARD MEMBER	0.20	Х						0.	0.	0.
(15) CHARLES FARMAN	2.00	Λ	\vdash			\vdash		0.	٠.	
BOARD MEMBER	0.20	х						0.	0.	0.
(16) BRIAN GRAY	2.00								•	
BOARD MEMBER	0.20	x						0.	0.	0.
(17) KESLEY GALLAGHER	2.00	 -	\vdash			\vdash			•	
BOARD MEMBER	0.20	Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)
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Form 990 (2022) CABIFORNIA II	· ·								23-709700	o Page o
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F)										
(A)	(B)							(D)	(E)	(F)
Name and title	Average	(do		Pos heck		l than d	one	Reportable	Reportable	Estimated
	hours per week					s both		compensation	compensation	amount of
	(list any					1		from the	from related organizations	other
	hours for	direct				_		organization	(W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsateo		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	,	and related
	below	vidual	tutior	Je.	Key employee	loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(18) CHRIS JAFFEE	2.00									
BOARD MEMBER	0.20	Х						0.	0.	0.
(19) DIANA JACOBS	2.00									
BOARD MEMBER	0.20	Х						0.	0.	0.
(20) AMELIE KAPPES	2.00									
BOARD MEMBER	0.20	Х						0.	0.	0.
(21) LORETTA KELLER	2.00									
BOARD MEMBER	0.20	Х						0.	0.	0.
(22) SYDNIE KOHARA	2.00									
BOARD MEMBER	0.20	Х						0.	0.	0.
(23) RICHARD MOORE	2.00									
BOARD MEMBER	0.20	Х						0.	0.	0.
(24) JEFF MOUNT, PHD	2.00									
BOARD MEMBER	0.20	Х						0.	0.	0.
(25) GEORGE REVEL	2.00									
BOARD MEMBER	0.20	Х						0.	0.	0.
(26) MILTON REYNOLDS	2.00									
BOARD MEMBER	0.20	Х						0.	0.	0.
1b Subtotal								1,185,705.	0.	189,811.
c Total from continuation sheets to Part VII	, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								1,185,705.	0.	189,811.

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HANFORD APPLIED RESTORATION & CONSERVATION		
755 BAYWOOD DRIVE, PETALUMA, CA 94954	CONSTRUCTION	1,125,730.
KERNEN CONSTRUCTION, 2350 GLENDALE DRIVE,		
MCKINLEYVILLE, CA 95519	CONSTRUCTION	878,987.
NORTHWEST HYDRAULIC CONSULTANTS		
12787 GATEWAY DRIVE, TUKWILA, WA 98168	SCIENCE	685,055.
NORTHERN HYDROLOGY & ENGINEERING, 3101		
CONCORDE DRIVE, MCKINLEYVILLE, CA 95519	SCIENCE	646,424.
MCBAIN ASSOCIATES		
980 7TH STREET, ARCATA, CA 95521	SCIENCE	616,714.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	21	
		000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2022)

10

Form 990 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Average Reportable Name and title Position Reportable **Estimated** (check all that apply) compensation compensation amount of hours from related per from other week the organizations compensation Highest compensated employee (list any Individual trustee or director organization (W-2/1099-MISC) from the (W-2/1099-MISC) hours for organization Institutional trustee related and related Key employee organizations organizations below Officer 0 line) (27) GREG RUPPERT 2.00 BOARD MEMBER 0.20 Х 0. 0. 0. (28) BOB ROSENBERG 2.00 0.20 0. BOARD MEMBER Х 0. 0. 2.00 (29) TODD RULON-MILLER 0. BOARD MEMBER 0.20 Х 0. 0. (30) SCOTT TUCKER 2.00 BOARD MEMBER 0.20 0. 0. 0. Х (31) PAUL VAIS 2.00 0. BOARD MEMBER 0.20 Х 0 0 (32) KAT WILLITS 2.00 BOARD MEMBER 0.20 0. 0. Х 0. (33) MITCH ZUKLIE 2.00 0.20 BOARD MEMBER 0. Х 0, 0.

Total to Part VII, Section A, line 1c

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Form 990 (2022) CALIFORNIA

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts							
is of			800,008.				
fts, Ar		•	000,000.				
ig ig			14 657 941				
ns, Sim		Government grants (contributions)	14,657,941.				
utio er (f All other contributions, gifts, grants, and	2 070 614				
5 된		similar amounts not included above 1f	3,870,614.				
ont od (Noncash contributions included in lines 1a-1f	141,458.	10 200 562			
<u>0</u> <u>e</u>		n Total. Add lines 1a-1f	1	19,328,563.			
			Business Code				
Se	2	a					
e vi		b					
Sen	(C					
eve		d					
Program Service Revenue		e					
P.	1	f All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	est, and				
		other similar amounts)		147,546.			147,546.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Not rontal income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	•	assets other than inventory 7a 141,408.					
		b Less: cost or other basis					
ø							
n		and sales expenses 7b 141,458. Gain or (loss) 7c -50.					
eve		. ,		-50.			-50.
her Revenue		d Net gain or (loss)		30.			30.
Othe	8	a Gross income from fundraising events (not including \$ 800,008. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	193,948.				
		b Less: direct expenses 8b	368,447.				
		Net income or (loss) from fundraising events		-174,499.			-174,499.
		a Gross income from gaming activities. See					
		Part IV, line 199a	9,900.				
		b Less: direct expenses 9b	0.				
		Net income or (loss) from gaming activities		9,900.			9,900.
		a Gross sales of inventory, less returns					
		and allowances 10a	18,484.				
		b Less: cost of goods sold 10k					
		Net income or (loss) from sales of inventory	-1 ,	1,086.	1,086.		
			Business Code		,		
sno	11	a MISCELLANEOUS INCOME	900099	5,773.			5,773.
ned				,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Miscellaneous Revenue							
Sce	,	d All other revenue					
Σ		e Total. Add lines 11a-11d		5,773.			
	12	Total revenue. See instructions		19,318,319.	1,086.	0.	-11,330.
	14	TOTAL TOVETIME. OFF HISH HULHUHS		,,,,	1 -, 000.		

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Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in t			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			9	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	452,257.	153,679.	272,965.	25,613.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,748,173.	2,478,286.	547,492.	722,395.
8	Pension plan accruals and contributions (include	_			
	section 401(k) and 403(b) employer contributions)	167,250.	108,775.	30,074.	28,401.
9	Other employee benefits	540,458.	351,499.	97,183.	91,776.
10	Payroll taxes	369,018.	239,999.	66,355.	62,664.
11	Fees for services (nonemployees):				
а	Management	440.055		440.075	
b	Legal	119,275.		119,275.	
	Accounting	51,000.		51,000.	
d	Lobbying	5,250.		5,250.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	10,714,530.	10,682,476.	2,787.	29,267.
10	column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion	19,201.	13,926.	2,707.	5,275.
12 13		495,168.	326,735.	70,158.	98,275.
14	Office expenses Information technology	2,814,364.	2,748,531.	45,905.	19,928.
15	Royalties				
16	Occupancy	402,171.	364,358.	18,211.	19,602.
17	Travel	251,320.	177,473.	55,339.	18,508.
18	Payments of travel or entertainment expenses	,	,	,	,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	77,716.	38,039.	21,726.	17,951.
20	Interest	11,627.	11,627.	·	•
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,640.		23,640.	
23	Insurance	38,390.	34,375.	1,901.	2,114.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	EQUIPMENT AND SOFTWARE	185,058.	174,201.	5,961.	4,896.
b	ENTERTAINMENT AND HOSPI	150,006.	13,264.	29,453.	107,289.
c	PUBLICATIONS-SUBSCRIPTI	97,923.	40,627.	41,978.	15,318.
d	MISCELLANEOUS FEES & TA	23,435.	15,463.	4,754.	3,218.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	20,757,230.	17,973,333.	1,511,407.	1,272,490.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		·		
	11 10110WILING SOF 30-2 (ASC 338-120)				5 000 (2222)

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Form 990 (2022) Part X | Balance Sheet

Pai	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			666,701.	1	495,944
	2	Savings and temporary cash investments		4,896,752.	2	5,759,00	
	3	Pledges and grants receivable, net			5,857,321.	3	5,719,79
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
ıs	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
ğ	9	Donat de la companya de la factoria de la companya			71,574.	9	45,22
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,087,475.			
	b	Less: accumulated depreciation	10b	124,345.	885,155.	10c	963,13
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	775,337.	15	1,961,12		
	16	Total assets. Add lines 1 through 15 (must eq	13,152,840.	16	14,944,22		
	17	Accounts payable and accrued expenses		3,217,716.	17	4,007,93	
	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	
Se	22	Loans and other payables to any current or for	mer offic	er, director,			
Ě		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate			750,000.	24	2,000,00
	25	Other liabilities (including federal income tax, p		1			
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D			0.	25	1,174,84
	26				3,967,716.	26	7,182,77
S		Organizations that follow FASB ASC 958, ch	eck here	X			
Se		and complete lines 27, 28, 32, and 33.			6 455 044		5 500 46
alar	27	Net assets without donor restrictions			6,477,844.	27	5,709,46
B	28	Net assets with donor restrictions			2,707,280.	28	2,051,98
un		Organizations that do not follow FASB ASC	958, che	ck here			
or F		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i			0 105 104	31	7 761 45
Se	32	Total net assets or fund balances			9,185,124.	32	7,761,45
	33	Total liabilities and net assets/fund balances			13,152,840.	33	14,944,228 Form 990 (202

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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public

Inspection

Name of the organization **Employer identification number** CALIFORNIA TROUT INC. 23-7097680 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	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)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	-	rst, second, third, t	fourth, or fifth tax y	year as a section 5	01(c)(3)	
C	organization, check this box and stop						
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	***		14	<u>%</u>
	Public support percentage from 2021					15	<u>%</u>
10a	33 1/3% support test - 2022. If the content have The argenization qualifies						
h	stop here. The organization qualifies 33 1/3% support test - 2021. If the o		-		lino 15 io 22 1/20/		
i.	and stop here. The organization qual						
17-	10% -facts-and-circumstances test						
110	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
h	10% -facts-and-circumstances test	-	-		-	7a and line 15 is	
	more, and if the organization meets the						. 570 01
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
	o. ga. neatic		, 5, 750	, , , , , , , , , , , , , , , , , , , ,	,		(Form 990) 2022

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

(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.)

Sec	tion A. Public Support	,,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	9,465,020.	9,151,605.	16,983,761.	20,891,241.	19,328,563.	75,820,190.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	365,106.	65,273.	138,466.	35,391.	56,472.	660,708.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- 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						
6	Total. Add lines 1 through 5	9,830,126.	9,216,878.	17,122,227.	20,926,632.	19,385,035.	76,480,898.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons	340,223.	418,103.	984,936.	904,524.	680,133.	3,327,919.
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	340,223.	418,103.	984,936.	904,524.	680,133.	3,327,919.
	Public support. (Subtract line 7c from line 6.)						73,152,979.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	9,830,126.	9,216,878.	17,122,227.	20,926,632.	19,385,035.	76,480,898.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,154.	7,644.	5,542.	10,492.	147,546.	180,378.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	9,154.	7,644.	5,542.	10,492.	147,546.	180,378.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		19,541.		10,595.		30,136.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	9,839,280.	9,244,063.	17,127,769.	20,947,719.	19,532,581.	76,691,412.
14	First 5 years. If the Form 990 is for th	e organization's fire	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	n,
	check this box and stop here						
	ction C. Computation of Publi					<u> </u>	
	Public support percentage for 2022 (li		•	olumn (f))		15	95.39 %
	Public support percentage from 2021					16	93.98 %
	ction D. Computation of Inves			10 1 (0)		4=	24 04
	Investment income percentage for 20					17	.05 %
	Investment income percentage from 2 33 1/3% support tests - 2022. If the			in line 14, and line		18 3 1/3% and line 17	70
198	more than 33 1/3%, check this box an						IS not
b	33 1/3% support tests - 2021. If the	organization did no	ot check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%, ai	
	line 18 is not more than 33 1/3%, chec			•		· ·	

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.)

	Yes	No
1		
2		
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За		
- Ou		
Ola		
3b		
_		
3c		
4a		
4b		
4c		
F		
5a		
5b		
5c		
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9a		
9b		
9c		
30		
40-		
10a		
10b		L

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	etion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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,	2		
Sec	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations			
	- Type it supporting organizations		V	N.
	Managarai siiku af kha ayaani saki saka diiyakaya ay ku akaa ah yiina kha kay yaan aha a yaalayik af kha aliyakaya		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	4		
Sac	the supported organization(s). ction D. All Type III Supporting Organizations	1		
000	Tion D. Air Type in 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 on 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			
000	supported organizations played in this regard.	3		
Sec	tion 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)	I -		
а	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 in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described on 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organ	izations			
1	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 mu	ist 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-function	ally integrate	ed Type III supporting orga	nization (see		
	instructions).					

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
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				
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	i			
9	Distributable amount for 2022 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount		10				
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
a	From 2017						
b	From 2018						
c	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2022 distributable amount						
i_	Carryover from 2017 not applied (see instructions)						
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2018						
b	Excess from 2019						
c	Excess from 2020						
d	Excess from 2021						
_	Excess from 2022						

Part VI	Supplemental Information Description and the second
T dit VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number

23-7097680 CALIFORNIA TROUT, INC. Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 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), 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 \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2022)

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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) (d) Total contributions Type of contribution
1		\$ 3,125,854. 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
2		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
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	\$ 1,736,428. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	runio, addicess, and Eir T T	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 6	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)

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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
7		\$577,843.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	Total contributions \$ 499,245.	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		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$417,458.	Person X Payroll
(a)	(b)	(c)	(d)
No. 11	Name, address, and ZIP + 4	Total contributions \$343,333.	Person X Payroll
(a)	(b)	(c)	(d)
No. 12	Name, address, and ZIP + 4	\$ 329,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
13		- _ \$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14		\$\$	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
15		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
16	Name, address, and ZIP + 4	Total contributions 159,388.	Person X Payroll
(a)	(b)	(c)	(d)
No. 17	Name, address, and ZIP + 4	* \$	Person X Payroll
(a)	(b)	(c)	(d)
No. 18	Name, address, and ZIP + 4	Total contributions 150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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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
19		\$\$	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
20		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
21		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	* \$ 105,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 23	Name, address, and ZIP + 4	* 105,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 24	Name, address, and ZIP + 4	Total contributions \$\$ 101,561.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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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
25		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	Total contributions \$\$ 109,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$65,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$60,000.	Person X Payroll

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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
31		\$ 51,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 32	Name, address, and ZIP + 4	\$ \$50,074.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$50,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4	* \$ 50,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 35	Italiic, audi 655, aliu ZIF + 4	\$ \$0,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	Humo, audi 655, and £if T T	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
37		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
38		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
39		\$ 40,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
40	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 41	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 42	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)

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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
43		\$\$	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
44		\$\$	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
45		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
46	Name, address, and ZIP + 4	### Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 47	Name, address, and ZIP + 4	\$ \$ 32,118.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 48	Name, address, and ZIP + 4	Total contributions \$\$ \$ 31,324.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$\$	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
50		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 52	Name, address, and ZIP + 4	Total contributions - \$ 28,601.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$\$	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
54		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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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) (d) Total contributions Type of contribution
55		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
56	Name, address, and ZIP + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
57		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 58	Name, address, and ZIP + 4	\$ 25,000. Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
59	Name, audiess, and ZIF + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
60	Tame, addition, and Ell TT	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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raiti	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
61		\$\$	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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$\$23,585.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	Name, address, and ZIF + 4	\$ 23,267.	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		\$ 22,856.	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
66		\$\$	Person X Payroll Noncash (Complete Part II for

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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
67		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 68	Name, address, and ZIP + 4	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No. 69	Tuning dudi ooo; dird all TT	\$ 19,471.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
70	Name, address, and ZIP + 4	Total contributions \$18,639.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 71	Name, address, and ZIP + 4	Total contributions \$18,333.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	Name, audress, and ZIP + 4	\$ 17,576.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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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
73		\$16,644.	Person X Payroll
(a)	(b)	(c)	(d)
No. 74	Name, address, and ZIP + 4	Total contributions \$16,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$16,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
76	Name, address, and ZIP + 4	Total contributions \$16,300.	Person X Payroll
(a)	(b)	(c)	(d)
77	Name, address, and ZIP + 4	Total contributions \$15,777.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78	Name, address, and ZIP + 4	\$15,185.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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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
79		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	Name, address, and ZIP + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81	Nume, address, and 2n + 4	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 82	Name, address, and ZIP + 4	* \$ 14,859.	Person X Payroll
(a)	(b)	(c)	(d)
No. 83	Name, address, and ZIP + 4	* \$ 14,545.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84	Tamo, addi 200, and £11 TT	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$\$	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
86		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 88	Name, address, and ZIP + 4	\$13,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$\$	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		\$\$	Person X Payroll

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
91		\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$11,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$11,226.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
94	Name, address, and ZIP + 4	Total contributions - \$ 11,200.	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
95		\$11,148	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		\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$\$	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		\$10,528.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 100	Name, address, and ZIP + 4	Total contributions \$10,100.	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
101		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$	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
104		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 106	Name, address, and ZIP + 4	Total contributions 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
107		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108		\$\$	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$\$	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
110		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
111		\$\$,560.	Person X Payroll
(a)	(b)	(c)	(d)
No. 112	Name, address, and ZIP + 4	Total contributions 9,018.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 113	Name, address, and ZIP + 4	Total contributions 8,640.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	* \$ 8,010.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 118	Name, address, and ZIP + 4	Total contributions \$ 7,609.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$\$	Person X Payroll

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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		- \$ \$ 7,215.	Person X Payroll
(a)	(b)	(c)	(d)
No. 122	Name, address, and ZIP + 4	Total contributions - \$ 6,910.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 123	Name, address, and ZIP + 4	- \$ 6,815.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 124	Name, address, and ZIP + 4	Total contributions - \$ 6,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 125	Name, address, and ZIP + 4	Total contributions - \$ 6,544.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126	rumo, audi 655, and Eif T T	- \$\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Page 2 Name of organization **Employer identification number** 23-7097680 CALIFORNIA TROUT, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$6,494.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
128		\$6,125.	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
129		\$6,103.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
130	Name, address, and ZIP + 4	Total contributions \$ 6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 131	Name, address, and ZIP + 4	Total contributions \$ 6,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 132	Name, address, and ZIP + 4	Total contributions \$\$ 5,972.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
133		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
134		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
135		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 136	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
137		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
138		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2 Employer identification number Name of organization 23-7097680 CALIFORNIA TROUT, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$ 5,144.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141		\$5,006.	Person X Payroll
(a)	(b)	(c)	(d)
No. 142	Name, address, and ZIP + 4	Total contributions 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
143		\$\$	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
144		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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
145		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 146	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147		\$\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 148	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No. 150	name, address, and ZIP + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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 addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 152	Name, address, and ZIP + 4	Total contributions	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 154	Name, address, and ZIP + 4	Total contributions 5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 155	Name, address, and ZIP + 4	Total contributions 5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 156	Name, address, and ZIP + 4	Total contributions — \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
158	Name, address, and ZIP + 4	\$\$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
159	Turney data easy and tell 1 1	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
160	Name, address, and ZIP + 4	\$ \$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
161	rume, addi 635, and £if T T	\$\$	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
		\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CALIFORNIA TROUT, INC.

23-7097680

Part II	Noncash Property (see instructions). Use duplicate copies of Part 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					
		 \$						
(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					

Page 3

Schedule B (Form 990) (2022)

Name of organization Page 4

varrie or or	rganization		Employer identification number					
Part III	from any one contributor. Complete columns (a	a) through (e) and the following line entry	23-7097680 tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations					
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le 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						
	Transferee's name, address,		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(,)		(4,2334,4334,334,334,434,434,434,434,434,					
_		(e) Transfer of gift						
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					

SCHEDULE C

(Form 990)

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.

Political Campaign and Lobbying Activities

OMB No. 1545-0047 Open to Public

Inspection

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.

Name of orga	anization	ioner complete i dit iii		Empl	loyer identification number
D		TROUT, INC.	1: 504/)		23-7097680
Part I-A	Complete if the org	anization is exempt und	ler section 501(c) o	or is a section 527 or	ganization.
2 Political		ation's direct and indirect politic ures gn activities			·
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(3	3).	
2 Enter the 3 If the org 4a Was a c	e amount of any excise tax ganization incurred a section	incurred by the organization und incurred by organization manag n 4955 tax, did it file Form 4720	ers under section 4955 for this year?	\$	Yes No
Part I-C	Complete if the org	anization is exempt und	ler section 501(c),	except section 501(c	e)(3).
2 Enter th exempt3 Total ex	e amount of the filing organ function activities empt function expenditures	by the filing organization for se ization's funds contributed to of 	ther organizations for se and on Form 1120-POL,	ction 527 \$	
5 Enter the made particular contribution	e names, addresses and em ayments. For each organiza tions received that were pro	1120-POL for this year?	N) of all section 527 pol d from the filing organiz a separate political orga	itical organizations to which ation's funds. Also enter the anization, such as a separat	n the filing organization e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Schedule C (F	Form 990) 2022	CALIFORNIA TROUT,	INC.	23-7097680	Page
Part II-A	Complete if the	organization is exem	ot unde	r section 501(c)(3) and filed Form 5768 (election unde	r

Part II-A	Complete if the org	anizatio	n is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ection under			
	section 501(h)).									
A Check	Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,									
	expenses, and share of excess lobbying expenditures).									
3 Check	if the filing organiza	tion check	ed box A ar	nd "limited control" pro	visions apply.	Г				
	Limi (The term "expend		(a) Filing organization's totals	(b) Affiliated group totals						
1a Total lob	bying expenditures to influ	uence publ	ic opinion (g	grassroots lobbying)						
b Total lob	bying expenditures to influ	uence a leg	islative bod	ly (direct lobbying)						
c Total lob	bying expenditures (add li	nes 1a and	d 1b)							
d Other ex	empt purpose expenditure	es								
e Total exe	empt purpose expenditure	s (add line	s 1c and 1d))						
f Lobbying	g nontaxable amount. Ente	er the amo	unt from the	following table in both	columns.					
If the am	ount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:					
Not over	\$500,000		20% of t	the amount on line 1e.						
Over \$50	00,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exce	ess over \$500,000.					
Over \$1,	000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exce	ess over \$1,000,000.					
Over \$1,	500,000 but not over \$17,	000,000	\$225,00	00 plus 5% of the exces	ss over \$1,500,000.					
Over \$17	7,000,000		\$1,000,0	000.						
g Grassroo	ots nontaxable amount (en	ter 25% of	line 1f)							
h Subtract	line 1g from line 1a. If zer	o or less, e	nter -0							
	line 1f from line 1c. If zero	•								
-	s an amount other than ze		r line 1h or l	line 1i, did the organiza	tion file Form 4720	,				
reporting	g section 4911 tax for this						Yes No_			
	(Some organizations the	hat made	a section 50	eraging Period Under 01(h) election do not h ate instructions for lin	nave to complete all o	of the five columns b	elow.			
		Lobi	ying Exper	nditures During 4-Yea	r Averaging Period					
	alendar year I year beginning in)	(a)	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total			
2a Lobbying	g nontaxable amount									
, ,	g ceiling amount f line 2a, column(e))									
c Total lob	bying expenditures									
	ots nontaxable amount									
	ots ceiling amount f line 2d, column (e))									

Schedule C (Form 990) 2022

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)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(:	a)	(1	b)
	e lobbying activity.	Yes	No	Amo	ount
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:				
а	Volunteers?		X		
b	0 ,		Х		
С			Х		
	Mailings to members, legislators, or the public?		X	<u> </u>	
е	Publications, or published or broadcast statements?		X		
f	7 7 1		X		
g			X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	x	X		
i	Other activities?	X			5,250.
	Total. Add lines 1c through 1i		x		5,250.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Α		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? TIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	n 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
Dar	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section	ne prior year	? 3	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				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).				
	Current year			<u> </u>	
b	Carryover from last year				
С					
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
_	expenditures next year? Tayable amount of labbuing and political expenditures. See instructions		4		
5 Par	Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information		5		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	liot\. Dort II	Λ lines 1 s	nd 2 (Soo	
instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information. ! II-B, LINE 1, LOBBYING ACTIVITIES:	riisi, raitii	A, iiiles i ai	10 2 (See	
CALT	ROUT ENGAGES WITH CALIFORNIA STATE LOBBYISTS, INNOVATIVE POLICY				
SOLU	TIONS LLC, AND PRIORITY STRATEGIES, WHO FILE UNDER THE FPPC. THE				
FILI	INGS UNDER CALIFORNIA TROUT WILL ACCOUNT FOR ALL LOBBYING ACTIVITIES				
EMPI	OYED BY THE ORGANIZATION.				

Schedule C (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Inspection

Name of the organization

CALIFORNIA TROUT, INC.

Employer identification number 23-7097680

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	or Ac	coun	ts. Complete if the
	organization answered Tes Sitt Offi 556,1 artiv, int	(a) Donor adv	rised	funds	(1	b) Fun	ds 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	vriting that the assets	held	d in donor advise	d fund	s	
	are the organization's property, subject to the organization's e	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or	-	-			-	
	impermissible private benefit?						Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	on Form 990, P	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	a certif	ied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribu	tion in the form o	f a cor	serva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
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 July 25,2006, and	d no	t on a			
						2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the peri						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations,	, and	l enforcing conse	rvatio	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	nn eas	ement	ts during the year
•	7 thount of expenses mounted in monitoring, inspecting, name	ing or violations, and	Orne	orong conscivation	orr cao	CITICITI	is during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation						d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemer	nts tha	t desc	ribes the
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	mila	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 958	· ·					
	of art, historical treasures, or other similar assets held for pub	*	,			ce of p	Dublic
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 958						
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or	research in furthe	rance	of pub	olic 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 trea				gain, p	rovide	•
	the following amounts required to be reported under FASB AS						Φ
a	Revenue included on Form 990, Part VIII, line 1						
b	Assets included in Form 990, Part X						Φ

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Schedule D (Form 990) 2022

	t III Organizations Maintaining C		+ Hict	orioal Tra	ACCURACE OF	Othor		13-709		Pa	age ∠
Fai	·								(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	make sigi	nificant use	of its			
	collection items (check all that apply):										
а	a Public exhibition d Loan or exchange program										
b	b Scholarly research e Other										
С											
4											
5	During the year, did the organization solicit or	r receive donations	of art, his	storical treas	sures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	nization's co	llection?				Yes		No
Pai	t IV Escrow and Custodial Arrang	gements. Compl	ete if the	organizatio	n answered "	Yes" on F	orm 990, F	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for o	contribution	s or other ass	ets not in	cluded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII										, 110
D	11 103, explain the arrangement in Fart Air 8	and complete the lo	nowing t	abic.					Amount		
_	Paginning balance						10		7 1111001110		
	Beginning balance						1c				
	Additions during the year						1d				
e	Distributions during the year						1e				
Ť	Ending balance						1f		7.,	$\overline{}$	1
	Did the organization include an amount on Fo						′?	🗀	Yes	H	No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete i										
		(a) Current year	(b) P	rior year	(c) Two year	s back (c	d) Three yea	rs back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1c	ı. column (a)) held as:						
_ a	Board designated or quasi-endowment	•	%	,,	,,,						
h	Permanent endowment		—′°								
c		/0 %									
C	The percentages on lines 2a, 2b, and 2c shou	, -									
0-		•	-4: 4l	ما ما ما ما ما		l -fl					
Sa	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are neid ar	na aaminister	ed for the			Г	Yes	No
	organization by:									163	NO
	(i) Unrelated organizations								3a(i)	-	
	(ii) Related organizations								3a(ii)	-	
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV	, line 11a. S	See Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or o		, ,	t or other (other)		cumulated eciation		(d) Book	value	e
1a	Land										
b	Buildings				878,165.		59,10	0.		819,	065.
	Leasehold improvements										
	Equipment	I			209,310.		65,24	5.		144,	065.
	Other										
	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	•	X. colum	n (B) line 1	Oc.)					963,	130.
	2 Josianin jaj musi o			,=,, 11110	·						

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 CALIFORNIA TROUT	INC.		23-7097680 Page 3
Part VII Investments - Other Securities.	<u>, </u>		1 ago -
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 e	end-of-year market value
(1) Financial derivatives	. ,		
(2) Closely held equity interests			
(3) Other			
(A)			
(B)		1	
(C)		1	
(D)		1	
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	F 000 Dart IV II:	11a Cas Faura 000 Dark V line 10	
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	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) DEPOSIT			87,772.
(2) DUE FROM CALIFORNIA TROUT FOUNDATION			711,550.
(3) OPERATING LEASE RIGHT-OF-USE ASSET			1,157,257.
(4) CTI RETENTION			4,546.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: 15.)		1,961,125.
Part X Other Liabilities.	: 10.)		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			1,174,842.
(3)			
(4)			
(5)			
(6)			
<u>\-'</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

Schedule D (Form 990) 2022

(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

1,174,842.

23-7097680

Par	t XI Reconciliation of Revenue per Audited Financial S	Statements With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part I'	V, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line	Statements With Expans	
Pai	t XII Reconciliation of Expenses per Audited Financial	-	es per Return.
	Complete if the organization answered "Yes" on Form 990, Part I		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
u	Other (Describe in Part XIII.) Add lines 2a through 2d		2e
е 3	•		
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
т a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		
Par	t XIII Supplemental Information.		· · · · · · · · · · · · · · · · · · ·
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	and 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	de any additional information.	
PART	X, LINE 2:		
CALI	FORNIA TROUT IS REQUIRED TO REPORT INFORMATION REGARD	ING ITS EXPOSURE	
TO V	ARIOUS TAX POSITIONS TAKEN BY THE ORGANIZATION AND REC	QUIRES A TWO-STEP	
DDOO	DECEMBER OF PARAMETER PROCESSION FROM MEASUREMENT. MALE	IIDAM AMBD IA	
PROC	ESS THAT SEPARATES RECOGNITION FROM MEASUREMENT. THE F	TRST STEP IS	
חשת	DMINING GUERUED & MAY DOCIMION USC MEM MUE DECOGNIMION	I MUDECUOID MUE	
DETE	RMINING WHETHER A TAX POSITION HAS MET THE RECOGNITION	THRESHOLD; THE	
GECO	ND STEP IS MEASURING A TAX POSITION THAT MEETS THE REC	COCNITION	
BECO	ND SIEF IS MEASURING A TAX FOSTITON THAT MEETS THE REC	COGNITION	
тнвы	SHOLD. MANAGEMENT BELIEVES THAT CALIFORNIA TROUT HAS A	ADEOHATELY	
IIIKE	BRODD, MANAGEMENT DEDIEVED THAT CADITONNIA INOUT HAD A	DECONTEDI	
EVAL	UATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT	P AS OF JUNE 30	
2023	, CALIFORNIA TROUT DOES NOT HAVE ANY UNCERTAIN TAX POS	SITIONS FOR WHICH	
	,		
A RE	SERVE OR AN ACCRUAL FOR A TAX LIABILITY WOULD BE NECES	SSARY.	

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Name of the organization CALIFORNIA	TROUT, INC.					Employer idea 23-709768	ntification number 0
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, li	ne 17		
required to complete this part 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Patential of the part o	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-governising of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	istody trol of	(iv) Gross receipts from activity	to (c	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 which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	 utions	or has been notified	it is e	exempt from req	gistration

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

Schedule G (Form 990) 2022

CALIFORNIA TROUT, INC. Schedule G (Form 990) 2022 Page 2 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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events NONE (add col. (a) through SF ANNUAL GALA col. (c)) (event type) (total number) (event type) 993,956 993,956. 1 Gross receipts 2 Less: Contributions 800,008 800,008. Gross income (line 1 minus line 2) 193,948 193,948. 4 Cash prizes 5 Noncash prizes 3,218 3,218. Direct Expenses Rent/facility costs 7 Food and beverages 291,805. 291,805. Entertainment 8 73,424. 73,424. Other direct expenses 368,447. **10** Direct expense summary. Add lines 4 through 9 in column (d) -174,499. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 CALIFORNIA TROUT, INC. 2	3-7097680	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
12	Indicate the percentage of gaming activity conducted in:		
		120	0/
	a The organization's facility		<u>%</u>
	n outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	•	
•			
	of gaming revenue retained by the third party \$		
(If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	gg		
	Name		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
47	Mandatani diatrihi tiana		
	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	;	
_	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
_			
_			
_			
_			

Schedule G	G (Form 990) CALIFORNIA TROUT, INC.	23-7097680	Page 4
Part IV	G (Form 990) CALIFORNIA TROUT, INC. Supplemental Information (continued)		
-			
		<u> </u>	

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

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

CALIFORNIA TROUT, INC.

Employer identification number 23-7097680

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			v
	The organization?	5a		X
b	Any related organization?	5b		X
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	-	Х	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Λ	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Λ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	

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

Schedule J (Form 990) 2022

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 M	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CURTIS KNIGHT	Ξ	200,000.	40,000.	0	8,500.	31,820.	280,320.	0
EXECUTIVE DIRECTOR	: <u></u>	0	0	0	0	0	0	0
(2) ALAN J. ROESBERRY	Ξ	169,167.	30,000.	0.	.000,6	17,778.	225,945.	• 0
CHIEF ADMINISTRATIVE OFFICER	(ii)	0	0	0	• 0	0	0.	• 0
(3) SHARRIN RIOS	(E)	154,125.	0	0	7,725.	31,680.	193,530.	0
FINANCE DIRECTOR	(iii)	0	0	0	0	0	0	0
(4) TRACEY DIAZ	Ξ	159,167.	20,000.	0	7,500.	315.	186,982.	0
DEVELOPMENT AND COMM.	: <u>=</u>	0	0	0	0	0	0	0
(5) GABRIELLA ROFF	Ξ	138,712.	5,000.	0	7,155.	16,091.	166,958.	0
INST GIVING DIRECTOR	=	0	0	0	0	0	0	0
(6) SANDRA JACOBSON	Ξ	134,767.	0	0	0	26,830.	161,597.	0
PROGRAM DIRECTOR	=	0	0	0	0	0	0	0
(7) JACOB KATZ	Ξ	134,767.	0	0	.002,8	18,917.	160,184.	0
SENIOR SCIENTIST	(ii)	0	0	0.	0	0	0	0
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	<u>(i)</u>							
	(ii)							
							Schedu	Schedule J (Form 990) 2022

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, ALAN ROESBERRY, CHIEF ADMINISTRATIVE
OFFICER, TRACEY DIAZ, DEVELOPMENT AND COMMUNICATIONS, AND GABRIELLA ROFF,
INST GIVING DIRECTOR RECEIVED NON-FIXED BONUSES IN 2022 CALENDAR YEAR IN
THE AMOUNTS OF \$40,000, \$30,000, \$20,000 AND \$5,000. THE AMOUNTS WERE
INCLUDED ON THE 2022 FORM W-2 AND REPORTED ON SCH J, PART II, COLUMN B(II).
I, LINE 7: S KNIGHT, EXECUTIVE DIRECTOR, ALAN ROESBERRY, CHIEF ADMINIER, TRACEY DIAZ, DEVELOPMENT AND COMMUNICATIONS, AND GABREIVING DIRECTOR RECEIVED NON-FIXED BONUSES IN 2022 CALEND AMOUNTS OF \$40,000, \$30,000, \$20,000 AND \$5,000. THE AMOUNTDED ON THE 2022 FORM W-2 AND REPORTED ON SCH J, PART II,

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection Employer identification number

	CALIFORNIA TROUT,	INC.				23-70	9768	0	
Pai	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 cash contribu			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	Х	10	141,458.	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								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21									
22	Taxidermy Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
2 4 25	0.11								
26	`								
27	`								
28	Other () Other ()								
29	Number of Forms 8283 received by the organiz	zation during	the tax year for e	ontributions					
29	for which the organization completed Form 82	-						0	
	for which the organization completed form 62	oo, rait v, L	onee Acknowledg	ement 29				Yes	No
202	During the year, did the organization receive by	v contributio	n any proporty rop	orted in Part I lines 1 throug	h 28 tha	,+ i+		162	No
Sua	must hold for at least 3 years from the date of								
	exempt purposes for the entire holding period?						30a		Х
h		·					Sua		
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	ooliev that so	auires the review	of any nonetandard contribut	ione?		24	Х	
31	Does the organization have a gift acceptance plane books the organization hire or use third parties				10119 (31		
s∠a			•				20-		х
L	contributions?						32a		Λ
	If "Yes," describe in Part II.	aluma (a) fo	r a tupo of aronat	for which column (a) is about	dead				
33	If the organization didn't report an amount in c describe in Part II.	olullili (C) f0l	a type of propeπy	non which column (a) is ched	keu,				
	UCOUING III FAIL II.								

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

Schedule M (Form 990) 2022

Schedule M (Form 990) 2022

Part II	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 NUM	BER REPRESENTS THE NUMBER OF CONTRIBUTORS NOT THE NUMBER OF
CONTRIBU	TIONS.

232142 09-09-22

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

CALIFORNIA TROUT, INC.

Inspection **Employer identification number** 23-7097680

	·
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:	
AGRICULTURAL LANDS, REMOVING FISH BARRIERS AND SMALL DAMS, AND	
RESTORING INSTREAM FLOWS, ADVANCING THE KLAMATH DAM REMOVAL, AND	
ASSESSING SOURCE WATER RECHARGE AREA, VOLCANIC SPRINGS AND BASELINE	
CONDITIONS FOR WATER SECURITY. THE SCOTT RIVER PROJECT MOVED FORWARD	
WITH THE INSTALLATION OF THE SCOTT BAR MILL CR BRIDGE.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
STEWARDSHIP PROGRAM (CLEAN WATER ACT), REDWOOD AND PRAIRIE CREEK PUBLIC	
LAND PARTNERSHIPS, AND THE BULL CREEK HUMBOLDT REDWOODS STATE PARK	
PUBLIC LAND PARTNERSHIPS. WE ARE EXPANDING OUR SCIENCE AND MONITORING	_
PROGRAMS TO BETTER PRIORITIZE SPECIES RECOVERY ON THE NORTH COST AND	
CONTINUE TO PARTICIPATE IN POLICY DEVELOPMENT LINKING WATER MANAGEMENT	
TO SPECIES PROTECTION FOR ROBUST PROTECTION OF SALMON AND STEELHEAD.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
2024, CDFW AFFIRMED THE CALTROUT PETITION. CDFW RECOMMENDED TO CA FISH	
& GAME COMMISSION THAT SOUTHERN STEELHEAD SHOULD BE LISTED AS A STATE	Oakadula O (Farras 200) 2000
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022 Page **2**

Name of the organization **Employer identification number** CALIFORNIA TROUT, INC. 23-7097680 ENDANGERED SPECIES. THE HARVEY DIVERSION FISH PASSAGE DAM REMEDIATION PROJECT - ACCOMPLISHMENTS: 75% PLAN SET, AND BASIS OF DESIGN REPORT ACHIEVED IN MARCH 2023. THE MALIBU CREEK RESTORATION PROJECT ACCOMPLISHMENTS: DRAFTED AND EXECUTED THE STRATEGIC COMMUNICATION AND PUBLIC ENGAGEMENT PLAN, IN CLOSE COLLABORATION W/ STATE PARKS AGENCIES, AND PUBLIC STAKEHOLDERS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ALL OTHER PROGRAMS: CENTRAL VALLEY PROGRAM. BAY AREA PROGRAM. SIERRA PROGRAM. ADVOCACY AND ENGAGEMENT PROGRAMS. SCIENCE PROGRAM. EXPENSES \$ 5,731,943. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,086. FORM 990, PART VI, SECTION A, LINE 1A: 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 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

<u>Schedule O (Form 990) 2022</u> Page **2**

Employer identification number Name of the organization CALIFORNIA TROUT, INC. 23-7097680 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 PERIODICALLY BY MEMBERS OF MANAGEMENT. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES AND ALL RELATED BENEFITS. ALL DECISIONS ARE THEN DOCUMENTED IN PERSONNEL FILES.

FORM 990, PART VI, SECTION C, LINE 19:

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Schedule O (Form 990) 2022		Page 2
Name of the organization CALIFORNIA TROUT, INC.		Employer identification number 23-7097680
ALL OF THE ORGANIZATION'S GOVERNING DOCUMENT	S, FINANCIAL STATEMENTS AND	
OTHER LEGAL FILINGS ARE MAINTAINED IN A SECU	RE ENVIRONMENT AND HELD	
AVAILABLE FOR INSPECTION BY TAX AUTHORITIES	AND THE GENERAL PUBLIC. TAX	
RETURNS ARE POSTED ANNUALLY TO WWW.GUIDESTAR	ORG (WHERE THEY ARE AVAILABLE	
FOR VIEWING AS ELECTRONIC COPIES) AND ARE AL	SO AVAILABLE FOR A PHYSICAL	
INSPECTION AT THE ORGANIZATION'S OFFICE IN S	AN FRANCISCO, CALIFORNIA.	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
CONSULTING & OUTSIDE SERVICES:		
PROGRAM SERVICE EXPENSES	7,428,539.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	19,730.	
TOTAL EXPENSES	7,448,269.	
CONSTRUCTION:		
PROGRAM SERVICE EXPENSES	3,021,098.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	3,021,098.	
TECHNICAL SERVICES:		
PROGRAM SERVICE EXPENSES	208,897.	
MANAGEMENT AND GENERAL EXPENSES	2,787.	
FUNDRAISING EXPENSES	1 147	
TOTAL EXPENSES	212,831.	
DESIGN CONSULTING:		
PROGRAM SERVICE EXPENSES	23,942.	
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Name of the organization CALIFORNIA TROUT, INC.		Employer identification number 23-7097680
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	8,390.	
TOTAL EXPENSES	32,332.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	10,714,530.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

2022

OMB No. 1545-0047

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

Open to Public Inspection

Employer identification number Direct controlling 23-7097680 End-of-year assets (e) Total income 9 Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity CALIFORNIA TROUT, INC. Name, address, and EIN (if applicable) of disregarded entity Name of the organization Partl

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. Part II

(a)	(q)	(0)	(p)	(e)	(f)	(b)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	section 5 12(b)(1)	(ST)(a)
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	No
CALIFORNIA TROUT FOUNDATION - 23-7135962							
360 PINE STREET, 4TH FL				LINE 12C, C	CALIFORNIA TROUT		
SAN FRANCISCO, CA 94104	SUPPORTING ORGANIZATION	CALIFORNIA	501(C)(3)	III-FI	INC	×	

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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. Part III

(K)	General or Percentage managing ownership partner?									
(i)	ieneral or la nanaging partner?	YesNo								
(i)	Code V-UBI amount in box not Schedule	K-1 (Form 1065) Ŋ								
(h)	Disproportionate allocations?	Š								
	Dispro	Yes								
(6)	Share of end-of-year	מסספוס								
ı	Share of total income									
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)								
(p)	Direct controlling entity									
(c)	Legal domicile (state or	toreign country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

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. Part IV

(i)	Section 512(b)(13) controlled entity?	No								
ć	512 Con	Yes								
(H)	Percentage ownership									
(6)	Share of Fend-of-year	433413								
	Share of total income									
(e)	Type of entity (C corp, S corp,	O tidat)								
(p)	Direct controlling Type of entity (C corp, S corp,									
(c)	Legal domicile (state or foreign	country)								
 (q)	Primary activity									
(a)	Name, address, and EIN of related organization									

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

Note: Complete line 1 if any entity is listed in Darts II III or IV of this schoolule					No.
 During the tax year, did the organization engage in any of the following transaction 	s with one or more re	re. transactions with one or more related organizations listed in Parts II-IV?	n Parts II·IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	×
b Gift, grant, or capital contribution to related organization(s)				1	×
(s)				2	×
Loans or loan guarantees to or for related organization(s)				19	×
I oans or loan dijarantees by related organization(s)				4	×
				2	
f Dividends from related organization(s)				*	×
					×
G Dischart of scoots from soluted organization(s)				D 4	×
				≣ :	\$ \$
				= :	4 >
j Lease of facilities, equipment, or other assets to related organization(s)				=	4
					Þ
k Lease of facilities, equipment, or other assets from related organization(s)				¥	4
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			_	×
o Sharing of paid employees with related organization(s)				9	×
p Reimbursement paid to related organization(s) for expenses				9	×
				- 5	×
				•	
				÷	×
Other transfer of cash or property from related organization(s)				18	×
	who must complete the	is line, including covered r	elationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	nvolved	
	type (a-s)				
(1)					
6					
(3)					
(4)					
(5)					
(9)				!	
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23-7097680

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.

(k) Percentage ownership				
General or F managing partner?				
(h) (i) (j) (k) (k)				
(h) Disproportionate allocations? Yes No				
(g) Share of End-of-year assets				
(f) Share of total income				
(e) Are all partners sec. 501(c)(3) 0195.? Yes No				
c) (d) character (related, unrelated, excluded from tax under sections 512-514) Y				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				