COMMITTEE ON NATURAL RESOURCES

Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Fo	r In	dividuals:
1.	Naı	me:
2.	Ad	dress:
3.	Em	ail Address:
4.	Pho	one Number:
		* * * *
Fo	r W	itnesses Representing Organizations:
	1.	Name: Marc Gorelnik
	2.	Name of Organization(s) You are Representing at the Hearing:
		Coastside Fishing Club, a California non-profit corproation
	3.	Business Address: 6680 Alhambra Venue, #241, Martinez, California 94553
	4.	Business Email Address: [Information redacted for privacy]
	5.	Business Phone Number: none (we're an online entity)

Name/Organization: Coastside Fishing Club

Title/Date of Hearing: The President's New National Ocean Policy, October 4, 2011 at 10:00 a.m.

- a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
- B.S., Physics, University of California, Santa Barbara, 1981M.S., Scientific Instrumentation, University of California, Santa Barbara, 1983

J.D., University of California, Davis, 1993

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Member, California Bar

- c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.
- d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Name/Organization: Coastside Fishing Club

Title/Date of Hearing: The President's New National Ocean Policy, October 4, 2011 at 10:00 a.m.

In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Member, board of directors.

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

None

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Please see attached.

COMMITTEE ON NATURAL RESOURCES

Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Marc Gorelnik
2. Name of Organization(s) You are Representing at the Hearing:
Coastside Fishing Club, a California non-profit corproation
3. Business Address: 6680 Alhambra Venue, #241, Martinez, California 94553
4. Business Email Address: coastsidefishingclub@gmail.com
5. Business Phone Number: none (we're an online entity) my personal phone no. is 510-333-6600

Name/Organization: Coastside Fishing Club

Title/Date of Hearing: The President's New National Ocean Policy, October 4, 2011 at 10:00 a.m.

- a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
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None

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Name/Organization: Coastside Fishing Club

Title/Date of Hearing: The President's New National Ocean Policy, October 4, 2011 at 10:00 a.m.

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h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (and /or other agencies invited) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

None

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Please see attached.

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Open to Public Inspection

Department of the Treasury

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

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All her organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning and ending Check If C Name of organization D Employer identification number Please use IRS Address change label or Name change print or COASTSIDE FISHING CLUB 38-3667686 tvoe Initial Number and street (or P O box, if mail is not delivered to street address) Room/suite Telephone number Specific Termin-ated 666 BRIGHTON 925-443-4683 Instruc-Amende City or town, state or country, and ZIP + 4 F Group Exemption Application pending PACIFICA, CA 94044 Number > • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method X Cash Schedule A (Form 990 or 990-EZ). Other (specify) ▶ Website: ► N/A H Check ► X if the organization is not Tax-exempt status (check only one) - \boxed{X} 501(c) (7) \blacktriangleleft (insert no) 4947(a)(1) or __ 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Check Fig. 1 If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ 119,866. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 2,190. Contributions, gifts, grants, and similar amounts received 64,556. 2 Program service revenue including government fees and contracts 2 53,085. Membership dues and assessments 3 Investment income 4 SCANNED BYELL 0 2010 Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 50 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including of contributions reported on line 1) 6a Less direct expenses other than fundraising expenses 6b Net income or (loss) from special events and addivities (Subtract line 6b from line 6a) 60 7a Gross sales of invention less returns and allowances 7a Less cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe INTEREST INCOME 8 119,866 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 STMT 3 10 Grants and similar amounts paid (attach schedule) 14,500 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 11,290. 13 Professional fees and other payments to independent contractors 13 SEE STATEMENT 2 2,905. 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 SEE STATEMENT 1) 45,732. 16 Other expenses (describe 16 17 Total expenses. Add lines 10 through 16 74,427. 17 45,439. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 100,875. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 146,314. Net assets or fund balances at end of year Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 144,954. 22 98,110. Cash, savings, and investments 22 23 Land and buildings 23 1,360. Other assets (describe ► OTHER DEPRECIABLE ASSETS 2,765. 24 24 100,875. 146,314. 25 Total assets 25 26 Total liabilities (describe ▶ 0. 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 875. 146,314.

Form **990-EZ** (2009

Forr	1990-EZ (2009) COASISIDE FISHING CLUB			38-	-300/0	86 Page 2
	Statement of Program Service Accomplishment is the organization's primary exempt purpose? SEE STATEMENT		Part III)		Ex (Required fo	penses r section 501(c)(3)
the	scribe what was achieved in carrying out the organization's exempt pur services provided, the number of persons benefited, and other relevan	it information for each prog	ram title.) organizations and 7(a)(1) trusts, optional
28	FACILITATING THE TIMELY INTERCHANGE AND TO BE A VOICE FOR RECREATIONAL GOVERNMENTAL FISHING REGULATIONS.		NFORMATIO MATTERS O			
29	(Grants \$) If this amount includes foreign of	grants, check here	>		28a	74,427.
30	(Grants \$) If this amount includes foreign (grants, check here	<u> </u>	<u> </u>	29a	
	(Grants \$) If this amount includes foreign of	grants, check here	>		30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign of	grants, check here	<u> </u>		31a	
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ren if not compensated	(See the	32 Instructions f	74,427. for Part IV)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	to e bene d	ontributions employee fit plans & eferred ipensation	(e) Expense account and other allowances
	RISTOPHER HALL 08 WALTER DRIVE, MODESTO, CA 95356	PRESIDENT 20.00	0.		0.	0.
	OM MATTUSCH	POLIT COOR				0.
	3 SAN CARLOS, EL GRANADA, CA 94018	5.00	0.		0.	0.
	CHAEL GIRAUDO 6 BRIGHTON ROAD, PACIFICA, CA 94044	SECRETARY 5.00	0.		0.	0.
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932	1/2					000 ET

Pa	The Information (Note the statement requirements in the instructions for Part V.)			
,			Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	,	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but no t		T	
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/Z	4
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		1	
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made		1	
	in a prior year and still outstanding at the end of the period covered by this return?	38a		<u>X</u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter		1	
а	Initiation fees and capital contributions included on line 9 39a 0 •		1	
b	Gross receipts, included on line 9, for public use of club facilities 39b 0 •			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under		1	
	section 4911 \blacktriangleright N/A , section 4912 \blacktriangleright N/A , section 4955 \blacktriangleright N/A			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the		1	
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/Z	<u> </u>
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers		1	
	or disqualified persons during the year under sections 4912, 4955, and 4958		1	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	[1	
	organization • N/A			
е	Alf organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		1	
	transaction? If "Yes," complete Form 8886-T	40e		_ <u>X</u> _
41	List the states with which a copy of this return is filed CA			
42 a	The organization's books are in care of ► COASTSIDE FISHING Telephone no ► 925-44			
		455	3	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority	г		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b		<u>X</u>
	If "Yes," enter the name of the foreign country		1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		1	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	l	<u>X</u>
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	37/2		Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		г		
		,	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1	
	Form 990-EZ	44		_X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be		1	
	completed instead of Form 990-EZ	45		<u> X</u> _
		Earm Of)n E7 /	2000

1.0	rt,vi j	organizations and section 4947(a)(1) nonexempt charitable and 51.			-			
46	Did the	organization engage in direct or indirect political campaign activities	s on hehalf of or in connection to	candidates for nublic			Vac	No
		If "Yes," complete Schedule C, Part I	s on behalf of of all opposition to t	zandidates for public	'	46	163	110
		organization engage in lobbying activities? If "Yes," complete Sc	chedule C. Part II			47	 	
		organization a school as described in section $170(b)(1)(A)(ii)$? If "Ye				48		
		organization make any transfers to an exempt non-charitable relate				49a	-	
		was the related organization a section 527 organization?	a organization			49b		
50	Comple	ete this table for the organization's five highest compensated employ 100,000 of compensation from the organization. If there is none, ent		s, trustees and key e	mployees) who e		ceived i	nore
		(a) Name and address of each employee paid more than \$100,000 ${f N/A}$	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	(a oth	e) Expe ccount er allow	and
		umber of other employees paid over \$100,000						
51		ete this table for the organization's five highest compensated indeperation. If there is none, enter "None" N/A	ndent contractors who each recei	ved more than \$100	,000 of compens	ation	from the)
		(a) Name and address of each independent contractor paid mo	re than \$100,000	(b) Type of se	rvice (c) Cor	npensat	lon.
				<u></u>				
				-				
d	Total n	umber of other independent contractors each receiving over \$100,0	000	>				
Sigr Here		Under penalties of periory 1 declare that I have examined this return, including correct, and complete Declaration of preparet other than officer) is based on a Signature of office. CHRIS HALL, PRESIDENT	accompanying schedules and statemen all information of which preparer has any	nts, and to the best of m knowledge	y knowledge and b	_		
		Type or print name and title						
Paid Prep Use	arer's Only	Preparer's signature PATRICIA A O'NEILL Firm's name for yours RUNDQUIST & ASSOCIATE	11/10/10 em	ployed	parer's identifying r	umber	(See inst	r)
	Ì	Firm's name (or yours if self-employed), address, and ZIP+4 RUNDQUIST & ASSOCIATE 100 PARK CENTER PLAZA SAN JOSE, CA 95113		EIN Phoi no		87-	-616	6
May		discuss this return with the preparer shown above? See instruction	<u>-</u>			<u>Х</u> ү		No

Form 990-EZ (2009)

2009 DEPRECIATION AND AMORTIZATION REPORT

Discription Construction Const	Description Continue Contin	RM 9	FORM 990-EZ PAGE 1			;	-		990-EZ							. [
ER EQUIPMENT 001/29/09 2000M 5.00 MgQ7 3,417. 2,790. 3741. 2,790. 2000M 5.00 MgQ7 3,417. 2,790. 2,037. 2,03	COMPUTER EQUIPMENT 10/11/05 2000B 5.00 MgT 2,550. ISP 12/19/05 2000B 5.00 MgT 3,420. SOFTWARE 10/11/06 2000B 5.00 MgT 1,518. LAPYOR 7. TOTAL 990-EZ PG 1 DEPR 6 03/23/08 2000B 5.00 MgT 15,134. AMORT 7	÷	Description	Date Acquired	Method	Lıfe			Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
TO 12 / 19 / 12 / 19 / 12 / 19 / 12 / 19 / 12 / 19 / 12 / 19 / 12 / 19 / 12 / 19 / 12 / 19 / 12 / 19 / 12 / 19 / 12 / 19 / 12 / 19 / 19	SCENTER 12/19/05 2000B 5.00 MG17 3,420. SOSTWARRE COMPUTER 10/11/06 2000B 5.00 MG17 1,518. LAMPTOR TOTAL 990-EZ PG 1 DEPR 4. AMORT	-		08/29/05	200DB	5.00	MQ17	3,417.			- 11	3,417.	2,790.		386.	3,176.
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L 990-EZ PG 1 DEPR & 003/23/06 200DB 5.00 MQ17 1,518. L 990-EZ PG 1 DEPR & 434. L 15,134. L 15,134. L 14,639. L 1,518. L	TAMPRORY ** TOTAL 990-EZ PG 1 DEPR 4. 03/29/00 2/0010 5.60 4/95. ** TOTAL 990-EZ PG 1 DEPR 4. 03/29/00 2/0010 5.60 4/95. ** TOTAL 990-EZ PG 1 DEPR 4. 03/29/00 2/0010 5.60 4/95.	44	SOFTWARE	04/14/05		36#	#X# E#	3,240,				3,240.	3,248.		<u></u>	
L 990-EZ PG 1 DEPR 6. 00 44261 999. 495. 436. 390. 1.0	AMONT - TOTAL 990-EZ PG 1 DEPR & 15,134. 15,134. 15,134. 495. 135. 15,134. 15	2		10/11/06	2000B	5.00	MOII 7	1,518.		**	***	1,518.	999.		208.	1,207.
15,134. 495. 11,874. 1,405	** TOTAL 990-E2 PG 1 DEPR 4. AMORT	**	LAPTOR	03/29/08	20028	5. 88.	- 1	57. 20.	*********		495	494.	es es		13.88	£2.
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	(D) - Asset disposed					***								•••		
	(D) - Asset disposed								*********							

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
SUPPLIES BANK CHARGES CREDIT CARD MERCHANT INTERNET SERVICES MEALS & ENTERTAINMEN PROGRAM EXPENSES TRAVEL	IT	340. 903. 2,513. 9,092. 5,954. 18,000. 8,930.
TOTAL TO FORM 990-E2	LINE 16	45,732.
FORM 990-EZ OCCU	PANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT 2
DESCRIPTION		AMOUNT
DEPRECIATION OTHER EXPENSES		1,405. 1,500.
TOTAL TO FORM 990-E	Z, LINE 14	2,905.

FORM 990-EZ CASH G	RANTS AND ALLOC	ATIONS	STATEMENT	3
CLASS OF ACTIVITY/GRANTEE'S NAM	E AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUN'	r
EXEMPT PURPOSE RELATED DONATION SAN FRANCISCO TYEE FOUNDATION P. O. BOX 320565 SAN FRANCISCO, CA 94132		NONE	14,5	00.
TOTAL INCLUDED ON FORM 990-EZ,	LINE 10		14,5	

6

FO	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		TATE	MENT	4
A)	DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, RESERVED INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?		YES	[X]	NO
B)		SANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[]	YES	[X]	NO

990-EŻ PG 2

STATEMENT

5

FACILITATING THE TIMELY INTERCHANGE OF FISHING INFORMATION AND TO BE A VOICE FOR RECREATIONAL FISHERMAN IN MATTERS OF GOVERNMENTAL FISHING REGULATIONS.

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization 990-EZ (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

ldentifying number

COA	STSIDE FISHING CLU	В		FOR	M 990-	EZ PAGE	1	38-3667686
Par	Election To Expense Certain Prope	erty Under Section 1	79 Note: If yo	ou have any lis	ted property	v, complete Part	V before yo	ou complete Part I
1 M	aximum amount. See the instruction	s for a higher limit	for certain b	usinesses			1	250,000.
2 To	otal cost of section 179 property place	ed in service (see	Instructions)			2	
3 TI	nreshold cost of section 179 property	y before reduction	in limitation				3	800,000.
4 R	eduction in limitation. Subtract line 3	from line 2 If zero	or less, ente	er -0-			4	
5 Do	ollar limitation for tax year Subtract line 4 from lin	e 1 If zero or less, enter	-0- If marned fil	ing separately, se	e instructions		5	
6	(a) Description of p	roperty		(b) Cost (busin	ess use only)	(c) Electe	d cost	
				. ,				
				_				
7 L	sted property. Enter the amount from	n line 29			7			
8 T	otal elected cost of section 179 prop	erty Add amounts	sın column (c), lines 6 and	7		8	
9 T	entative deduction. Enter the smalle	r of line 5 or line 8					9	
10 C	arryover of disallowed deduction from	m line 13 of your 2	008 Form 45	62			10	
11 B	usiness income limitation. Enter the s	smaller of business	s income (no	t less than ze	ro) or line 5		11	
12 S	ection 179 expense deduction. Add	lines 9 and 10, but	do not ente	r more than li	ne 11		12	
13 C	arryover of disallowed deduction to 2	2010. Add lines 9 a	and 10, less	line 12	▶ 13			
Note:	Do not use Part II or Part III below for	or listed property. I	nstead, use	Part V.				
Par	t II Special Depreciation Allow	ance and Other D	epreciation	(Do not inclu	de listed pro	perty.)		
14 S	pecial depreciation allowance for qua	alified property (otl	ner than liste	d property) p	laced in serv	rice during		
th	ne tax year						14	
15 P	roperty subject to section 168(f)(1) el	lection					15	··· ····· · <u> </u>
<u>16 O</u>	ther depreciation (including ACRS)						16_	
Par	t III MACRS Depreciation (Do n	ot include listed p	roperty.) (Se	e instructions	.)			
			Se	ection A			, ,	
17 M	IACRS deductions for assets placed	ın service in tax ye	ears beginnir	ng before 200	9		17	1,247.
18 If	you are electing to group any assets placed in se						<u></u>	
	Section B - Assets	1			Using the C	ieneral Depreci	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nvestment use e instructions)	(d) Recove period	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-year property							
b	5-year property							
c	7-year property							
d	10-year property				<u> </u>			
е	15-year property							
f_	20-year property							<u> </u>
_ 9	25-year property				25 yrs.		S/L_	
h	Residential rental property			·	27.5 yrs	s. MM	S/L_	
	nesidential rental property	1			27.5 yrs	s. MM	S/L_	
i	Nonresidential real property	/			39 yrs	MM	S/L	
		/				MM	S/L_	· · · · · · · · · · · · · · · · · · ·
	Section C - Assets	Placed in Service	During 200	9 Tax Year U	sing the All	ernative Depre	ciation Sys	tem
<u>20a</u>	Class life						S/L	
b	12-year				12 yrs		S/L	
<u> </u>	40-year ′	///			40 yrs	. <u>MM</u>	S/L	
Par	t IV Summary (See Instructions.)							
21 L	isted property. Enter amount from lin	ie 28					21	158.
22 T	otal. Add amounts from line 12, lines	s 14 through 17, lir	nes 19 and 2	0 ın column (ç	g), and line 2	1.		
E	nter here and on the appropriate line	s of your return. P	artnerships a	and S corpora	ations - <u>see i</u>	nstr.	22	1,405.
23 F	or assets shown above and placed I	n service during th	e current yea	ar, enter the				
	ortion of the basis attributable to sec				23			
916251	LHA For Paperwork Reduction	n Act Notice, see	senarate in	structions				Form 4562 (2009)

COASTSIDE FISHING CLUB Form 4562 (2009) 38-3667686 Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, completeonly 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the Instructions for limits for passenger automobiles) X Yes 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? X Yes No (e) **(f)** (g) (i) (a) (d) (h) Date Business/ Basis for depreciation Type of property (list vehicles first) Elected Recovery Cost or Depreciation Method/ placed in investment (business/investment section 179 deduction other basis period Convention service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use: 032908100.00 % LAPTOP 989. 494.5.00200DB-HY 158. % % 27 Property used 50% or less in a qualified business use % S/L · % S/L· % S/L -158 28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

		(a	a)	(1	o)	(6	c)	(6	d)	(4	e)	(f)
30	Total business/investment miles driven during the	Veh	icle	Veh	ııcle	Veh	iicle	Veh	ııcle	Vet	ııcle	Vet	ııcle
	year (do not include commuting miles)												
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles												
	driven		_										
33	Total miles driven during the year.												
	Add lines 30 through 32												
34	Was the vehicle available for personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?												
35	Was the vehicle used primarily by a more												
	than 5% owner or related person?												
36	Is another vehicle available for personal												
	use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	Do you maintain a written policy statement	that prohibits all p	personal use of vehic	es, including commuting	, by your	Yes	No	
	employees?							
38	Do you maintain a written policy statement	that prohibits pers	sonal use of vehicles	, except commuting, by y	our/			
	employees? See the instructions for vehicle	s used by corpora	ate officers, directors	, or 1% or more owners				
39	Do you treat all use of vehicles by employee	es as personal use	∍?					
40	Do you provide more than five vehicles to your employees, obtain information from your employees about							
	the use of the vehicles, and retain the inform	mation received?						
41	Do you meet the requirements concerning of	qualified automob	ile demonstration use	? ?				
	Note: If your answer to 37, 38, 39, 40, or 41	ıs "Yes," do not d	complete Section B f	or the covered vehicles.				
P	art VI Amortization						***************************************	
	(a)	(b)	(c)	(d)	(e)	(f)		

	art VI Amortization					
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization penod or percentage	(f) Amortization for this year
<u>42</u>	Amortization of costs that begins during y	our 2009 tax year:				
_						
_						
43	Amortization of costs that began before y	our 2009 tax year			43	
<u>44</u>	Total. Add amounts in column (f). See the	instructions for whe	re to report		44	

916252 11-04-09

Form 4562 (2009)

Form **990-EZ** Department of the Treasury

Short Form
Return of Organization Exempt From Income Tax
Under section 501 (c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

Open to Public Inspection

OMB No 1545-1150

A	For th	e 2008 calendar year, or tax year beginning		and end	ling			
В	Check (f	le Please C Name of organization				D Employ	er ident	lification number
	Adores	s use iRS						
F	Name Change	PORT OF COASTSTDE EIGHTNG CLUB				38-	-366	7686
F	Initial	type Number and street (or P.O. box, if mail is not delivered to street ad	dress)		Room/suite	E Teleph		
F	Temi	In- Specific 666 BRIGHTON						3-4683
<u> </u>	lation ∏Amen	ded trops City or town, state or country, and ZIP + 4				F Group		
<u> </u>	return Applica pendin	1 1				Numbe		011
ــــــ		tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must a	attach a com	nlated	G Accour			Cash Accrual
	- 060	Schedule A (Form 990 or 990-EZ).	attaon a con	ipicicu		specify)		
	Moheit	e: ►N/A						rganization is not
			47(a)(1) or	527	t			B (Form 990, 990-EZ, or 990-PF)
	Check							
	-	d, but if the organization chooses to file a return, be sure to file a complete return	u its gross it	eceipts are	HOITHANY HU	i iiioie uia	11 \$23,00	O A TELUITI IS HUL
		es 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file	Earm 000 is	otand of E	rm 000-E7		\$	7,707.
	art 1	Revenue, Expenses, and Changes in Net Assets or F						7,107.
	4		und Des	arices (יוופווו פוון פפכ			
	1	Contributions, grits, grants, and similar amounts received				<u> </u>	1	1 271
	1	Program service revenue including government fees and contracts	-				2	4,371. 3,275.
	Ι.	Membership dues and assessments					3	3,213.
	4	Investment income	1 _	I			4	
		Gross amount from sale of assets other than inventory	5a					
	ľ	Less cost or other basis and sales expenses	5b	L				
_	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line					C	
ã	6	Special events and activities (complete applicable parts of Schedule G) If any am	ount is from	gaming, c	heck here 🟲	·	- 1	
Revenue	a	Gross revenue (not including \$ of contributions	ı	ı				
æ		reported on line 1)	6a					
	1	Less direct expenses other than fundraising expenses	_6b		**		İ	
		Net income or (loss) from special events and activities (Subtract line 6b from line	6a)	ı		<u> </u>	ic	
	7a	Gross sales of inventory less returns and altowards D	7a					
	b	Less cost of goods sold			_			
	C	Gross profit or (loss) from sales of inventory (Subtract line 1947pm line 7a)					'c	
	8	Other revenue (describe INTEREST 4 INCOME)	B	61.
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				• !	3	<u>7,707.</u>
	10	Grants and similar amounts paid attach schedule)	STM	T 3		1	0	<u>5,500.</u>
	11	Benefits paid to or for members		•			1	
es	12	Salanes, other compensation, and employee benefits				_ 1	2	
enses	13	Professional fees and other payments to independent contractors				_ 1	3	1,225.
Exp	14	Occupancy, rent, utilities, and maintenance	SEE	STATE	MENT	2 _1	4	<u>5,763.</u>
Ш	15	Printing, publications, postage, and shipping					5	
	16	Other expenses (describe	SEE	STATE	MENT	1) 1	6	43,964.
	17	Total expenses. Add lines 10 through 16) 1	7	<u>56,452.</u>
"	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					8	
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))				1		
Ass		(must agree with end-of-year figure reported on prior year's return)					9	149,620.
ē	20	Other changes in net assets or fund balances (attach explanation)				2	:0	
_	21	Net assets or fund balances at end of year Combine lines 18 through 20				▶ 2	1	100,875.
P	art II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,00	0 or more, fi	le Form 99	0 instead of	Form 990	EZ	
		(See the instructions for Part II)		(A)	Beginning o	f year	T	(B) End of year
22	Cas	h, savings, and investments			145,	399.	22	98,110.
23		d and buildings				$\overline{}$	23	
24		er assets (describe ► OTHER DEPRECIABLE ASSETS)	4,		24	2,765.
25		al assets			149,		25	100,875.
26		al liabilities (describe)	·		26	0.
27		assets or fund balances (line 27 of column (B) must agree with line 21)		'	149,	620.		100,875.
	171	LHA For Privacy Act and Panerwork Reduction Act Notice see the Instruct	ore for Fore	- 000				Form 000 F7 (2008)

om	n 990-EZ (2008) COASTSIDE FISHING CLUB			38-	-36676	86 Page 2
Pź	Statement of Program Service Accomplishment	nts (See the instructions for	Part III)	-	E	kpenses
	t is the organization's primary exempt purpose? SEE STATEMENT		<u> </u>		(Required	for 501(c)(3)
	cribe what was achieved in carrying out the organization's exempt purposes. In		acombo the commer-		and (4) or	ganizations and
	cribe what was achieved in carrying out the organization's exempt purposes in a rided, the number of persons benefited, or other relevant information for each pi		escribe the services		4947(a)(1 for others) trusts, optional
			NEODWARE		101 0111013	!
	FACILITATING THE TIMELY INTERCHANGE					
	AND TO BE A VOICE FOR RECREATIONAL	FISHERMAN IN	MATTERS O	F.	1 1	
	GOVERNMENTAL FISHING REGULATIONS.					
	(Grants \$) If this amount includes foreign of	grants, check here	. ▶		28a	56,452.
29						
	/O \			_		
	(Grants \$) If this amount includes foreign of	grants, check here			29a	
30						
					1 1	
	(Grants \$) If this amount includes foreign of	grants, check here			30a	
? 1	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign of	arante chack hara			31a	
	Total program service expenses (add lines 28a through 31a)	grants, check here				56,452.
		mpleyees			32	
Pá	art IV List of Officers, Directors, Trustees, and Key E	Imployees. List each one ex	ven if not compensated			
		(b) Title and average hours	(c) Compensation		ontributions	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		mployee fit plans &	account and
	(4)	position	-0)	I I	eferred	other allowances
		F		1	pensation	
СН	RISTOPHER HALL	PRESIDENT				
	08 WALTER DRIVE, MODESTO, CA 95356	20.00	0.		0.	0.
		POLIT COOR		 		
			_		^	
	3 SAN CARLOS, EL GRANADA, CA 94018	5.00	0.		0.	0.
	CHAEL GIRAUDO	SECRETARY			_	_
66	6 BRIGHTON ROAD, PACIFICA, CA 94044	5.00	0.		0.	0.
]				
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8321	72	<u></u>	<u> </u>	<u> </u>		000 57
12-1	72 7-08				Form	990-EZ (2008)

Pa	TY Other Information (Note the statement requirements in the instructions for Part VI)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	<u> </u>	X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	ļ	Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy		}	1
	tax requirements?	35a	<u> </u>	X
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36	<u> </u>	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			-
þ	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			1
	in a prior year and still unpaid at the start of the period covered by this return?	38a	<u> </u>	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved]	
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9		1	
þ	Gross receipts, included on line 9, for public use of club facilities	-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 \blacktriangleright N/A , section 4912 \blacktriangleright N/A , section 4955 \blacktriangleright N/A			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or	ļ	,	,
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	N/	A
G	Enter amount of tax imposed on organization managers or disqualified persons during the year under	ĺ		***************************************
	sections 4912, 4955, and 4958			
	Enter amount of tax on line 40c reimbursed by the organization	Į.	1	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	•	1	
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed > CA			
42 a	The books are in care of ► COASTSIDE FISHING Telephone no ► 925-44			· · · · · · · · · · · · · · · · · · ·
		455	3	
b	At any time during the calendar year, did the organization liave an interest in or a signature or other authority		<u></u>	т
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b	ļ	X
	If "Yes," enter the name of the foreign country		1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		1	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c_	1	X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	3T / 7A	. •	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>	
			[<u>\</u>	Т
		F	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	-		.,
	Form 990-EZ	44	 	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			.,
_	completed instead of Form 990-EZ	45_	<u> </u>	X
		Form 9	190-EZ	(2008)

Part		501(c)(3) organizations mus	st answer question	ns 46-49 and cor	nplete the)
	tables for lines 50 and 51.					T
	d the organization engage in direct or indirect political campaign activities o	n behalf of or in opposition to	candidates for public	, Γ		No
	fice? If "Yes," complete Schedule C, Part I d the organization engage in lobbying activities? If "Yes," complete Sche			• -	46	┼-
	the organization engage in loopying activities 7 in Tres, "complete scrie the organization operating a school as described in section 170(b)(1)(A)(ii)		lulo E	<u> -</u>	48	┼
	d the organization make any transfers to an exempt non-cnaritable related o	· ·	iule E	- -	49a	+
	"Yes," was the related organization(s) a section 527 organization?	nyanization?		<u> </u>	49b	┼
50 Cd	omplete this table for the five highest compensated employees (other than of compensation from the organization. If there is none, enter "None."	officers, directors, trustees and	key employees) who			000,000
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Exp accoun other allo	t and
51 Co	mber of other employees paid over \$100,000 mplete this table for the five highest compensated independent contractors none, enter "None" N/A	who each received more than	\$100,000 of compe	nsation from the o	rganization	If there
	N / A (a) Name and address of each independent contractor paid more t	than \$100,000	(b) Type of se	rvice (c)	Compens	ation
						
Total ni	mber of other independent contractors each receiving over \$100,000		1-			
Sign Here	Under penalties of perfury description to the transport of the transport o	companying schedules and statement formation of which preparer has any	nts, and to the best of m knowledge	y knowledge and beling the property of the pro	ef, it is true,	
Paid	Preparer's signature▶			parer's Identifying Nu	mber (See ins	str)
Prepare Use Oni		11/10/10 em				
- •	RUNDQUIST & ASSOCIATES It self-employed), address, and ZIP+4 RUNDQUIST & ASSOCIATES 100 PARK CENTER PLAZA 7 SAN JOSE, CA 95113	EIN I Phon no		7_614		
May tha	IRS discuss this return with the preparer shown above? See instructions		1,10		Yes	
iviay ult	THE CHAPTER WITH THE PREPARE SHOWN BROKE, USE HISTINGTIONS	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		rm 990-F7	No

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM	FORM 990-EZ PAGE 1				-	5,	990-EZ							
Asset	Description	Date Acquired	Method	Lıfe	Ooc>	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	1 COMPUTER EQUIPMENT	08/29/05	200DB	5.00	MQ17	3,417.			•	3,417.	2,372.		418.	2,790.
	2 SERVER	10/17/05 200DB	200DB	\$.00	MQ1.7	2,550.		,		2,550.	1,678,		24.E	2,027.
	3 ISP	12/19/05	200DB	5.00	MQ1 7	3,420.			•	3,420.	2,251.		468.	2,719.
	4 SOPTWARE	04/14/05		36%	H.¥43	3,240.				3,240.	2,970-		270.	3,240.
	5 COMPUTER	10/11/06 200DB	200DB	5.00	MQ17	1,518.				1,518.	653.		346.	. 666
		03/23/08 20000 5.00	20002	5.00	HY21	989			495.	4 94 4.			\$94.	Б.
	TOTAL 990-KZ PG I DEPR & AMORT					15,134.			495.	14,639.	9,924.		2,445.	11,874.
											·			
828111					5	i			:		•		ı	

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
ADVERTISING & PROMOTION BANK CHARGES CREDIT CARD MERCHANT FEES INTERNET SERVICES MEALS & ENTERTAINMENT PROGRAM EXPENSES TRAVEL		4,415. 959. 601. 9,287. 9,234. 5,617. 13,851.
TOTAL TO FORM 990-EZ, LINE 16		43,964.
FORM 990-EZ OCCUPANCY, RE	NT, UTILITIES AND MAINTENANCE	STATEMENT 2
DESCRIPTION		AMOUNT
DEPRECIATION/AMORTIZATION OTHER EXPENSES		2,445. 3,318.
TOTAL TO FORM 990-EZ, LINE 14		5,763.

FORM 990-EZ CASH GRANTS AND ALLOCA	ATIONS	STATEMENT	3
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUN'	${f T}$
AMERICAN SPORTFISHING ASSOCIATION	NONE	5	00.
WATER FOR FISH	NONE	5,0	00.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		5,5	00.

FO	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATI	EMENT	4
A)	DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, RESEARCH INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	 [] YES	S [X]	NO
В)		SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [] YES	S [X]	NO

990-EZ PG 2

STATEMENT

5

FACILITATING THE TIMELY INTERCHANGE OF FISHING INFORMATION AND TO BE A VOICE FOR RECREATIONAL FISHERMAN IN MATTERS OF GOVERNMENTAL FISHING REGULATIONS.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization 990-EZ (Including Information on Listed Property)

► See separate instructions. Attach to your tax return. OMB No 1545-0172

Attachment Sequence No 67

Business or activity to which this form relates

Identifying number

	ASTSIDE FISHING CLU					EZ PAGE		38-3667686
	t 1 Election To Expense Certain Prop				sted proper	ty, complete Pa	rt V before	
	Maximum amount. See the instruction			sinesses			1	250,000.
2 T	otal cost of section 179 property pla	aced in service (see	instructions)		-		2	
3 T	hreshold cost of section 179 proper	ty before reduction	ı ın limitation				3	800,000.
4 F	Reduction in limitation. Subtract line 3	3 from line 2. If zero	o or less, enter	· -O-			4	
5 D	ollar limitation for tax year Subtract line 4 from li	ine 1 If zero or less, ente	r-0- If mamed filin	g separately, se	e instructions		5	
_6	(a) Description of	property		(b) Cost (busi	ness use only)	(c) Elec	ted cost	
						1		
	-							,
								7
7 L	isted property. Enter the amount fro	m line 29			7			7
8 T	otal elected cost of section 179 prop	perty. Add amount	s ın column (c)	, lines 6 and	± 7		8	7
9 T	entative deduction. Enter the smalle	er of line 5 or line 8					9	
	carryover of disallowed deduction fro		007 Form 456	2		-	10	
	Business income limitation. Enter the	-			ro) or line 5		11	
	section 179 expense deduction. Add					•	12	·· ·· · · · · · · · · · · · · · · · ·
	Carryover of disallowed deduction to				▶ 13	1		
	: Do not use Part II or Part III below f					-1_		
Par	t II Special Depreciation Allow	ance and Other D	epreciation (I	Do not inclu	ide listed pi	operty.)		
						<u>-1</u>		
14 S	pecial depreciation for qualified prop	perty (other than lis	ted property) i	olaced in se	rvice during	the tax vear	14	
	roperty subject to section 168(f)(1) e		noo proporty) p	piacoa iii so	A VICE GUINI	the tax year	15	
	Other depreciation (including ACRS)	, cotton				•	16	
Par		not include listed o	roperty) (See I	Instructions	1	_		<u> </u>
<u> </u>		TOT INICIOUS NOTOU P		tion A	··/			· .
17 N	MACRS deductions for assets placed	Lin convice in tax v			0		47	1,581.
						► □	17	1,301.
10	you are electing to group any assets placed in se	ervice during the tax year ts Placed in Service					iotion Cur	·
	Oction B - Asset	(b) Month and	(c) Basis for c				lation Sys	tem
	(a) Classification of property	year placed in service	(business/inv	estment use	(d) Recov period	ery (e) Conventio	n (f) Method	(g) Depreciation deduction
19a	3-year property		,		-			
	3-year property				<u> </u>			-
b_	5-year property							
<u>c</u> _	7-year property						ļ	
d_	10-year property				<u> </u>		ļ	-
<u>e</u>	15-year property	-			ļ		<u> </u>	
<u>f</u>	20-year property							
<u>g</u>	25-year property				25 yrs	<u>.</u>	S/L	
h	Residential rental property	/	<u> </u>	_	27.5 yr	s MM	S/L	
					27.5 yr	s. MM	S/L	<u> </u>
i	Nonresidential real property	/			39 yrs	. MM	S/L	
	· · · · · · · · · · · · · · · · · · ·	/				MM	S/L	
	Section C - Assets	Placed in Service	During 2008	Tax Year U	sing the Al	ternative Depre	ciation Sy	/stem
<u>20a</u>	Class life				<u> </u>		S/L	
b	12-year				12 yrs		S/L	
_ с	40-year	/		-	40 yrs		S/L	
Par	t IV Summary (See instructions.)				•			<u> </u>
21 L	isted property. Enter amount from lin						. 21	594.
	otal. Add amounts from line 12, lines		 es 19 and 20 i	n column (a	i), and line 2	1.	·	T
	nter here and on the appropriate line						22	2,175.
	or assets shown above and placed in							2/1/3.
	ortion of the basis attributable to sec		o ouncill year,	onter tile	23			,
816251 11-08-0			senarate inct	ructions	1 23			Form 4562 (2008)
11-00-0	···		achainse mor	i activita.				FULL 4004 (2008)

Form 4562 (2008) COASTSIDE FISHING CLUB 38-3667686 Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the Instructions for limits for passenger automobiles.) X Yes 24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? No (b) (c) (e) (g) (h) Date Business/ Basis for depreciation Elected Type of property Cost or Recovery Method/ Depreciation placed in investment (business/investment section 179 (list vehicles first) other basis period Convention deduction use percentage service use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 495 26 Property used more than 50% in a qualified business use: 032908100.00 % LAPTOP 989. 494.5.00 200DB-HY 99 % % 27 Property used 50% or less in a qualified business use: % S/L· % S/L -% S/L· 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 594 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for

30	Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(t Veh	•	Veh	c) Icle	(« Veh	•	1 ,	e) ucle	1	f) ncle
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32		-						<u> </u>				
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	is another vehicle available for personal use?						-						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		Ì
41	Do you meet the requirements concerning qualified automobile demonstration use?		
_	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization penod or percentage	(f) Amortization for this year
2 Amortization of costs that begins duri	ng your 2008 tax year:				
3 Amortization of costs that began befo	re your 2008 tax year			43	270
4 Total. Add amounts in column (f) See	the instructions for whe	re to report		44	270

816252 11-08-08

Form 4562 (2008)

Internal Revenue Service

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

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

OMB No 1545-0047 Open to Public inspection

21510_1

A	For the 2	007 calendar year, or tax year beginning	and	ending			
	Check if applicable	Please use IRS			D En	nployer iden	tification number
	Address change					38-366	7686
	Name change	type Number and street (or P O box if mail is not deli	vered to street address)		Room/suite E Te	lephone nun	nber
	initial retum	Specific 666 BRIGHTON				925-44	3-4683
Ļ	Termin- ation Amende return	tions City or town, state or country, and ZIP + 4			F Ac	Other (specify)	X Cash Accrual
Ē	Applica	 Section 501(c)(3) organizations and 4947(a)(1) nor 		H and I	are not applicable		n 527 organizations.
		must attach a completed Schedule A (Form 990 or	990-EZ).		this a group return		
		►N/A		H(b) If'	'Yes," enter numbe	of affiliates	► <u>N/A</u>
J	Organiza	tion type (check only one) ► X 501(c) (7) < (insert no)	4947(a)(1) or 5		e all affiliates includ	led? N/	A Yes No
	Check he		-	H(d) Ìs	"No," attach a list) this a separate retu		1 or- (
		tre normally not more than \$25,000. A return is not required, l	out if the organization		nization covered by		
	cnooses	to file a return, be sure to file a complete return			oup Exemption Nu		N/A
	Cross ro	ceipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶	114,661.	M Ch	ieck ► [] if the ch B (Form 990, 99		is not required to attach
****		Revenue, Expenses, and Changes in Net			b (1 01111 330, 33	0 12, 01 330	
	1	Contributions, gifts, grants, and similar amounts received	Assets of Lung Bo	1411003		T	· · · · · · · · · · · · · · · · · · ·
	'a	Contributions to donor advised funds	11	,			
	b	Direct public support (not included on line 1a)	11			1	
	C	Indirect public support (not included on line 1a)	10		114,579	.	
	d	Government contributions (grants) (not included on line 1a)	10	1	•	1	
	e		579 • noncash \$)	18	114,579.
	2	Program service revenue including government fees and cor	tracts (from Part VII, line 93	3)		2	
	3	Membership dues and assessments				3	
	4	Interest on savings and temporary cash investments				4	82.
	5	Dividends and interest from securities	ı			5	
	6 a	Gross rents	6:	3			
	b	Less rental expenses	61)			
ವೃಾ	C	Net rental income or (loss) Subtract line 6b from line 6a				6c	
Revenue	7	Other investment income (describe		1)	7	
ۿ	8 a	Gross amount from sales of assets other	(A) Securities	1	(B) Other	-	
eN_	.	than inventory	88			-	
ĞΈ	_	Less cost or other basis and sales expenses	81			-	
APR	C	Gain or (loss) (attach schedule)	80	;			
	l d	Net gain or (loss) Combine line 8c, columns (A) and (B) Special events and activities (attach schedule) If any amount	tic from gaming, shock hor			8d	
삨	9						
Z	a	Gross revenue (not including \$	utions reported on line 1b) 91			1	
SCANNED	C	Net income or (loss) from special events. Subtract line 9b from	_	 l		9c	
Š	10 a	Gross sales of inventory, less returns and allowances	10	a			
	ь	Less cost of goods sold	10			1	
	C	Gross profit or (loss) from sales of inventory (attach schedul	e) Subtract line 10b from lii	ne 10a		10c	
	11	Other revenue (from Part VII, line 103)				11	
	12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and	d 11			12	114,661.
(0	13	Program services (from line 44, column (B))				13	
ıse	14	Management and general (from line 44, column (C))				14	
Expenses	15	Fundraising (from line 44, column (D))				15	·
Ä	1	Payments to affiliates (attach schedule)				16	164 454
	17	Total expenses Add lines 16 and 44, column (A)			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	17	164,454.
Ch	IVE	Excess or (deficit) for the year Subtract line 17 from line 12	2 column (A)\			18	-49,793. 198 243
Net		_merassets or fund balances at beginning of year (from line 7		C T T T T	EMENT 1	19	198,243. 1,170.
?	6,20	Other changes in net assets or fund balances (attach explana Net assets or fund balances at end of year Combine lines 18	uonj ⊅££ 19 and 20	DIAL	EMENT T	20	149,620.
7230	001	HA Por Privacy Act and Panarwork Reduction Act Notice	, 10, allu ev				Form 000 /2007\

				and (D) are required for section able trusts but optional for other	
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds					
(attach schedule)					
(cash \$ 0 • noncash \$ 0	<u>.</u>				
If this amount includes foreign grants, check here] 22a				
22b Other grants and allocations (attach schedu	e)				
(cash \$ 0 • noncash \$ 0	<u>.</u>				
If this amount includes foreign grants, check here] 22b				
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key					
employees, etc. listed in Part V-A	25a	0.	· · · · · · · · · · · · · · · · · · ·		
b Compensation of former officers, directors, key					
employees, etc. listed in Part V-B	25b	0.			
c Compensation and other distributions, not include	d				
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26				
27 Pension plan contributions not included on					
lines 25a, b, and c	27				
28 Employee benefits not included on lines					
25a · 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	3,895.			
32 Legal fees	32	294.	_		
33 Supplies	33				
34 Telephone	34	354.			
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37	450.			
38 Printing and publications	38	4,432.			
39 Travel	39	20,753.			
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	3,715.			
43 Other expenses not covered above (itemize)	:				
a	43a				
b	43b				
C	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 2	43g	130,561.			
44 Total functional expenses. Add lines 22a through					
43g (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	164,454.			
Joint Costs. Check ▶ ☐ If you are followin	g SOP 9	18-2 .			
Are any joint costs from a combined educational camp.	aign and	fundraising solicitation rep	orted in (B) Program se	rvices? ►[Yes X No
If "Yes," enter (i) the aggregate amount of these joint co	osts \$ _		i) the amount allocated	to Program services \$	N/A,
(III) the amount allocated to Management and general	\$	N/A , and (i	v) the amount allocated	l to Fundraising \$	N/A
723011 12-27-07					Form 990 (2007

Part III Statement of Program Service Accomplishments (See the Instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's primary exempt purpose? ► SEE STATEMENT 3	Program Service Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ints served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	FACILITATING THE TIMELY INTERCHANGE OF FISHING INFORMATION AND TO BE A VOICE FOR RECREATIONAL FISHERMAN IN MATTERS OF GOVERNMENTAL FISHING REGULATIONS.	
b	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	164,454.
С	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
e	(Grants and allocations \$) If this amount includes foreign grants, check here Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here □]
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	164,454.
		Form 990 (2007)

		Balance Sheets (See the instructions)					
Note		ere required, attached schedules and amounts uld be for end-of-year amounts only.	within th	e description column	(A) Beginning of year		(B) End of year
					190,307.	4-	145 200
	45	Cash - non-interest-bearing		-	130,307.	45	145,399.
	46	Savings and temporary cash investments				46	
	47 a	Accounts receivable	47a				
	b	Less: allowance for doubtful accounts	47b			47c	
	48 a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50 a	Receivables from current and former officers	s, director	s, trustees, and			
		key employees				50a	
	b	Receivables from other disqualified persons	(as defin	ed under section			
ş		4958(f)(1)) and persons described in section	4958(c)(3	3)(B)		50b	
Assets	51 a	Other notes and loans receivable	51a				
¥	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges				53	
	54 a	Investments - publicly-traded securities		Cost FMV		54a	
	b	Investments - other securities		Cost FMV		54b	
	55 a	Investments - land, buildings, and					
		equipment: basis	55a				
	h	Less: accumulated depreciation	55b			55c	
	56	Investments - other				56	
	57 a	Land, buildings, and equipment: basis	57a	14,145.			
		Less accumulated depreciation STMT 4	57b	14,145.	7,936.	57c	4,221.
	58	Other assets, including program-related investmen					
		(describe ►)		58	
	59	Total assets (must equal line 74). Add lines	45 throug	ah 58	198,243.	59	149,620.
	60	Accounts payable and accrued expenses				60	
	61	Grants payable				61	
	62	Deferred revenue				62	
lities	63	Loans from officers, directors, trustees, and	key empl	oyees		63	
Ē	64 a	Tax-exempt bond liabilities		_		64a	
Liabi	b	Mortgages and other notes payable				64b	
	65	Other liabilities (describe)		65	
	66	Takel linkilising Add lane 60 through 65			0.	66	0.
	66	Total liabilities. Add lines 60 through 65 anizations that follow SFAS 117, check here	X	and complete lines		00	•
	Orga	67 through 69 and lines 73 and 74.		and complete intes			
S	67	Unrestricted		ì	198,243.	67	149,620.
anc	68	Temporarily restricted		<u> </u>	230,2100	68	213,023
3ali	69	Permanently restricted		<u> </u>		69	
힏	l	anizations that do not follow SFAS 117, che	ck here	▶ □ and			
Ē	Oigu	complete lines 70 through 74.	ok nore				
٥	70	Capital stock, trust principal, or current fund	le			70	
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, a		ment fund		71	
Ass	72	Retained earnings, endowment, accumulate			·-	72	
ē	73	Total net assets or fund balances. Add lines 67 tl					
~	-	(Column (A) must equal line 19 and column (B) m	-	-	198,243.	73	149,620.
	74	Total liabilities and net assets/fund balance		· · · · · · · · · · · · · · · · · · ·	198,243.	74	149,620.

Form **990** (2007)

d

COASTSIDE FISHING CLUB 38-3667686 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the Total revenue, gains, and other support per audited financial statements N/A Amounts included on line a but not on Part I, line 12: b1 Net unrealized gains on investments 2 Donated services and use of facilities b2 b3 3 Recoveries of prior year grants b4 4 Other (specify): Add lines b1 through b4 C Subtract line b from line a Amounts included on Part I, line 12, but not on line a: 1 Investment expenses not included on Part I, line 6b 2 Other (specify): Add lines d1 and d2 Total revenue (Part I, line 12) Add lines c and d e Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: 1 Donated services and use of facilities b1 2 Prior year adjustments reported on Part I, line 20 b2 b3 3 Losses reported on Part I, line 20 4 Other (specify): b4 Add lines b1 through b4 b C Subtract line b from line a

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions)

d2

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ROBERT FRANKO	PRESIDENT			
P.O. BOX 1422	•			
EL GRANADA, CA 94018	5.00	0.	0.	0.
CHRISTOPHER HALL	VICE PRESIDEN	T		
2408 WALTER DRIVE				
MODESTO, CA 95356	2.00	0.	0.	0.
TOM MATTUSCH	POLIT COOR			
723 SAN CARLOS				
EL GRANADA, CA 94018	2.00	0.	0.	0.
MICHAEL GIRAUDO	SECRETARY			
666 BRIGHTON ROAD		_		_
PACIFICA, CA 94044	2.00	0.	0.	0.
				<u> </u>
		L		

Form 990 (2007)

Amounts included on Part I, line 17, but not on line a: 1 Investment expenses not included on Part I, line 6b

Total expenses (Part I, line 17) Add lines c and d

2 Other (specify): Add lines d1 and d2

	990 (2007) COASTSIDE FISHING CLU			<u>38–3667</u>	<u>686</u>		age 6
	t V-A Current Officers, Directors, Trustees, and K					Yes	No
'75 a	Enter the total number of officers, directors, and trustees permitted meetings	to vote on organization bu	siness at board •	<u>o</u>			İ
b	Are any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional ar Part II-A or II-B, related to each other through family or business relative individuals and explains the relationship(s)	nd other independent conti	ractors listed in Sci	hedule A,	75b		x
	, , , , , , , , , , , , , , , , , , , ,	000 D 11/4 1 1			700		
C	Do any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional ar Part II-A or II-B, receive compensation from any other organizations.	nd other independent contr whether tax exempt or tax	ractors listed in Sci	hedule A,			
	organization? See the instructions for the definition of "related orga			}	75c		X
	If "Yes," attach a statement that includes the information described	in the instructions.			76.4		v
	Does the organization have a written conflict of interest policy? † V-B Former Officers, Directors, Trustees, and Ke	y Employees That F	Received Com	pensation (75d	hor	<u> </u>
Fai	Benefits (If any former officer, director, trustee, or key e						ring
	the year, list that person below and enter the amount of co	mpensation or other bene					
	(A) Name and address NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benefit plans & deferred compensation plan	à	E) Expe ccount er allow	and
					1		
						•	
					+		
Da	t VI Other Information (See the Instructions.)	<u> </u>				Yes	A1 -
Par	Did the organization make a change in its activities or methods of co	anducting activities? If "Ve	s " attach a detaile	d -		Tes	No
	statement of each change	Shooting donaides: II Te	o, andon a ocidile	~	76		X
77	Were any changes made in the organizing or governing documents if "Yes," attach a conformed copy of the changes	but not reported to the IRS	3?		77		X
78 a	Did the organization have unrelated business gross income of \$1,00	00 or more during the year	covered by this ret		78a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	78b		37
79 80 a	Was there a liquidation, dissolution, termination, or substantial cont is the organization related (other than by association with a statewick				79		X
UU a	membership, governing bodies, trustees, officers, etc., to any other	-		011	80a		X
b	If "Yes," enter the name of the organization ► N/A			<u> </u>			
Ω1 α	Enter direct and indirect political expenditures (Coe line 91 testimate	_ and check whether it is t	lexemptor L	nonexempt 0 .			
81 a	Enter direct and indirect political expenditures. (See line 81 instruction Did the organization file Form 1120-POL for this year?	uris j	81a	•	81b		Х
						990 (2007)

	1990 (2007) COASTSIDE FISHING CLUB 38-366	<u> 7686</u>		age 7
	rt VI Other Information (continued)		Yes	No
'82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
	less than fair rental value?	82a	ļ	X
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III) 82b N/A	4		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	<u> </u>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	ļ	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? . N/A	84b		
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a		
b		85b	ļ	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A	-	}	
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	-{		
ı	Taxable amount of lobbying and political expenditures (line 85d less 85e) Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	┥		ĺ
g	(·, · · · · · · · · · · · · · · · · · ·	85g	-	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A			
••	teneral grant years	85h	ļ	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
	line 12 Gross receipts, included on line 12, for public use of club facilities 86a 0 86b 0			
b	27/2	4		
87		-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
00 -	,	-		
BB a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	000	1	Х
	If "Yes," complete Part IX	88a		
IJ	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	- 88b		x
00 a	section 512(b)(13)? If "Yes," complete Part XI	000		<u> </u>
09 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A			İ
U	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?			İ
	37/3	89b	1	İ
	, , , , , , , , , , , , , , , , , , , ,	030		ļ
Ü	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			į
d	sections 4912, 4955, and 4958 Enter: Amount of tax on line 89c, above, reimbursed by the organization O •			ĺ
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		Х
,	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
q	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,	00.		
9	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	Ì	X
90 a	List the states with which a copy of this return is filed CA	UJY	!	
	Number of employees employed in the pay period that includes March 12, 2007			0
	The books are in care of ► CHRIS HALL Telephone no ► 925-4	43-4	683	
J. u	Located at ► 2408 WALTER DRIVE, MODESTO, CA			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over			No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			į
	and Financial Accounts.			
		Form	ggn	(2007)

Jung Form 990 releved or accrue Activities (S Unrelate (A) Business	tain an office outside N/A In lieu of Form 1041- ad during the tax year See the instructions of the comments o	· Check here	d States? ▶ 92	Yes No 91c X N/A
Jung Form 990 releved or accrue Activities (S Unrelate (A) Business	N/A In lieu of Form 1041- Ind during the tax year See the instructions)	· Check here		
Activities (Surpress) Unrelate (A) Business	on lieu of Form 1041- ed during the tax year See the instructions)	r	▶ 92	— N/A
Activities (S Unrelate (A) Business	ed during the tax year See the instructions)	r	▶ 92	N / A
Unrelate (A) Business	See the instructions)		▶ 92	N / A
Unrelate (A) Business)		TA / W
(A) Business	a nazine22 income			
Business	(B)	(C)	oy section 512, 513, or 514	(E)
	Amount	Exclu-	(D) Amount	Related or exempt
code		code		function income
 				
				
1		_	-	
				
			——————————————————————————————————————	
	<u></u>	-		
		14	82.	
		 		
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<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u> </u>	82.
ount on line 12	2. Part I		_	
		npt Purpo	Ses (See the Instruction	ns)
				•
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				-
			.	
0			•	<u> </u>
Subsidiari		rded Entit		s <i>)</i> (E)
of [Nature of activities		Total income	End-of-year
				assefs
		-		
		-	-	
			+	
	ted with Person	al Benefit	Contracts (See the	instructions)
				Yes X No
			יייים ווייים	Yes X No
-	• •	. Jonalaut		
	- /			
				Form 990 (2007)
	e Subsidiari of rest % % % % % crs Associa	e Subsidiaries and Disrega (C) Nature of activities % % % % % % cers Associated with Person s, directly or indirectly, to pay premiums	e Subsidiaries and Disregarded Entit (C) Nature of activities % % % % % % % % % % % % % % % % % %	a Subsidiaries and Disregarded Entities (See the Instruction for such purposes) Be Subsidiaries and Disregarded Entities (See the Instruction for such purposes) Be Subsidiaries and Disregarded Entities (See the Instruction for such purposes) Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income

Pa	ırt X		ontrolled Entiti N/A	es. Complete only if the organi	zation is	а	
		Controlling Organization as defined in Section 372(2)(13).	117 21			Yes	No
106	Did	the reporting organization make any transfers to a controlled entity a	as defined in section	512(b)(13) of the Code? If "Yes	, •		
	con	nplete the schedule below for each controlled entity.				<u> </u>	
		(A)	(B) Employer	(C)		(D)	_
		Name, address, of each controlled entity	Identification	Description of transfer	1	nount ansfe	
		Controlled entity	Number	(Idilsici	 "	ansie	
_					i		
a							
b							
С							
		Totals				_	
		Totals			<u> </u>	Yes	No
107	Dıd	the reporting organization receive any transfers from a controlled en	tity as defined in sec	ction 512(b)(13) of the Code? If	"Yes,"	100	110
	con	nplete the schedule below for each controlled entity.		. , , , , , , , , , , , , , , , , , , ,			
		(A)	(B)	(C)		(D)	
		Name, address, of each	Emplóyer Identification	Description of	I	nount	
		controlled entity	Number	transfer	tr	ansfe	
a 							
b							
С							
		Totals		······································	<u> </u>	Yes	No
108	Did	the organization have a binding written contract in effect on August 1	17 2006 covering th	a interest rents royalties and		res	INO
100		uities described in question 107 above?	7, 2000, 00 VCIIII	io interest, rente, royanico, and		İ	
		Under penalties of penulty, I declare that that examined this return, including accompany and complete. Departation of preparer (other than officer) is based on all information of which	ing schedules and statements of preparer has any knowle	nts, and to the best of my knowledge and dge	pelief, it is	true, cor	rect,
Plea	se	\ (1)\ \		1			
Sign	1	Signature of Officer		Date			
Her	е	CHRIS HALL, VICE PRESIDENT					
		Type or print name and title	_				
Dold		Preparer's	Date	Check If Preparer's SSI self-	or PTIN (See Gen	Inst X)
Pald Pren	arer's	signature PATRICIA A O'NEILL	03/11/09	employed ▶ □			
Use		Firm's name (or yours if RUNDQUIST & ASSOCIATES	•	EIN >			
	,	self-employed), address, and CAN JOCE CR 05-112	υ	- NA00	207	c1 c	_
		ZIP+4 SAN JOSE, CA 95113	 	Phone no ► 408-			
					Form	リング	(2007)

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM S	FORM 990 PAGE 2				F	}	990							
Asset No	Description	Date Acquired	Method	Lıfe	Voc.>	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	1 COMPUTER EQUIPMENT	08/29/05	5 200DB	5.00	MOL 7	3,417.	• •••			3,417.	1,675.		697.	2,372.
	2 Server	10/17/05 200DB	200DB	5.00	MG 7	2,550.			*********	2,550.	1,097.		\$81.	1,678.
	3 ISP	12/19/05	5 200DB	5.00	MOL7	3,420.	· · - · · · · · · · · · · · · · · · · ·	•••	***	3,420.	1,471.		780.	2,251.
	4 Software	04/14/05	16	368	HY43	3,240.				3,240.	1,890.		1,080.	2,970.
	5 COMPUTER	10/11/06 200DB	5 200DB	5.00	MQ1 7	1,518.		***	- 14	1,518.	76.		577.	653.
	* JOTAL 990 PAGE 2 DEPR & AMORT					14,145.			*********	14,145.	6,209.		3,715.	9,924.
728111 08-23-07						(D) - Asset disposed	osed		*****	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	Bonus, Comm	ercial Revital	Ization Deduc	lion, GO Zone

FORM 990 OTHER C	HANGES IN NET A	SSETS OR FUN	D BALANCES	STATEMENT	1
DESCRIPTION				AMOUNT	
PRIOR PERIOD ADJUSTMENT				1,1	70.
TOTAL TO FORM 990, PART	I, LINE 20			1,1	70.
FORM 990	OTHER	EXPENSES		STATEMENT	2
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)	
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISI	NG
BANK CHARGES DONATIONS INTERNET SERVICE PROMOTIONAL FEES PROGRAM EXPENSE REFUND TAXES MEALS	28. 15,650. 8,407. 12,288. 2,201. 88,024. -1,675. 5,540. 58. 40.				
TOTAL TO FM 990, LN 43	130,561.				
FORM 990 STATEMENT O	F ORGANIZATION'		EMPT PURPOSE	STATEMENT	3

EXPLANATION

FACILITATING THE TIMELY INTERCHANGE OF FISHING INFORMATION AND TO BE A VOICE FOR RECREATIONAL FISHERMAN IN MATTERS OF GOVERNMENTAL FISHING REGULATIONS.

FORM 990 DEPRECIATION OF ASS	ETS NOT HELD FOR	INVESTMENT	STATEMENT 4		
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE		
COMPUTER EQUIPMENT SERVER ISP SOFTWARE COMPUTER	3,417. 2,550. 3,420. 3,240. 1,518.	2,372. 1,678. 2,251. 2,970. 653.	1,045. 872. 1,169. 270. 865.		
TOTAL TO FORM 990, PART IV, LN 57	14,145.	9,924.	4,221.		

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. Attach to your tax return.

990

OMB No 1545-0172

Business or activity to which this form relates Name(s) shown on return Identifying number FORM 990 PAGE 2 COASTSIDE FISHING CLUB 38-3667686 Part 1 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses 125,000. 2 Total cost of section 179 property placed in service (see instructions) 500,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If mamed filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not Include listed property.) 14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part | | MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 2,635. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2007 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (business/investment use only - see instructions) (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 19a 3-year property b 5-year property 7-year property 10-year property d 15-year property 20-year property 25 yrs. S/L 25-year property 9 27.5 yrs. MM S/L Residential rental property h 27 5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Part IV | Summary (see instructions) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 2,635. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 22

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

portion of the basis attributable to section 263A costs

23

Part V Listed Proper recreation, or a			rtain otl	ner vehic	les, cell	ular tele	phone	s, certain	compute	ers, and	property	y used fo	or entert	ainmen	
Note: For any	vehicle for w	hich vou are us	sing the	standar	d mileag	e rate oi	dedu	cting lease	expens	e, com	olete onl	y 24a, 2	4b, colu	mns (a)	
through (c) of . Section A - Depreciation a							mits fr	or nassano	er auton	nohiles	١				
24a Do you have evidence to					$\overline{}$	es [No			-		ten?] Yes [No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag		(d) Cost or her basis	Bas	(e) is for depressiness/inve	ciation stment	(f) Recovery period	(Met	g) thod/ rention	Depre	(h) eciation uction	Ele secti	(i) ected on 179 ost	
25 Special allowance for q	ualified Gulf	Opportunity Zo	one prop	perty pla	ced in s	ervice d	uring t	he tax yea	r and						
used more than 50% in	a qualified b	usiness use								25	<u> </u>		<u> </u>		
26 Property used more that	n 50% in a c	ualified busine	ess use:					 -							
	ļ		6		_						 				
	<u> </u>		6		+			ļ	-		 -				
- D + 1500(- 1	<u> </u>		6					<u> </u>			<u> </u>			-	
27 Property used 50% or I	ess in a quai	1			1			I	0.4		Τ.		1		
	 		6					<u> </u>	S/L·		1		ł		
	 		6		_				S/L·		 		ł		
28 Add amounts in column	(b) lines 25	l		e and or		nage 1		l	3/L ·	28			1		
29 Add amounts in column		-				, page 1					<u> </u>	29	<u> </u>		
29 Add amounts in column	i (i), iii io 20. L			B - Infor		on Use	of Vel	nicles					L		
Complete this section for voil f you provided vehicles to those vehicles.			er the qu	uestions	ın Secti	on C to			an excep	otion to		ing this :	1		
				(a)				(c)	(d)		(e)		(f)		
30 Total business/investment		uring the	Vel	nicle	Ver	ncle	<u> </u>	ehicle	Veh	icle	Ver	hicle	Ver	Vehicle	
year (do not include com	• ,	41									+				
31 Total commuting miles											1				
32 Total other personal (no driven	oncommuting	j) miles													
33 Total miles driven durin	o the vear.														
Add lines 30 through 32															
34 Was the vehicle available for personal use			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
during off-duty hours?															
35 Was the vehicle used p	rimarily by a	more					<u> </u>								
than 5% owner or relate	ed person?										ļ				
36 is another vehicle availa	able for perso	onal		1						!	1				
use?					l		l		Ĺ		<u> </u>	İ	L	<u> </u>	
Answer these questions to owners or related persons.		- Questions f you meet an e	_									re not m	nore than	า 5%	
37 Do you maintain a writte	en policy sta	tement that pro	ohibits a	all perso	nal use d	of vehicle	es, Inc	luding cor	nmuting,	, by you	r		Yes	No	
employees?															
38 Do you maintain a writte	en policy sta	tement that pro	ohibits p	personal	use of v	ehicles,	excep	t commut	ıng, by y	our					
employees? See the ins			•		ficers, d	rectors	or 1%	or more	owners					 	
39 Do you treat all use of v	-													+	
40 Do you provide more th		=			ınformat	ion from	your	employees	s about						
the use of the vehicles,							_						<u> </u>		
41 Do you meet the require		- ·													
Note: If your answer to Part VI Amortization	37, 38, 39, 4	0, or 41 is "Ye:	s," do n	ot comp	ete Sec	tion B to	r the c	covered ve	nicles			-	E	<u>.l</u>	
(a)			(b)	1	(c)		$\overline{}$	(d)		(e)	-		(f)		
Description of costs Date a				mortization Amortizable Code begins amount section						Amortization Am			mortization or this year		
42 Amortization of costs th	nat begins du			ar.											
								_							
							Ш_							000	
43 Amortization of costs th	•	-	•								43			080	
44 Total. Add amounts in	column (f). S	ee the Instruct	ons for	where to	report						44			080	
716252/11-03-07												F	orm 456	2 (2007	