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: Captain Tom Adams

- 2. Address: [Information redacted for privacy]
- 3. Email Address: [Information redacted for privacy]
- 4. Phone Number: [Information redacted for privacy]

* * * * *

For Witnesses Representing Organizations:

- 1. Name: Tom Adams
- 2. Name of Organization(s) You are Representing at the Hearing: Recreational Fishing Alliance
- 3. Business Address: PO Box 3080 New Gretna, NJ 08224
- 4. Business Email Address: [Information redacted for privacy] <u>news@joinrfa.org</u>
- 5. Business Phone Number: 888-564-6732 and (850) 381-1313

 Name/Organization:
 Recreational Fishing Alliance

 Title/Date of Hearing
 Fishing = Jobs: How Strengthening America's Fisheries Strengthens Our Economy,

 August 25, 2012
 August 25, 2012

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.

N/A

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.

Charter Captain, fishing enthusiast, diver

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.

N/A

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.

N/A

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.

N/A

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

N/A

 Name/Organization:
 Recreational Fishing Alliance

 Title/Date of Hearing
 Fishing = Jobs: How Strengthening America's Fisheries Strengthens Our Economy,

 August 25, 2012
 August 25, 2012

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.

Chairman of the RFA Forgotten Coast Chapter

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).

N/A

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).

RFA filed a lawsuit against current NOAA Administration pertaining to the 2009 closure of the black sea bass recreational fishery appealing for "expedited consideration" on behalf of the recreational fishing community. U.S. District Court Judge Joel Pisano dismissed the suit in March of 2011.

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.

N/A

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)). Attached

efile GR	APHIC	print - DO NOT PROCE	SS As Filed Data -		DLN	: 93493319071411
	0	Return of	Organization Exempt From	Income T	ax	OMBNo 1545-0047
orm V V D	U	Under section 501(c),	527, or 4947(a)(1) of the Internal Revenue benefit trust or private foundation)	e Code (except	black lung	2010
partment of the ernal Revenue		The organization may h	ave to use a copy of this return to satisfy s	tate reporting	requirement	Open to Public Inspection
For the 2	2010 ca	lendar year, or tax year beg	jinning 01-01-2010 and ending 12-31-201	0		
Check if a		C Name of organization RECREATIONAL FISHING ALLIA	NCE INC		. ,	r identification number
Address ch	2	Doing Business As			22-341	
Name chai Initial retui	-				E Telephon	e number
Terminated		Number and street (or P O bo PO BOX 3080	x if mail is not delivered to street address)	Room/suite	(609)40	04-1060
Amended i		City or town, state or country,	and $7IP + 4$		G Gross rece	eipts \$ 662,730
Application		NEW GRETNA, NJ 08224				
		F Name and address o JAMES A DONO FRIO	fprincipal officer	H(a) Is this a	group return for a	ffiliates? 🔽 Yes 🔽 No
		PO BOX 3080		H(b) Are all a	affiliates include	ed? 「Yes 「N
		NEW GRETNA, NJ 082	24			st (see instructions)
Tax-exem	npt status	└ 501(c)(3) 🔽 501(c) (4) 🛋 (Insert no) 🔽 4947(a)(1) or 🔽 527	H(c) Group	o exemption	number 🕨
Website	e: 🕨 JOI	NRFA ORG]		
orm of org	ganızatıon	Corporation Trust Asso	ociation 🔽 Other 🕨	L Year of for	mation 1996	M State of legal domicile N
Part I	Sum	mary				
		, -	on discontinued its operations or disposed overning body (Part VI, line 1a)		5% of its net	1
			pers of the governing body (Part VI, line 1b)		4	1
5 1	Total nur	nber of individuals employe	d ın calendar year 2010 (Part V, line 2a)		5	;
			e (fnecessary)		6	
			om Part VIII, column (C), line 12 me from Form 990-T, line 34		7:	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Prior	Year	Current Year
8	Contril	outions and grants (Part VI)	II, lıne 1h)		388,920	528,61
9	-		II, line 2g)		0	
9 10			lumn (A), lines 3, 4, and 7d) (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		329	
11			(A), lines 5, 6d, 8c, 9c, 10c, and 11e) h 11 (must equal Part VIII, column (A), lin	e	68,612	134,11
			<u> </u>		457,861	
13 14			Part IX, column (A), lines 1–3)		1,874	
15			ployee benefits (Part IX, column (A), lines !	5-		
	10)				299,356	
16a b			t IX, column (A), line 11e)		C	
17		ndraising expenses (Part IX, colum expenses (Part IX, column	(A), lines 11a-11d, 11f-24f)		292,307	421,27
18			(must equal Part IX, column (A), line 25)		593,537	
19	Reven	ue less expenses Subtract	line 18 from line 12		-135,676	- 52,61
8426					of Current ear	End of Year
20 20 21 22 21 22	Total a	ssets (Part X, line 16) .			53,359	50,90
21					141,891	192,05
			ract line 21 from line 20		-88,532	-141,14
	ties of pe and belief		amined this return, including accompanying solution lete. Declaration of preparer (other than office			
	****	**		20-	11-11-15	
gn		ture of officer		Dat		
ere		RD D STRAUB JR CONTROLLER				
T		or print name and title	Duran much associations		Check if self-	
	Print/Type preparer's	name			employed F	PTIN
aid	Firm's nar	ne 🕨 ERNEST M NEPA CPA				Firm's FIN

Preparer Firm's address 🕨 7 PHEASANTS RIDGE RD-NORTH Phone no 🕨 (302) 425-0499 Use Only WILMINGTON, DE 198071541 ▼Yes 「No May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's EIN 🕨

Form	990 (2010)			Page 2
Par		Service Accomplishments a response to any question in this	Part III	
1	Briefly describe the organization's m	ission		
	RFA'S MISSION IS THREE-FOLD (1 TACKLE INDUSTRY JOBS, AND (3)			
2	Did the organization undertake any si			
	the prior Form 990 or 990-EZ? .			└ Yes └ No
	If "Yes," describe these new services			
3	Did the organization cease conductin services? If "Yes," describe these changes on S		now it conducts, any program	└ Yes └ No
4	Describe the exempt purpose achieve Section 501(c)(3) and 501(c)(4) org allocations to others, the total expen	ements for each of the organizatior anizations and section 4947(a)(1)	trusts are required to report the a	
4a	(Code) (Expenses \$	s 447,104 including grants	s of \$) (Revenue \$;)
	RFA PROGRAMS REPRESENT RECREATIONA REGIONALLY			ISSUES BOTH NATIONALLY &
4b	(Code) (Expenses \$	including grants	of \$) (Revenue \$)
4c	(Code) (Expenses \$	s including grants	of \$) (Revenue \$)
	Other program services (Describe)	n Schedule O)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	447,104		
				Form 990 (2010)

Form 990 (2010)
Part IV	Checklist of Required Schedules

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		No
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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24Ь		
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? \ldots .	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form	990 (2010)			Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		.Г	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .			
		5		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> <i>Statements</i> filed for the calendar year ending with or within the year covered by this			
		5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	103	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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		No
b	If "Yes," enter the name of the foreign country 🕨	_		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
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	6a		No
	organization solicit any contributions that were not tax deductible?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?	76		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b		
Ľ		, 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
е	contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? \cdot .	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised f unds and section $509(a)(3)$ supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	_		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
17-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	122		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
U	year 12b			
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? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	note, see the instructions for auditional mormation 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 13b			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	990 (2010)			Page 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7t a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or char O. See instructions. Check if Schedule O contains a response to any question in this Part VI			
Se	ection A. Governing Body and Management		•,	
50	ction A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
Re			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
	······································	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO , Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O $$ (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	_		
17	List the States with which a copy of this Form 990 is required to be filed NJ			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website V opon request			

- **19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization THE ORGANIZATION PO BOX 3080

PO BOX 3080	
NEW GRETNA, NJ	08224
(609)404-1060	

.

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

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

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

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's current key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title (B) Average bours veek (describe organizations in schedule 0) (C) Position (check all that apply) (C) Reportable compension from the organizations (W-2/1099-MISC) (E) Reportable compension from the organizations (W-2/1099-MISC) (1) JAMES A DONOFRID DECUTIVE DIRECTOR 40 00 X X X 62,400 0 5,476 (1) JAMES A DONOFRID DECUTIVE DIRECTOR 40 00 X X X 62,400 0 5,476 (1) JAMES A DONOFRID DECUTIVE DIRECTOR 40 00 X X X 62,400 0 5,476 (1) JAMES A DONOFRID DECUTIVE DIRECTOR 40 00 X X X 0 62,400 0 5,476 (1) JAMES A DONOFRID DECUTIVE DIRECTOR 40 00 X X X 0 0 5,476 (1) JAMES A DONOFRID DECUTIVE DIRECTOR 10 1 1 1 1 1 1 1 1 (1) JAMES A DONOFRID DECUTIVE DIRECTOR 40 00 X X X 0 0 5,476 (1) JAMES A DONOFRID DECUTIVE DIRECTOR 1 1 1 1 1 1 1 1 1 (1) JAMES A DONOFRID DECUTIVE DIRECTOR 1 1 1 1 1 1 1 1				rgun	Zutiv		unpen	Juic	a any carrent onice	r, unector, or trust	
week (describe hours for related organizations in Schedule O) organization in Schedule O) organization (describe hours for related organizations in Schedule O) organization (describe hours for related organizations in Schedule O) organization in Schedule O) organization Schedule O) o		A verage hours per week (describe hours for related organizations in Schedule	Position (check all that apply)						Reportable compensation	Reportable compensation	Estimated amount of other
(1) JAMES A DONOFRIO 40 00 X X 62,400 0 5,476 EKECUTIVE DIRECTOR I			Individual trustee or director	Institutional Trustee	Officei	Ke; emplo;ee	Highest compensated employee	Former	organization (W-	organızatıons (W- 2/1099-	from the organization and related
Image: Sector of the sector	(1) JAMES A DONOFRIO EXECUTIVE DIRECTOR	40 00	x		x				62,400	0	5,476
Image: Sector of the sector											
Image: Sector of the sector											
Image: Sector of the sector											
Image: Second											

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

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employ ee	Former	from the organızatıon (W- 2/1099-MISC)	from related organızatıons (W- 2/1099- MISC)	compensation from the organization and related organizations
1b Sub-Total							•			
c Total from continuation sheets						•				
d Total (add lines 1b and 1c) .		• •	•	•	•	•		62,400	0	5,476

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

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than ¢100 000 of company

\$100,000	ofcompensation	from the	organization	
				_

	(A) Name and business address	(B) Description of services	(C) Compensation			
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \$0					

Form 990 (2010) Part VIII Statement of Revenue

Party	<u>, , , , ,</u>	Statement of	Revenue					1	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513,	
								or 514	
22	1a	Federated campai	gns 1a						1
ti at		Membership dues		224,653					
Бğ		-							
al ŵ	С	Fundraising event	s 1c	10,775					
Ħ, e	d	Related organızatı	ons 1d						
E Star	е	Government grants (c	ontributions) 1e						
Si Si	e la c	All other contributions,	gıfts, grants, and 1f	293,187					
je je	•	similar amounts not in	cluded above						
운형	g	Noncash contributions	included in lines 1a-1f \$						
Contributions, gifts, grants and other similar amounts									
မီပီ	h	Total. A dd lines 1	a-1f	. 🕨	528,615				
				Business Code					1
116	2a								
Vel									-
æ	Ь								4
e Ce	с								
erw	d								
ă _	е								1
Program Service Revenue	_	All other program							1
íßo	f	All other program	Service revenue						
ፚ	g	Total. Add lines 2	a-2f	►					1
	3		ne (including dividends, inte						1
			amounts)	▶					1
	4		ent of tax-exempt bond proceeds	•					1
									-
	5	Royalties							-
			(I) Real	(11) Personal					
	6a	Gross Rents							
	Ь	Less rental expenses							
	c	Rental income							
	-	or (loss)							
	d	Net rental income	or (loss)	►					
			(1) Securities	(II) O ther					
	7a	Gross amount from sales of							
		assets other							
	Ι.	than inventory Less cost or							
	Ь	other basis and							
		sales expenses							
	-	Gain or (loss)							
	d	Net gain or (loss)		•					4
	8a		n fundraısıng events						
e P		(not including s 10,775	5						
Ē		\$ 10,775 of contributions re	-						
Å.		See Part IV, line 1							
άč.			а	0					
er	ь	Less directexper	nses b	0					
Other Revenue			ss) from fundraising events		0				
.			n gaming activities See						1
		Part IV, line 19							
	ь	Less direct							
		expenses							
			b	L					
			ss) from gaming activities	►					4
	10a	Gross sales of inv returns and allowa							
	L								
		Less cost of good		▶					
	L C		ss) from sales of inventory	• •					4
		Miscellaneous F	Revenue	Business Code					
	11a	FISHING TOURN	AMENTS	900099	121,831	121,831			
	Ь	MISCELLANEOUS	SINCOME	900099	12,284	12,284]
	c								1
		All other reverse							4
		All other revenue		L					4
	e	Total. Add lines 1	1a-11d	•	134,115				
		T-4-1 -	- T +	.					4
	12	iotal revenue. See	e Instructions	-	662,730	134,115	0	۱ n	

	990 (2010)				Page 10
Part	IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations mus I other organizations must complete column (A) but are not required to c			(D)	
			ns (В), (С), and (В)	(D).	(D)
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV , line 21				
2	Grants and other assistance to individuals in the US See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	62,400	62,400		
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	159,009	136,560	22,449	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,447	5,886	561	
9	Other employee benefits	43,596	43,596		
10	Payroll taxes	22,612	19,717	2,895	
а	Fees for services (non-employees) Management				
Ь	Legal	46,289		46,289	
с	Accounting				
d	Lobbying	13,075	6,850	6,225	
е	Professional fundraising services See Part IV, line 17 .	,	,	,	
f	Investment management fees				
g	Other	36,907	8,534	28,373	
12	Advertising and promotion	106,961	84,274		12,110
13	Office expenses	1,528		1,528	,
14	Information technology	5,055		5,055	
15	Royalties			_,	
16	Occupancy	6,441		6,441	
17	Travel	67,904	67,904	0,112	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,756		7,756	
23	Insurance	3,152		3,152	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	5,152		5,152	
а	DUES PROCESSING	88,900		88,900	
Ь	POSTAGE	9,047	7,866	1,181	
с	TELEPHONE	8,982	2,298	6,684	
d	WIB	8,571		8,571	
e	BANK CHARGES & FEES	5,875	75	5,800	
f	All other expenses	4,836	1,144	3,692	
25	Total functional expenses. Add lines 1 through 24f	715,343	447,104	256,129	12,110
26	Joint costs. Check here 🕨 🦵 if following			<u> </u>	<u> </u>
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	company caacational campaign and fundraising solicitation	L	I	Fo	rm 990 (2010)

Part X Balance Sheet

			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	27,357	1	32,663
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			
ţ\$		Schedule L		6	
Assets	7	Notes and loans receivable, net	1,000	7	1,000
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part</i> 139,169 <i>VI of Schedule D</i> 10a			
	ь	Less accumulated depreciation 10b 121,923	25,002	10c	17,246
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11 .		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	53,359	16	50,909
	17	Accounts payable and accrued expenses .	16,910	17	63,108
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
.iabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Гia		persons Complete Part II of Schedule L	123,057	22	126,057
	23	Secured mortgages and notes payable to unrelated third parties 🛛 .		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	1,924	25	2,889
	26	Total liabilities. Add lines 17 through 25	141,891	26	192,054
š		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	-90,687	27	-152,918
8	28	Temporarily restricted net assets	2,155	28	11,773
Ā	29	Permanently restricted net assets		29	
Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ┌┌ and complete lines 30 through 34.			
õ	30	Capital stock or trust principal, or current funds		30	
ėts	31	Paid-in or capital surplus, or land, building or equipment fund		31	
255	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net 4	33	Total net assets or fund balances	-88,532	33	-141,145
ž	34	Total liabilities and net assets/fund balances	53,359	34	50,909
	1 - 1		00,000		Form 990 (2010)

Ра	rt XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			.୮			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		e	62,730		
2	Total expenses (must equal Part IX, column (A), line 25)	715,34					
3	3 Revenue less expenses Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-	88,532		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	- 1	-141,145			
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII	• •	• •				
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash 🔽 Accrual Cother If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		2a		No		
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No		
с	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued					
	Separate basis Consolidated basis Both consolidated and separated basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b				

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orm 990)	Supple	mental Financi	al Statements			201	Λ
			ered "Yes," to Form 990			ZU I	U
artment of the Treasury		Part IV, line 6, 7, 8, 9, 1		,		Open to P	
nal Revenue Service		to Form 990. 🕨 See se	parate instructions.	_		Inspect	
ame of the organi: ECREATIONAL FISHING				Emp	loyer identifi	icat ion numbe	F
					3417550		
	izations Maintaining Done ation answered "Yes" to For			unds	or Accoun	ts. Complet	e if th
organiz			radvised funds	((b) Funds and	d other accour	nts
Total number at	t end of year						
Aggregate cont	rıbutıons to (durıng year)						
Aggregate gran	ts from (durıng year)						
Aggregate valu	e at end of year						
	ation inform all donors and dono rganization's property, subject to			or advı	sed	∏ Yes	∏ No
-	ation inform all grantees, donors						
	harıtable purposes and not for th ermissible private benefit	e benefit of the donor o	, aonor auvisor, or ior ar	iy othe	i puipose	∏ Yes	∏ No
art III Consei	r vation Easements. Comp	lete if the organizat	ion answered "Yes" to	o Forn	n 990, Part	IV, lıne 7.	
_	onservation easements held by						
_	on of land for public use (e g , re	creation or pleasure)	Preservation of an			-	a
_	of natural habitat		Preservation of a d	certifie	d historic str	ucture	
	on of open space			_			
	2a–2d if the organization held a ne last day of the tax year	qualified conservation	contribution in the form	ofaco	onservation		
	, ,]		Held at t	he End of the	Year
Total number o	f conservation easements			2a			
Total acreage r	estricted by conservation easer	nents		2b			
Number of cons	servation easements on a certific	ed historic structure in	cluded in (a)	2c			
Number of cons	servation easements included in	(c) acquired after 8/17	/06	2d			
Number of cons	servation easements modified, tr	ansferred, released, ex	tınguıshed, or termınate	d by th	ne organizatio	n during	
the taxable yea	ar 🕨						
Number of state	es where property subject to cor	iservation easement is	located 🕨				
	uzation have a written policy reg				violations, a	nd	
	the conservation easements it h			-	·	∏ Yes	∏ No
	teer hours devoted to monitoring		-				
	enses incurred in monitoring, ins			-	g the year 🕨 🤅	\$	
170(h)(4)(B)(ı)	servation easement reported on and 170(h)(4)(B)(11)?					∏ Yes	
balance sheet,	scribe how the organization repo and include, if applicable, the te n's accounting for conservation (xt of the footnote to the					
rt IIII Organi	izations Maintaining Colle	ections of Art, His		or Otl	her Simila	r Assets.	
art, historical t	tion elected, as permitted under reasures, or other similar assets XIV, the text of the footnote to	held for public exhibit	on, education or researc	ch in fu			,
historical treas	tion elected, as permitted under ures, or other similar assets hel owing amounts relating to these	d for public exhibition,					
(i) _{Revenues ir}	ncluded in Form 990, Part VIII,	line 1			►\$		
(ii) Assets Incl	uded in Form 990, Part X						
If the organizat	nts required to be reported under			or finan	· · ·		
Revenues inclu	ided in Form 990, Part VIII, line	1			►\$		
	d ın Form 990, Part X						
					· · ·		

For Privacy Act and Paperwork Reduction Act Notice	, see the Intructions for Form 990	Cat No 52283D	Schedule D (Form 990) 2010

Sche	dule D (Form 990) 2010									Page 2
Part	Organizations Maintaining Co	llections of Art, H	listor	ical Tre	easur	es, or Oth	er Similar	Asse	ts (co	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any of	f the fol	lowing th	nat are	a sıgnıfıcant	use of its col	lection		
а	Public exhibition	c	1 F	Loan o	rexcha	inge program	IS			
Ь	🔽 Scholarly research	e	• F	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and explain h	now the	y further	the or	ganızatıon's	exempt purpo	se in		
5	During the year, did the organization solicit						mılar	_		_
	assets to be sold to raise funds rather than t			-				<u> </u>		│ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					answered "	Yes" to For	n 990, 	·	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?				ions or	other assets	s not	Γı	ſes	∏ No
b	If "Yes," explain the arrangement in Part XI	✓ and complete the foll	owing t	able						
								A mour	<u>nt</u>	
C	Beginning balance					10				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	1?					¥ 🗍	í es	∏ No
Ь	If "Yes," explain the arrangement in Part XIV	/								
Ра	rt V Endowment Funds. Complete									
1a	Beginning of year balance	(a)Current Year	(b)Prior	Year	(c)1wo	Years Back (1) Three Years Ba	аск (е)	Four Ye	ars Back
ь								—		
c	Investment earnings or losses							+		
d	Grants or scholarships							+		
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance							-		
2	Provide the estimated percentage of the yea	r end balance held as		I		I				
а	Board designated or quasi-endowment 🕨									
Ь	Permanent endowment									
с	Term endowment									
3a	Are there endowment funds not in the posse organization by	ssion of the organizatic	on that	are held	and adı	mınıstered fo	or the	ſ	Yes	No
	(i) unrelated organizations						[3a(i)		
	(ii) related organizations						[3a(ii)		
Ь	If "Yes" to 3a(11), are the related organizatio				•••		• • • • [Зb		
4	Describe in Part XIV the intended uses of th									
Par	t VI Investments—Land, Building	s, and Equipment.	<u>. See I</u>	-orm 99	0, Par	t X, line 10	·.	—		
	Description of investment			(a) Cost or asis (inves		(b)Cost or oth basis (other)			(d) Bo	ok value
1a	Land									
b	Buildings						_			
с	Leasehold improvements					45,66	52	29,681		15,981

e Other Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) 🕨 . . .

. . . • . . .

.

d Equipment . . .

1,265

17,246

92,242

93,507

Part VII Investments-Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)			f-year market value
(1)Financial derivatives (2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		od of valuation
		Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X, III			
(a) Descri	ption		(b) Book value
Takel (Column (b) should actual from 2020 South York (S) (45.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1Part XOther Liabilities. See Form 990, Part X			
Part XOther Liabilities. See Form 990, Part 71(a) Description of Liability	(b) A mount		
 Federal Income Taxes			
CREDIT CARD LIABILITIES	2,889		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 🕨	2,889		

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Schedule D (Form 990) 2010 Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements 1 662.730 1 Total revenue (Form 990, Part VIII, column (A), line 12) 2 2 715,343 Total expenses (Form 990, Part IX, column (A), line 25) -52.613 3 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 Investment expenses 7 7 Prior period adjustments 8 8 Other (Describe in Part XIV) 9 9 Total adjustments (net) Add lines 4 - 8 -52,613 10 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 а 2a b Donated services and use of facilities 2Ь Recoveries of prior year grants 2с С Other (Describe in Part XIV) 2d d . . . e Add lines 2a through 2d 2e . . . 3 3 Subtract line **2e** from line **1** 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a а Ь Other (Describe in Part XIV) 4b С Add lines 4a and 4b **4c** Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 5 Part XIIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial 1 1 statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a а Donated services and use of facilities . . . Prior vear adjustments 2b ь 2с С Otherlosses 2d d Other (Describe in Part XIV) e Add lines 2a through 2d 2e 3 3 . Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 а Investment expenses not included on Form 990, Part VIII, line 7b . . 4a b 4b **4c** С . . . Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18) 5 5

Part XIV Supplemental Information

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

Ident if ier Return Reference Explanation

efile GRAPHIC print - DO N	IOT PRO	DCESS	As File	ed Data	1 -			D	DLN: 93	493319	071411
Schedule L (Form 990 or 990-EZ) Department of the Treasury nternal Revenue Service	"Yes"	► on Form	Complete i 990, Part I or Form 990	f the org V, lines 2 -EZ, Part	vith Interested Persons the organization answered /, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, EZ, Part V lines 38a or 40b. orm 990-EZ. ►See separate instructions.						
Name of the organization							E	nplover i	dentifica	it ion numb	
RECREATIONAL FISHING ALLIANCE INC											
Part I Excess Benefit Tra	ansacti	ons (se	ection 501	(c)(3) a	nd section 501	(c)(4		2-34175 zations (
Complete if the organiza											
1 (a) Name of dis	qualıfıed	person			(b) Desc	rıptıor	oftransa	action			orrected?
										Yes	No
 2 Enter the amount of tax imposection 4958 3 Enter the amount of tax, if an Part III Loans to and/or Complete if the organ 	y, on line	2, abov	 ve, reimburs sted Pers	ed by the	e organization .	· ·	•••		· \$ · \$	a	
(a) Name of interested person and purpose	d or fro	oan to om the zation?	(c) Orig principal		(d) Balance due	(e) In default?		(f) Appro by boar commit	ved rdor	(g) Writ agreem	
	То	From				Yes	No	Yes	No	Yes	No
(1) ROBERT T HEALEY WORKING CAPITAL ADVANCES	x				126,057		No	Yes		Yes	
					120,037			103		105	
	_										
Tatal				▶ \$	126,057						
Total	nce Be	nefitti	 ina Intera					1		<u> </u>	
Complete if the org						<u>, lıne</u>	27.				
(a) Name of interested per	rson	(1			en interested per	son	(c)Am	ount of a	rant or ty	ype of assi	stance
			ar	nd the org	ganization		(-)	y			

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sha organız reven		
	organization			Yes	No	

Part V

Supplemental Information

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

Ident if ier	Return Reference	Explanat ion	
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Schedule L (Form 990 or 990-EZ) 2010

- DO NOT PROCESS	As Filed Data -		DLN: 9	3493319071411	
				OMBNo 1545-0047	
Supplementa	I Information to	o Form 990 or 990-EZ		2010	
	90 or to provide any ad	or to provide any additional information.			
E INC				cation number	
	Supplementa Complete to prov Form 99	Complete to provide information for resp Form 990 or to provide any add Attach to Form 990	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. MATTACH TO Form 990 or 990-EZ. Employed	Complemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990 or 990-EZ. Employer identifi	

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE BOARD TREASURER IS RESPONSIBLE FOR THE FORM 990 PREPARATION AND SUBMITS THE FORM TO MANAGEMENT FOR APPROVAL BEFORE FILING

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	AVAILABLE FOR INSPECTION UPON REQUEST

- Y	90		Return of Or	ganization Ex	xempt Fro	m Inco	me 1	Гах	OMBNo 1545-0047	
5		Unde	r section 501(c), 527,	or 4947(a)(1) of th benefit trust or priv			except	black lung	2009	
	t of the Treasury venue Service	► The or	rganization may have	to use a copy of this	return to satıs	fy state rep	ortıng	requirements	Open to Public Inspection	
For t	the 2009 ca	alendar yea	ır, or tax year beginniı	ng 01-01-2009 and	l ending 12-31-	2009		D Employer is	lentification number	
	< if applicable	Please use IRS	C Name of organization RECREATIONAL FISHIN	G ALLIANCE INC				. ,		
	ss change	label or print or	Doing Business As					22-34175 E Telephone r		
Name change Initial return		type. See						(609) 404	-1060	
Termi		Specific Instruc-	Number and street (or PO BOX 3080	P O box if mail is not de	elivered to street a	ddress) Room	/suite	G Gross receipt	s \$ 457,861	
	ided return	tions.	City or town, state or c	ountry and 7IP + 4						
	ation pending		NEW GRETNA, NJ 082							
		F Nam	ne and address of prin	icipal officer		H(a)	Is th	s a group retu	rn for	
			A DONOFRIO X 3080				affilia		「Yes ▼No	
			RETNA,NJ 08224			Н(Ь)	Are al	affiliates inclu	ded?	
			· · · · · · · · · · · · · · · · · · ·						t (see instructions)	
)(4) ٵ (Insert no) 🔽	4947(a)(1) or 527		H(c)	Grou	p exemption n	umber 🕨	
	osite: 🕨 jour	-								
⁼orm o Part			tion Trust Associatio	n 🔽 Other 🕨		L Yea	ar of foi	mation 1996	M State of legal domicile N	
	3 Number4 Number	r of voting r r of indeper	If the organization d members of the govering indent voting members mployees (Part V, line	ning body (Part VI, I of the governing bo	ıne 1a) 🛛 . dy (Part VI, lınd				3 1 4 1 5	
	6 Total n	umberofvo	olunteers (estimate if	necessary)					6	
	7a Totalg	ross unrela	ted business revenue	 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 				. 7a		
1	b Netunn	alatad buc		1	umn (C), line 12	2		7	7a	
			iness taxable income			2		7	7b	
+				from Form 990-T, lı	ne 34		Prio	r Year	7b Current Year	
	8 Contri	butions and	iness taxable income d grants (Part VIII, lii revenue (Part VIII, lii	from Form 990-T, lı ne 1h)	ne 34		Prio	7	7b Current Year 388,92	
	8 Contri 9 Progra	butions and im service	d grants (Part VIII, lu	from Form 990-T, lı ne 1h) ne 2g)	ne 34	·	Prio	r Year	7b Current Year 388,92	
1	8 Contru 9 Progra 10 Invest	butions and im service tment incor revenue (P	d grants (Part VIII, lıı revenue (Part VIII, lıı me (Part VIII, column Part VIII, column (A),	from Form 990-T, II ne 1h) ne 2g) (A), lines 3, 4, and lines 5, 6d, 8c, 9c,	ne 34	·	Prio	r Year	7b Current Year 388,92 32	
1	8 Contru 9 Progra 10 Invest 11 Other 12 Total	butions and im service tment incor revenue (P revenue—a	d grants (Part VIII, lıı revenue (Part VIII, lıı me (Part VIII, column 'art VIII, column (A), dd lınes 8 through 11	from Form 990-T, li ne 1h) ne 2g) (A), lines 3, 4, and lines 5, 6d, 8c, 9c, (must equal Part VI	ne 34	·	Prio	r Year 869,565	7b Current Year 388,92 32 32 68,61	
1	 8 Contri 9 Progra 10 Invest 11 Other 12 Total 12). 	butions and im service tment incor revenue (P revenue—a	d grants (Part VIII, lıı revenue (Part VIII, lıı me (Part VIII, column Part VIII, column (A),	from Form 990-T, li ne 1h) ne 2g) (A), lines 3, 4, and lines 5, 6d, 8c, 9c, (must equal Part VI	ne 34	 	Prio	r Year 869,565 46,415	7b Current Year 388,92 32 68,61 457,86	
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111111111111111111111111111111111111111	 8 Contri 9 Progra 10 Investing 11 Other 12 Total 12). 13 Grants 14 Benefit 15 Salaria 10) 	butions and im service tment incor revenue (P revenue—a s and simila ts paid to c es, other co	d grants (Part VIII, lıı revenue (Part VIII, lıı me (Part VIII, column Part VIII, column (A), dd lınes 8 through 11 	from Form 990-T, li ne 1h) (A), lines 3, 4, and lines 5, 6d, 8c, 9c, (must equal Part VI 	ne 34		Prio	r Year 869,565 46,415 915,980 7,818	7b Current Year 388,920 329 68,612 457,862 1,874 0 299,350	
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1 1 1 1 1 1 1	 8 Contri 9 Progra 10 Invest 11 Other 12 Total 1 12). 13 Grants 14 Benefit 15 Salarit 10) 16a Profest b Total fut 17 Other 	butions and im service tment incor revenue (P revenue — a s and simila ts paid to c es, other co sional fund ndraising exp expenses o	d grants (Part VIII, lin revenue (Part VIII, lin me (Part VIII, column Part VIII, column (A), dd lines 8 through 11 	from Form 990-T, li ne 1h) (A), lines 3, 4, and lines 5, 6d, 8c, 9c, (must equal Part VI IX, column (A), line X, column (A), line 4 e benefits (Part IX, column (A), line 116 , line 25) ▶ <u>2,400</u> ines 11a-11d, 11f-	ne 34	 es 5-	Prio	r Year 869,565 46,415 915,980 7,818 346,286 669,630	7b Current Year 388,92 32 68,61 457,86 1,87 299,35 299,35	
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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y

Form 990 (2009)	Form	990	(2009)
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1

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE RFA'S MISSION IS THREE-FOLD (1) TO SAFEGUARD THE RIGHTS OF SALTWATER ANGLERS, (2) TO PROTECT MARINE, BOAT AND TACKLE INDUSTRY JOBS, AND (3) TO ENSURE THE LONG-TERM SUSTAINABILITY OF OUR NATION'S FISHERIES

2	Did the organization undertake any sittle prior Form 990 or 990-EZ?				└ Yes 🗸 No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conductin services?				└ Yes / No
	If "Yes," describe these changes on S	Schedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and 501(c)(4) org allocations to others, the total expen	anizations and section	on 4947(a)(1) trusts a	re required to report the am	
4a	(Code) (Expenses \$	360,517	including grants of \$	1,874) (Revenue \$)
	RFA PROGRAMS REPRESENT RECREATIONA REGIONALLY	L FISHERMEN AND THE R	ECREATIONAL FISHING IND	USTRY ON MARINE FISHERIES IS	SUES BOTH NATIONALLY &
4b	(Code) (Expenses \$	3	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	3	including grants of \$) (Revenue \$)
4d	Other program services (Describe i	In Schedule O)			
	(Expenses \$	including grants of	f \$) (Revenue \$)
4e	Total program service expenses	360,51	7		
					Form 990 (2009)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🔁	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 🕏	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V 🕏	10		No
11	Is the organization's answer to any of the following questions "Yes"? <i>If so,complete Schedule D,</i> Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>			
	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.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 🕏	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		Í	ĺ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		 No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Dıd the organızatıon report more than \$15,000 of gross ıncome from gamıng activities on Part VIII, line 9a? <i>If</i> "Y <i>es," complete Schedule G, Part III</i>	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Page **3**

	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
Ь	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? \cdot .	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> " <i>Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If</i> " <i>Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
-	<i>IV</i>	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"			
	complete Schedule L, Part IV	28b		N o
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Part I	31		No
32	Dıd the organızatıon sell, exchange, dıspose of, or transfer more than 25% of ıts net assets? <i>If "Yes," complete</i> <i>Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

га	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns . Enter -0- if not applicable			
	1a 3	3		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a				
20	Statements filed for the calendar year ending with or within the year covered by this			
	return	3		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2Ь	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Зb		
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		No
Ь	If "Yes," enter the name of the foreign country 🕨	_		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and	1		
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots . \ldots	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f		7e 7f		No
		71 7g		
g h		/g		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a		9a		
- b		9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b	1		
	facilities	1		
11		1		
	Gross income from members or shareholders	4		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against 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		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

		<u> </u>	-	-	-	 A · · ·	
Form	990	(2009)				

art V S	Statements	Regarding	Other	IRS	Filings and	Тах	Complian
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	below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances,			
Se	processes, or changes in Schedule O. See instructions. ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 14			
b	Enter the number of voting members that are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? $$. $$.	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? $$.	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			

10a	Does the organization have local chapters, branches, or affiliates?
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?
11 A	Describe in Schedule O the process, if any, used by the organization to review the Form 990
17-	Deacy the ergenization have a written conflict of interact policy 2 If "No" as to line 12

12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	
13	Does the organization have a written whistleblower policy?	13	No
14	Does the organization have a written document retention and destruction policy?	14	No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
а	The organization's CEO , Executive Director, or top management official	15a	No
b	Other officers or key employees of the organization	15b	No
	If "Yes" to line a or b, describe the process in Schedule O $$ (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	
		100	

Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed NJ 17
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) 18 (3)s only) available for public inspection. Indicate how you make these available. Check all that apply └ O wn website └ A nother's website └ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of 19
- interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 The Organization PO BOX 3080

Yes

Yes

Yes

Yes

10a

10b

11

No

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. Use Schedule J-2 if additional space is needed

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's current key employees See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)					Position (check a				11		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organızatıon (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations					
JAMES A DONOFRIO EXECUTIVE DIRECTOR	40 00	х		x				62,447	0	6,752					

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1b	Total	0		6,752
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization #0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	з		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>			
		4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization 🍋	who received more than	
			Earm 000 (2000)

Form 990 (2009) Part VIII Statement of Revenue

		Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$\$	1a	Federated campaigns 1a				
ă an	Ь	Membership dues 1b 221,434				
Contributions, gifts, grants and other similar amounts	c	Fundraising events 1c 8,067				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and 1f 159,419				
het af		similar amounts not included above				
불	g	Noncash contributions included in lines 1a-1f \$				
and r	h	Total. Add lines 1a-1f	388,920			
		Business Code				
มแล	2a					
еме	ь					
ዋ የ	c					
L M C	d					
Sei	e					
an 'a						
Program Service Revenue	f	All other program service revenue				
<u> </u>	g	Total.Add lines 2a-2f				
	3	Investment income (including dividends, interest	329	329		
		and other similar amounts)		323		
	4 5	Royalties				
	5	(I) Real (II) Personal				
	6a	Gross Rents				
	ь	Less rental				
	c c	expenses Rental income				
		or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other				
	Ь	than inventory Less cost or other basis and sales expenses				
	C	Gain or (loss)				
	d	Net gain or (loss)				
Other Revenue	8a	Gross income from fundraising events (not including \$				
lev.		See Part IV, line 18				
ць. 1.		a0				
ţ	Ь	Less direct expenses b				
0	c	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities See Part IV , line 19 a				
	Ь	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances . a				
	Ь	Less cost of goods sold b				
	с	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a	FISHING TOURNAMENTS 900,099				
	Ь	MISCELLANEOUS INCOME 900,099	4,198	4,198		
	с					
	d	All other revenue				
		Total. Add lines 11a–11d	68,612			
	12	Total revenue. See Instructions	457,861	68,941	0	0

_	990 (2009)				Page 10
Part		<u> </u>	-		
A	Section 501(c)(3) and 501(c)(4) organizations must I other organizations must complete column (A) but are not required to ca			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,874	1,874		i
2	Grants and other assistance to individuals in the US See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV , lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	62,447	62,447		
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	150,326	138,287	12,039	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	51,914	51,914		
10	Payroll taxes	34,669	33,309	1,360	
11	Fees for services (non-employees)				
а	Management	2,511	2,511		
b	Legal	9,585		9,585	
с	Accounting	1,450		1,450	
d	Lobbying	6,250	6,250		
е	Professional fundraising See Part IV, line 17 .				
f	Investment management fees				
g	Other	29,378		29,378	
12	Advertising and promotion	24,790	16,144	6,246	2,400
13	Office expenses	5,872		5,872	
14	Information technology	11,601		11,601	
15	Royalties				
16	Occupancy	37,122		37,122	
17	Travel	14,146	14,146		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	114		114	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,027		12,027	
23	Insurance	8,151		8,151	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	DUES PROCESSING	43,529		43,529	
b	OTHER G&A EXPENSES	22,624		22,624	
с	MISC PROGRAM EXP-NET	15,461	15,461		
d	TELEPHONE	15,040	5,772	9,268	
е	WIB	12,656		12,656	
f	All other expenses	20,000	12,402	7,598	
25	Total functional expenses. Add lines 1 through 24f	593,537	360,517	230,620	2,400
26	Joint costs. Check here F 🔽 If following SOP 98-2 Complete this line only if the organization reported in				
	column (B) joint costs from a combined educational campaign and fundraising solicitation				
				Fo	rm 990 (2009)

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
	1	Cash—non-ınterest-bearıng		14,712	1	27,357
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, ke highest compensated employees Complete Part II of	ey employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under secti persons described in section 4958(c)(3)(B) Complete Part II of	on 4958(f)(1)) and			
		Schedule L			6	
ets	7	Notes and loans receivable, net			7	1,000
Assets	8	Inventories for sale or use			8	
Y	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part</i> <i>VI of Schedule D</i>	139,169			
	Ь	Less accumulated depreciation	10b 114,167	37,030	10c	25,002
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11 .			13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		51,742	16	53,359
	17	Accounts payable and accrued expenses .		33,197	17	16,910
	18	Grants payable		,	18	· · ·
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
8		Escrow or custodial account liability Complete Part IV of Schedule D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
-ja		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties .			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	123,057
	25	Other liabilities Complete Part X of Schedule D		0	25	1,924
	26	Total liabilities. Add lines 17 through 25		33,197	26	141,891
es		Organizations that follow SFAS 117, check here ► 🔽 and complete through 29, and lines 33 and 34.	e lines 27			
u c	27	Unrestricted net assets		17,974	27	-90,687
Assets or Fund Balances	28	Temporarily restricted net assets		571	28	2,155
CI B	29	Permanently restricted net assets			29	
nu u		Organizations that do not follow SFAS 117, check here ► and co	omplete			
<u>ц</u>		lines 30 through 34.				
5	30	Capital stock or trust principal, or current funds			30	
set.	31	Paid-in or capital surplus, or land, building or equipment fund			31	
AS:	32	Retained earnings, endowment, accumulated income, or other funds			32	
Net .	33	Total net assets or fund balances		18,545	33	-88,532
Ż	34	Total liabilities and net assets/fund balances		51,742	34	53,359
	I -			1		Form 990 (2009)

I Part XI	Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b		No
с	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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 in Schedule O and describe any steps taken to undergo such audits .	Зb		
		F	orm 99	0(2009

Software ID:

Software Version:

EIN: 22-3417550

Name: RECREATIONAL FISHING ALLIANCE INC

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
DUES PROCESSING	43,529		43,529	
OTHER G&A EXPENSES	22,624		22,624	
MISC PROGRAM EXP-NET	15,461	15,461		
TELEPHONE	15,040	5,772	9,268	
WIB	12,656		12,656	

efile GRAPHIC p	rint - DO NOT PROCESS	As Filed Data -			DLN: 93493319066860
CHEDULE D					OMBN0 1545-0047
orm 990)	Supple	mental Financi	al Statements		2009
	► Complete if	the organization answ	ered "Yes," to Form 990	·,	2003
artment of the Treasury nal Revenue Service		0art IV, line 6, 7, 8, 9, 1 1 to Form 990. ► See se			Open to Public Inspection
ame of the organiz		1 to 1 offin 330. P See se		Emp	loyer identification number
ECREATIONAL FISHING					
art I Organi	zations Maintaining Don	or Advised Funds	or Other Similar F		3417550 or Accounts. Complete if th
	ation answered "Yes" to For	<u>m 990, Part IV, lıne</u>	6.		
		(a) Dono	r advised funds	((b) Funds and other accounts
Total number at					
	ributions to (during year)				
	ts from (during year)				
Aggregate valu					
funds are the o	ation inform all donors and dono rganization's property, subject to	o the organization's exc	clusive legal control?		∏Yes ∏No
-	ation inform all grantees, donors naritable purposes and not for th				
	rmissible private benefit			.,	∏Yes ∏No
art II Consei	r vation Easements. Comp	plete if the organizat	ion answered "Yes" t	o Form	1 990, Part IV, line 7.
	onservation easements held by				
	on of land for public use (e g , re- of natural habitat	creation or pleasure)			ically importantly land area d historic structure
	on of open space		j rieselvation of a	certifiet	
	2a–2d ıf the organızatıon held a le last day of the tax year	qualified conservation	contribution in the form	ога со	inservation
					Held at the End of the Year
Total number o	f conservation easements			2a	
Total acreage r	estricted by conservation easer	nents		2b	
Number of cons	ervation easements on a certifi	ed historic structure in	cluded ın (a)	2c	
Number of cons	ervation easements included in	(c) acquired after 8/17	/06	2d	
Number of cons	ervation easements modified, tr	ransferred, released, ex	tinguished, or terminate	ed by th	e organization during
the taxable yea	r 🕨				
Number of state	es where property subject to cor	nservation easement is	located 🕨		
Does the organ	ization have a written policy reg	arding the periodic mor	nitoring, inspection, hand	dling of	violations, and
	the conservation easements it l				☐ Yes ☐ No
Staff and volun	teer hours devoted to monitoring	, inspecting and enforc	ing conservation easem	nents du	uring the year 🕨
A mount of expe	enses incurred in monitoring, ins	pecting, and enforcing	conservation easements	s durıng	g the year 🍽 \$
	servation easement reported on and 170(h)(4)(B)(II)?	line 2(d) above satisfy	the requirements of sec	tion	∏ Yes ∏ No
balance sheet,	scribe how the organization repo and include, if applicable, the te	xt of the footnote to the			
-	n's accounting for conservation of zations Maintaining Colle		torical Treasures.	or Otł	her Similar Assets.
	ete if the organization answe				
art, historical t	ion elected, as permitted under reasures, or other similar assets XIV, the text of the footnote to	held for public exhibit	ion, education or resear	ch in fui	
J If the organizat	ion elected, as permitted under ures, or other similar assets hel owing amounts relating to these	SFAS 116, to report in d for public exhibition,	its revenue statement a	and bala	
(i) _{Revenues I}	ncluded in Form 990, Part VIII,	line 1			▶\$
	uded in Form 990, Part X				► \$
If the organizat	ion received or held works of art nts required to be reported under			or finano	
-	ded in Form 990, Part VIII, line	_			►\$
		-			
b Assets include	d ın Form 990, Part X				▶\$

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990	Cat No 52283D	Schedule D (Form 990)	1 2009
TO FINDLY ALL UND FUPLINOIN NEUROID ALL NOTICE, SEE THE INTRUCTIONS FOR FORM 550			, 2005

Sche	dule D (Form 990) 2009										Page 2
Part	Organizations Maintaining Co	llections of Art,	Histo	rical	Treasur	es, or Ol	ther	Similar	Asse	ts (co	ntinued)
3	Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)										
а	Public exhibition		d∣	_ Lo	an or excha	ange progra	ams				
b	Scholarly research		е Г	- 01	her						
с	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV										
5	During the year, did the organization solicit o							lar	_		_
	assets to be sold to raise funds rather than t	•							<u>' </u>		└ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					answered	1 "Ye	s" to For	m 990	'	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	iary fo	r cont	ributions or	other asse	ets n	ot	L .	Yes	∏ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the fo	llowing	g table		_					
									A mou	nt	
c	Beginning balance					-	1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						L J	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV										
Ра	rt V Endowment Funds. Complete			ered ' or Year						<u> </u>	
1a	Beginning of year balance	(a)Current Year	(D)PI	orrear		Years Back	(u)	hree Years B	ack (e)	FOULTE	ears Back
b		[
c	Investment earnings or losses										
d	Grants or scholarships	· · · · · · · · · · · · · · · · · · ·									
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held as									
а	Board designated or quasi-endowment 🕨	%									
b	Permanent endowment 🕨 %										
с	Term endowment 🕨 %										
3a	A re there endowment F % A re there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No										
	(i) unrelated organizations		•••	•••			•	[3a(i)		
	(ii) related organizations		• •	•		• • •		• • ļ	3a(ii)		
	If "Yes" to 3a(II), are the related organization						•	•••[3b		
4	Describe in Part XIV the intended uses of the	-				th V luna t					
Par	t VI Investments—Land, Buildings Description of investment	s, and Equipmen	<u>t. See</u>	(a) C	n 990, Pai ost or other investment)	(b)Cost or o basis (othe	ther	(c) Accum deprecia		(d) Bo	ook value
 1a	Land	· · · · · ·									
	Buildings		F								
	Leasehold improvements		. †			45	,662		25,114		20,548

c Leasehold improvements . 45,662 25,114 . 93,507 **d** Equipment . . . 89,053 . . •

e Other Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) 🕨 25,002 . . .

4,454

Schedule D) (Form 990) 2009

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments-Program Related. Se		3
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total (Column (b) should equal Form 990 Part X col (B) line 13.)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. otion	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (a) Description (a) Description (a) Description (a) Description (b) Should equal Form 990, Part X, col.(B) line 2	ne 15. ption	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. ption (5.) (7. line 25.	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (a) Description of Liability	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (a) Description of Liability	ne 15. ption (5.) (5.) (5.) (5.) (5.) (5.) (6.) (5.) (6.) (6.) (7.) (7.) (7.) (7.) (7.) (7.) (7.) (7	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (a) Description of Liability	ne 15. ption (5.) (7. line 25.	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (a) Description of Liability	ne 15. ption (5.) (5.) (5.) (5.) (5.) (5.) (6.) (5.) (6.) (6.) (7.) (7.) (7.) (7.) (7.) (7.) (7.) (7	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (a) Description of Liability	ne 15. ption (5.) (5.) (5.) (5.) (5.) (5.) (6.) (5.) (6.) (6.) (7.) (7.) (7.) (7.) (7.) (7.) (7.) (7	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (a) Description of Liability Federal Income Taxes	ne 15. ption (5.) (5.) (5.) (5.) (5.) (5.) (5.) (5.)	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (a) Description of Liability Federal Income Taxes	ne 15. ption (5.) (5.) (5.) (5.) (5.) (5.) (5.) (5.)	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (a) Description of Liability Federal Income Taxes	ne 15. ption (5.) (5.) (5.) (5.) (5.) (5.) (5.) (5.)	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (a) Description of Liability	ne 15. ption (5.) (5.) (5.) (5.) (5.) (5.) (5.) (5.)	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (a) Description of Liability	ne 15. ption (5.) (5.) (5.) (5.) (5.) (5.) (5.) (5.)	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (a) Description of Liability	ne 15. ption (5.) (5.) (5.) (5.) (5.) (5.) (5.) (5.)	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (a) Description of Liability	ne 15. ption (5.) (5.) (5.) (5.) (5.) (5.) (5.) (5.)	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (a) Description of Liability	ne 15. ption (5.) (5.) (5.) (5.) (5.) (5.) (5.) (5.)	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (a) Description of Liability Federal Income Taxes	ne 15. ption (5.) (5.) (5.) (5.) (5.) (5.) (5.) (5.)	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (a) Description of Liability Federal Income Taxes	ne 15. ption (5.) (5.) (5.) (5.) (5.) (5.) (5.) (5.)	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (a) Description of Liability	ne 15. ption (5.) (5.) (5.) (5.) (5.) (5.) (5.) (5.)	

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedule D (Form 990) 2	009
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Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
с	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	
e	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 XIV)	
с	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
Ь	Prior year adjustments	
с	Other losses	
d	Other (Describe in Part XIV)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)	
с	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	

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

Ident if ier Ret urn Reference Explanat ion

efile GRAPHIC print - DO NOT PROCESS As Filed Data -				DLN: 93493319066860
SCHEDULE O	Cumula		tion to Form 000	OMBNo 1545-0047
(Form 990)	Supplei	mental Informat	2009	
Department of the Treasury	• •	ide information for res	Open to Public	
Internal Revenue Service	Form 9	90 or to provide any ad Attach to For 🕨	Inspection	
Name of the organization RECREATIONAL FISHING ALL			Employ	yer identification number
			22-34	17550

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE BOARD TREASURER IS RESPONSIBLE FOR THE FORM 990 PREPARATION AND SUBMITS THE FORM TO MANAGEMENT FOR APPROVAL BEFORE FILING
Form 990, Part VI, Section C, line 19		AVAILABLE FOR INSPECTION UPON REQUEST

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Schedule O (Form 990) 2009

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	990			Return of Organization	on Exempt From	Inco	me T	ax	OMBNo 1545-0047
Form	330		nder	section 501(c), 527, or 4947(a)(1	•				2008
Trea	nal Rever	► Th	e or	ganization may have to use a copy	y of this return to satisfy s	state rep	porting	requirements	Open to Public Inspection
		8 calendar	yea	r, or tax year beginning 01-01-200	8 and ending 12-31-200	8		D Employer i	lentification number
_	eck ıf applıc	Ticuse		C Name of organization RECREATIONAL FISHING ALLIANCE INC					
	dress chang me change	e use in label o print o	r	Doing Business As				22-34175 E Telephone r	
_	tial return	type. S Specifi	iee			<u>, 15</u>	1	(609) 404	-1060
	mination	Instructions.		Number and street (or P O box if mail PO BOX 3080	i is not delivered to street addre	ss) Roon	n/suite	G Gross recei	pts \$ 915,980
☐ Am	nended retu	rn		City or town, state or country, and ZIP	² + 4				
Г Ар	plication pe	nding		NEW GRETNA, NJ 08224					
		JA N P O	1ES BO)	ne and address of Principal Officer A DONOFRIO K 3080	r	H(a)	Is this affiliate	a group retur es?	Thes Ves No
т Та	x-exempt			RETNA,NJ 08224 (4)◀(Insert no)	 527	Н(b)		affiliates inclue	
						," attach a lis Exemption N	t See instructions) umber 🕨		
	eb site. P	- joinna org					•	·	
К Тур	e of organi	zation 🔽 Corp	oratı	on 🔽 trust 🔽 association 🔽 other 🕨		L Yea	ar of Form	nation 1996	M State of legal domicile NJ
Ра	rt I S	Summary							
Governance	TH MA NA	E RFA MISS RINE, BOA TION'S FIS	SIOI TAI SHEF	e organization's mission or most s N IS THREE-FOLD (1) TO SAFE ND TACKLE INDUSTRY JOBS, AI RIES If the organization discontinued its	GUARD THE RIGHTS OF ND (3) TO ENSURE THE I	LONG-1	FERM S	USTAINABI	_ITY OF OUR
-	3 Nu	mber of votı	ng n	nembers of the governing body (Pa	art VI, line 1a)			3	14
es				dent voting members of the gover		b) .	•••		14
Activities &				nployees (Part V, line 2a)				5	<u>8</u> 1
à				ed business revenue from Part VI				7a	
	b Ne	t unrelated b	ousi	ness taxable income from Form 99	90-T, line 34			7b	
							Prior	Year	Current Year
ā				grants (Part VIII, line 1h)				1,045,975	869,565
Revenue		5		ne (Part VIII, column (A), lines 3,					0
Ĥ			r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				128,35		46,415
		otal revenue 2)	—ac	ld lines 8 through 11 (must equal	Part VIII, column (A), lın	e		1,174,325	915,980
		-	mıla	r amounts paid (Part IX, column (A), lines 1–3)			17,199	7,818
	14 B	enefits paid	to o	r for members (Part IX, column (A), line 4)				0
8		alarıes, othe 0)	s, other compensation, employee benefits (Part IX, column (A), lines 5– ional fundraising fees (Part IX, column (A), line 11e)				382,741		346,286
Expenses		•							0
Š.	b (1	otal fundraising	g exp	enses, Part IX, column (D), line 25 83,88	38)				
_			expenses (Part IX, column (A), lines 11a-11d, 11f-24f)					837,407	669,630
				add lines 13–17 (must equal Part enses Subtract line 18 from line				1,237,347	1,023,734 -107,754
<u>چ چ</u>		evenue less	evb		12	В	eginnin	g of Year	End of Year
Net Assets or Fund Balances	20 T	otal assets ((Par	t X, line 16)				137,014	51,742
AB:	21 T	otal lıabılıtıe	s (P	art X, line 26)				14,550	33,197
Par E	22 N	et assets or	fun	d balances Subtract line 21 from	line 20			122,464	18,545
Ра		Signature				<u> </u>			
				gury, I declare that I have examined this correct, and complete Declaration of prep					
Plea		*****					2009-1	1-16	
Sigr Her		Signature of o					Date		
		GERARD D SI Type or print		B JR CONTROLLER e and title					
	I *	Preparer's			Date	Check if	:	Preparer's PT	IN (See Gen Inst)
Pai		signature	•		2009-11-16	self- empolye			
Pre Use	parer's	Firm's name	(or v	vours			•		
Onl		If self-emplo address, and	yed)	- 4 P				EIN 🕨	
	-			ERNEST M NEPA CPA					
				7 PHEASANTS RIDGE RD-NORTH				Phone no 🕨	(302) 425-0499

Г

 WILMINGTON, DE 198071541

 May the IRS discuss this return with the preparer shown above? (See instructions)

Form	990 (2008)				Page 2
Par	t IIII Statem	ent of Program Service	e Accomplishments (See the	instructions.)	
		organization's mission PRESENT RECREATIONAL FISHERMEN	AND THE RECREATIONAL FISHING INDUST	RY ON MARINE FISHERIES ISSUES BOT	TH NATIONALLY &
2	the prior Form 9	ation undertake any significant 90 or 990-EZ? De these new services on Sche	program services during the year v	which were not listed on	Yes 🔽 No
3	Did the organiza services?		e sıgnıfıcant changes ın how ıt cond	lucts any program	Yes 🔽 No
4	Describe the ex Section 501(c)(empt purpose achievements f (3) and (4) organizations and 4	or each of the organization's three la 1947 (a)(1) trusts are required to re 7, for each program service reported	port the amount of grants and a	
4a	(Code RFA PROGRAMS F REGIONALLY) (Expenses \$ REPRESENT RECREATIONAL FISHERM	640,911 including grants of \$ EN AND THE RECREATIONAL FISHING INDU	7,818) (Revenue \$ STRY ON MARINE FISHERIES ISSUES E) BOTH NATIONALLY &
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4.1	Other program	services (Describe in Sched	ule O)		
4d					
4a	(Expenses \$	includ	ing grants of \$) (Revenue \$)

Part TV	Checklist of Required Schedules			
Form 990 (2008)				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🔁	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If</i> " <i>Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Dıd the organızatıon hold assets ın term, permanent,or quası-endowments? If "Yes," complete Schedule D, Part V 🕏	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the US?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i> .	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G,</i> Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule</i>	23		No
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a		No
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? \ldots .	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

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Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>			
		28a		No
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
с	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	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		
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance)				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		[
	of U.S. Information Returns . Enter -0- if not applicable					
		1a	11			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	vend	ors and reportable	1c		No
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i>	·				
	Statements filed for the calendar year ending with or within the year covered by this					
_		2a	8			
b	If at least one is reported in 2a, did the organization file all required federal employme Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this i			2Ь	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during					
		••••	• • • • • • •	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sched	dule O		Зb		
4a	At any time during the calendar year, did the organization have an interest in, or a sig					
	over, a financial account in a foreign country (such as a bank account, securities acco account)?	ount,	or other financial	4a		No
h		•				
Ь	If "Yes," enter the name of the foreign country	ort of	Foreign Bank and			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Repo</i> <i>Financial Accounts</i> .	ULOF	i ureigii dalik alla			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	the t	tax vear?	5a		No
b		-		5b		No
				50		
с	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt E Tax Shelter Trans action</i> ?	Entity	Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contri	on of \$75 or	7a		No	
h	more? If "Yes," did the organization notify the donor of the value of the goods or services pro	wided	12	7b		
			70			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property file Form 8282?	-	7c		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay p	premi	ums on a personal	7.		Na
£	benefit contract?	•	· · · · · · ·	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person			7f		No
g L				7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file required?	ea⊦o	orm 1098-C as	7h		No
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and	d seci	tion 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sp					
	excess business holdings at any time during the			8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
a				9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
		10a				
		10a 10b				
U	facilities					
11	Section 501 (c)(12) organizations. Enter					
11	Section 501(c)(12) organizations Enter Gross income from members or shareholders	I				
а		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in li	lieu of	f Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
-	year 1	12b				

Page	6
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Form 990 (2	008)
	Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)
Section	A. Governing Body and Management

			Yes	No			
	For each "Yes″ response to lines 2-7 below, and for a "No″ response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body 1a 14						
b	Enter the number of voting members that are independent 1b 14						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a material diversion of the organization's assets? $$. $$.						
6	Does the organization have members or stockholders?						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? $$.	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	the governing body?	8a	Yes				
b	each committee with authority to act on behalf of the governing body?	8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes				
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes				
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No			

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $$. $$.	12a		No
b	A re officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		No
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed NJ
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
	own website 「another's website 「upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization

The Organization	
PO BOX 3080	
NEW GRETNA, NJ	08224
(609)404-1060	

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

厂 Check this box if the organization did not compensate any officer, director, trustee or key employee

,						,				
(A) Name and Title	(B) Average hours per week	Positi Individual Trusteen or Director	(C) tion (hat Institutional Trustee	chec pply)	Highest compensited employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JAMES A DONOFRIO , EXECUTIVE DIRECTOR	40 00	х		X				63,828	0	4,680
			-							<u> </u>
	1			-						

Part VII Continued

				tion that a			all			<i>(</i> _)	(F)			
	(A) Name and Title	(B) A verage hours per week	Individual Trustær or Director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)) 10	Estima mount o compens from t rganizati relate organiza	ted fother ation he on and ed	
										-				
1b	Total		• •	•	•				63,828	8		4,680		
2	Total number of individuals (includin compensation from the organization		a) who i	recei	ved	mor	re thai	n \$1	00,000 ın reportabl	e				
												Yes	No	
3	3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual								ated employee			N -		
л							-	-			3		N 0	
4	For any individual listed online 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									4		No		
E				-	-	- -					4			
5	5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>										5		No	
	action B. Independent Contra	tors												
<u> </u>	ection B. Independent Contra Complete this table for your five high		satad :	ndar	and	ont -	contra	cto.	e that recoved mor	e than				
- -	Complete this table for your live fligh	rescomper	isaieu I	nuep	enue	ະມະ	contra	i C L U I	s marieceiveu (110)	e liiaii				

\$100,000 of compensation from the organization

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including those in 1) who received more than \$1 from the organization		

Form 990 (2008)
Part
VIII
Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
2 1a	Federated campaigns 1a				
р	Membership dues 1b 278,437	-			
c c	Fundraising events 1c 3,293	-			
d d	Related organizations 1d	-			
e	Government grants (contributions) 1e	-			
2 1a b c d e f g h	All other contributions, gifts, grants, and 1f 587,835 similar amounts not included above	-			
5 g	Noncash contributions included in				
2 2 h	lines 1a-1f \$ Total (Add lines 1a-1f)	• 869,565			
	Business Code				
2a		-			
ь					
с					
Ь					
e					
f	All other program service revenue				
g 3	Total. Add lines 2a-2f				
,	Investment income (including dividends, interest other similar amounts)				+
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
	(I) Real (II) Personal				
6a	Gross Rents				
ь	Less rental				
c	expenses Rental income	-			
	or (loss)	_			
d	Net rental income or (loss)				
7a	(I) Securities (II) O ther Gross amount from sales of	_			
Ь	assets other than inventory Less cost or other basis and	_			
	sales expenses				
с	Gain or (loss)				
d	Net gain or (loss)				
8a	Gross income from fundraising events (not including \$				
Ь	Less direct expenses b	_			
c	Net income or (loss) from fundraising events				
9a	Gross income from gaming activities See part IV, line 19 <i>Complete Schedule G if total exceeds</i> \$15,000 a				
b c	Less direct expenses b	-			
10a	Gross sales of inventory, less returns and allowances . a				
Ь	Less cost of goods sold b				
c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
11a	FISHING TOURNAMENTS 900,09		46,250		
Ь	PROMOTIONAL PRODUCTS 900,09	9 165	165		
c					
d	All other revenue				
e	Total. Add lines 11a-11d				
12	\$ 46,415 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,	915,980	46,415		0
1	9c, 10c, and 11e		,		

	<u>Il other organizations must complete column (A) but are not re</u> not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the US See Part IV, line 21	7,818	7,818		
2	Grants and other assistance to individuals in the US See Part IV , line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	63,828	63,828		
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	201,295	174,214		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	54,500	54,500		
10	Payroll taxes	26,663	23,650	3,013	
11	Fees for services (non-employees)				
а	Management	20,468	20,468		
b	Legal	15,271	15,271		
С	Accounting	12,500		12,500	
d	Lobbying	70,421	70,421		
e	Professional fundraising See Part IV, line 17 .				
f	Investment management fees				
g	Other	77,569		77,569	
12	Advertising and promotion	97,975	9,137	4,950	83,888
13	Office expenses	21,626		21,626	
14	Information technology	16,335		16,335	
15	Royalties				
16	Occupancy	40,221		40,221	
17	Travel	54,799	54,799		
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,556		15,556	
23 24	Insurance Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of	6,402		6,402	
а	total expenses shown on line 25 below) MISC PROGRAM EXP-NET	101,460	101,460		
Ь	TELEPHONE	26,765		26,765	
с	NEWSLETTERS	23,876	23,876		
d	DUES PROCESSING	22,100		22,100	
e	POSTAGE	19,317	17,027	2,290	
f	All other expenses	26,969	4,442	22,527	
25	Total functional expenses. Add lines 1 through 24f	1,023,734	640,911	298,935	83,88
26	Joint Costs. Check Ine only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			75,497	1	14,712
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, other related parties <i>Complete Part II of Schedule L</i>	key en			5	
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of Sc		6			
	7					7	
		Notes and loans receivable, net				/ 8	
	8	Inventories for sale or use				-	
ets	9	Prepaid expenses and deferred charges	• •		8,931	9	
Assets	10a	Land, buildings, and equipment cost basis	10a	139,169			
	Ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10Ь	102,139	52,586	10c	37,030
	11	Investments—publicly traded securities		•		11	
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D			12		
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D .		13			
	14	Intangible assets			14		
	15	Other assets See Part IV , line 11 Complete Part IX of Schedule					
		D				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			137,014	16	51,742
	17	Accounts payable and accrued expenses .			14,550		33,197
	18	Grants payable				18	
	19	Deferred revenue				19	
ۍ	20	Tax-exempt bond liabilities				20	
tie	21	Escrow account liability Complete Part IV of Schedule D	• •			21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
		persons Complete Part II of Schedule L	•	•		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	I		
	24	Unsecured notes and loans payable		24			
	25	Other liabilities Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25			14,550	26	33,197
es Se		Organizations that follow SFAS 117, check here ▶ 🔽 and complet through 29, and lines 33 and 34.	te line	es 27			
anc	27	Unrestricted net assets			121,893	27	17,974
<u></u> 22	28	Temporarily restricted net assets	571	28	571		
Fund Balance	29	Permanently restricted net assets			29		
n		Organizations that do not follow SFAS 117, check here ▶	ete				
P.		lines 30 through 34.	•				
2	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund 🛛 .				31	
	32	Retained earnings, endowment, accumulated income, or other fund	ls			32	
Net	33	Total net assets or fund balances			122,464	33	18,545
Z	34	Total liabilities and net assets/fund balances			137,014	34	51,742
	-	Einancial Statements and Penerting					

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 🛛 🔽 cash 🔽 accrual 🔽 other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b		No
с	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A - 133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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SCHEDULE D				ОМВ М	o 1545-0047
(Form 990)	Suppleme	ental Financia	al Statements	2	008
Department of the Treasury Internal Revenue			ed by organizations that ine 6, 7, 8, 9, 10, 11, or 12.		n to Public spection
Service Name of the organiz	zation		Em	ployer identification	number
RECREATIONAL FISHING				-3417550	
Part I Organi	zations Maintaining Donor /	Advised Funds			omplete if the
organiz	ation answered "Yes" to Form 9				
1 Total number at	and of your	(a) Donol	radvised funds	(b) Funds and other	accounts
 Total number at Aggregate Cont 	ributions to (during year)				
55 5	ts from (during year)				
4 Aggregate value					
	ation inform all donors and donor ad		t the assets held in donor adv	viced	
funds are the or	rganization's property, subject to the ation inform all grantees, donors, an	e organızatıon's exc	lusive legal control?	Г	Yes 🗌 No
	naritable purposes and not for the be				Yes 🗌 No
Part II Conser	rvation Easements. Complete	e if the organizati	on answered "Yes" to For	rm 990, Part IV, lu	าе 7.
Preservation	onservation easements held by the on of land for public use (e g , recrea of natural habitat		all that apply) Preservation of an histo Preservation of certified		and area
Preservation	on of open space				
2 Complete lines on the last day	2a-2d if the organization held a qua of the tax year	alified conservation	contribution in the form of a c		
					End of the Year
	of conservation easements			2a	
_	restricted by conservation easeme			2b	
_	servation easements on a certified			2c	
	servation easements included in (c			2d	
3 Number of cons the taxable yea	ervation easements modified, trans r 🕨	ferred, released, ex	tinguished, or terminated by 1	the organızatıon durı	ng
4 Number of state	es where property subject to conser	vation easement is	located 🕨		
	ization have a written policy regardi the conservation easements it hold		itoring, inspection, violations	s, and F	Yes 🗌 No
6 Staff or volunte	er hours devoted to monitoring, insp	pecting and enforcin	g easements during the year	•	
7 A mount of expe	enses incurred in monitoring, inspec	ting, and enforcing e	easements during the year 🕨	\$	
	servation easement reported on line and 170(h)(4)(B)(ii)?	2(d) above satisfy	the requirements of section	Г	Yes 🗌 No
balance sheet,	scribe how the organization reports and include, if applicable, the text o n's accounting for conservation ease	f the footnote to the			S
	zations Maintaining Collecties to the organization answered			ther Similar Ass	sets.
art, historical ti	ion elected, as permitted under SFA reasures, or other similar assets he XIV, the text of the footnote to its f	ld for public exhibiti	on, education or research in f		
historical treas	ion elected, as permitted under SFA ures, or other similar assets held fo owing amounts relating to these iter	r public exhibition, e			
(i) _{Revenues in}	ncluded in Form 990, Part VIII, line	1		► \$	
(ii) Assets Incl	uded in Form 990, Part X			▶ \$	
2 If the organizat	ion received or held works of art, his nts required to be reported under SF			ancıal gaın, provide th	ie
-	ded in Form 990, Part VIII, line 1	-		► \$	
b Assets include	d ın Form 990, Part X			▶ \$	

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▶ \$ Schedule D (Form 990) 2008

Sche	dule D (Form 990) 2008							Page 2
Part	III Organizations Maintaining C	ollections of Art, F	listor	ical Treasu	es, or Other	[.] Similar	Assets	(continued)
3	Using the organization's accession and othe items (check all that apply)	er records, check any of	f the fo	llowing that are	a sıgnıfıcant us	e ofits co	llection	
а	Public exhibition	c	i L	Loan or exch	ange programs			
b	✓ Scholarly research	e	• L	Other				
с	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explain l	how the	y further the or	nanization's ex	empt purpo	ose in	
-	Part XIV			,	y			
5	During the year, did the organization solicit					lar	_	_
D -	assets to be sold to raise funds rather than			-			Ye	
Par	t IV Trust, Escrow and Custodial Part IV, line 9, or reported an a				lization answe	ered "Yes	to Forn	n 990,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?	dıan or other ıntermedıa	ary for	contributions of	r other assets n	ot	∏ Ye	s 🔽 No
b	If "Yes," explain why in Part XIV and comp	ete the following table						
							A mount	
с	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F	Form 990, Part X, line 2	1?				∏ Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XI	V						
Ра	t V Endowment Funds. Complete							
		(a)Current Year	(b)Prior	Year (c)Two	Years Back (d)	hree Years B	ack (e)Fo	ur Years Back
1a	Beginning of year balance							
Ь	Contributions							
c	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the ye	ar end balance held as						
а	Board designated or quasi-endowment 🕨							
Ь	Permanent endowment 🕨							
с	Term endowment 🕨							
3a	Are there endowment funds not in the posse organization by	ession of the organization	on that	are held and ac	Iministered for I	he	Y	es No
	(i) unrelated organizations		• •			[3a(i)	
	(ii) related organizations						3a(ii)	
	If "Yes" to 3a(II), are the related organization					• • •	3b	
4	Describe in Part XIV the intended uses of t							<u>_</u>
Par	t VI Investments—Land, Building	is, and Equipment.						
	Description of investment			(a) Cost or other asıs (ınvestment)	(b)Cost or other basis (other)	(c) Deprec	ciation (c	d) Book value
1a	_and				ļ,	l .		
	Buildings							
с	_easehold improvements				45,662		20,548	25,114

e Other . . . • Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) 🕨 . . .

.

d Equipment . . .

11,916

37,030

81,591

93,507

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	12.
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) 🕨		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Column (b) should equal Form 990 Part Y col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, Ine 13.

< value
_

Part X	Part X Other Liabilities. See Form 990, Part X, line 25.							
	(a) Description of Liability	(b) A mount						
Federal Inc	ome Taxes							
Total. (Colum	nn (b) should equal Form 990, Part X, col (B) line 25)	•						

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sche	edule D (Form 990) 2008		Page 4
Ра	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	915,980
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,023,734
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-107,754
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	3,835
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	3,835
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-103,919
Par	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
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 on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
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 XIV)		
с	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
-	TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses	1	Return
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	-	
Ь	Prior year adjustments	-	
C J	Losses reported on Form 990, Part IX, line 25 2c Other (Describe in Part XIV) 2 2d	-	
d		-	
е 3	Add lines 2a through 2d	2e 3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1 :	3	
4	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
_	rt XIV Supplemental Information		I

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Ret urn Reference	Explanation

Schedule D (Form 990) 2008

Supplemental Information(continued)		
Ident if ier	Ret urn Reference	Explanation

Schedule D (Form 990) 2008

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SCHEDULE O	Cumula	Overale montal information to Form 200		OMBNo 1545-0047
(Form 990) Supplemental Information to F		tion to Form 990	2008	
Department of the	Attach to Form 990. To be completed by organizations to provide additional information for			
Treasury	responses to specific quest	cific questions for the Form 990 or to provide any additional information.		Open to Public Inspection
Internal Revenue				Inspection
Service				
Name of the organization RECREATIONAL FISHING ALLIANCE INC		Employer identif	Employer identification number	
			22-3417550	

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE BOARD TREASURER IS RESPONSIBLE FOR THE FORM 990 PREPARATION AND SUBMITS THE FORM TO MANAGEMENT FOR APPROVAL BEFORE FILING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		AVAILABLE FOR INSPECTION UPON REQUEST

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Schedule O (Form 990) 2008