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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2008Open to Public
Inspection

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

A For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 30, 2009

B Check if applicable	Please use IRS label or print or type	C Name of organization FISHAMERICA FOUNDATION Doing Business As	D Employer identification number 36-3219015
<input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	See Specific Instructions	Number and street (or P.O. box if mail is not delivered to street address) 225 REINEKERS LANE Room/suite City or town, state or country, and ZIP + 4 ALEXANDRIA, VA 22314	E Telephone number 703-519-9691
		F Name and address of principal officer: J. MICHAEL NUSSMAN SAME AS C ABOVE	G Gross receipts \$ 651,316.
		I Tax-exempt status. <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		J Website: ► WWW.FISHAMERICA.ORG	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
		K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	H(c) Group exemption number ►
		L Year of formation: 1993 M State of legal domicile: VA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ENHANCEMENT OF FISH AND WATER RESOURCES.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	19
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	RECEIVED	
	9 Program service revenue (Part VIII, line 2g)	1 AUG 17 2010 IRS OSC OGDEN, UT	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	803,110.	637,881.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 10c, and 11e)	22,186.	7,822.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	278.	5,613.
		825,574.	651,316.
		932,969.	686,880.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	329,571.	353,176.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ►	26,784.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<50,992.►	<75,201.►
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,211,548.	964,855.
19 Revenue less expenses Subtract line 18 from line 12	<385,974.►	<313,539.►	
Net Assets or Fund Balances	Beginning of Year	End of Year	
	20 Total assets (Part X, line 16)	2,326,251.	1,372,448.
	21 Total liabilities (Part X, line 26)	2,095,280.	1,523,407.
	22 Net assets or fund balances Subtract line 21 from line 20	230,971.	<150,959.►

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	Diane R. Carpenter			
	Signature of officer			
Paid Preparer's Use Only	Signature of officer	Date	Check if self-employed	Preparer's identifying number (see instructions)
	DIANE CARPENTER, CFO	8/12/10	<input type="checkbox"/>	
	Type or print name and title			
Preparer's signature ►	RSM MCGLADREY, INC.	Date	Check if self-employed	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	8000 TOWERS CRESCENT DR. STE 500 VIENNA, VA 22182-6205	8/11/10	<input type="checkbox"/>	EIN ►
				Phone no. ► 703-336-6400

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

 Yes No

616 18

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

THE FISHAMERICA FOUNDATION IS THE FISHERIES CONSERVATION AND RESEARCH FOUNDATION OF THE AMERICAN SPORTFISHING ASSOCIATION, DEDICATED TO KEEPING OUR FISH AND WATERS HEALTHY TO IMPROVE THE SPORTFISHING SUCCESS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes", describe these new services on Schedule O

Yes No

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

4a (Code.) (Expenses \$ 873,945. including grants of \$ 686,880.) (Revenue \$)
**GRANTS TO STATE ORGANIZATIONS THROUGHOUT NORTH AMERICA IN FURTHERANCE
OF THE FOUNDATION'S EXEMPT PURPOSE.**

4b (Code.) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$) including grants of \$ (Revenue \$))

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **including grants of \$**) (Revenue \$)

4e Total program service expenses ► \$ 873,945. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
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 X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 X	
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? If "Yes," complete Schedule C, Part III	5 N/A	
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? If "Yes," complete Schedule D, Part I	6 X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
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 X	
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 X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.? b 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.? If "Yes," complete Schedule F, Part I	14a X 14b X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15 X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 X	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 X	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 X	
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 X	
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 X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23 X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K If "No", go to question 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24a X 24b 24c 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 X	
25b	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 X	
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? If "Yes," complete Schedule L, Part II	26 X	
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 X	

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:		
a 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)? If "Yes," complete Schedule L, Part IV	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	X
c 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	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X

Form 990 (2008)

Part 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	0
1b		1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
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	X
b	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 Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9a	
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter N/A	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
11	Section 501(c)(12) organizations. Enter N/A	11b	
a	Gross income from members or shareholders	12a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12b	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI **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

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	1a	15
b Enter the number of voting members that are independent	1b	15
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
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	
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	X
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	X

12a Does the organization have a written conflict of interest policy? If "No," go to line 13

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

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

a The organization's CEO, Executive Director, or top management official?

b Other officers or key employees of the organization?

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?

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section B. Policies

	Yes	No
12a	X	
12b		
12c		
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

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b Other officers or key employees of the organization?

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?

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **VA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **DIANE CARPENTER - 703-519-9691**

225 REINEKERS LANE, SUITE 420, ALEXANDRIA, VA 22314

Part VII 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), 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
JEFF PONTIUS <u>CHAIRMAN</u>	5.00	X					0.	0.	0.
RANDY LEMCKE <u>IMMEDIATE PAST CHAIRMAN</u>	5.00	X					0.	0.	0.
THOMAS DAMMRICH <u>DIRECTOR</u>	5.00	X					0.	0.	0.
ED DINKINS <u>DIRECTOR</u>	5.00	X					0.	0.	0.
BOB EAKES <u>DIRECTOR</u>	5.00	X					0.	0.	0.
PETER FOLEY <u>DIRECTOR</u>	5.00	X					0.	0.	0.
JOHN E. FRAMPTON <u>DIRECTOR</u>	5.00	X					0.	0.	0.
JOHN JILLING <u>DIRECTOR</u>	5.00	X					0.	0.	0.
JAY JOLLY <u>DIRECTOR</u>	5.00	X					0.	0.	0.
JIM LEBSON <u>DIRECTOR</u>	5.00	X					0.	0.	0.
JEFF MARBLE <u>DIRECTOR</u>	5.00	X					0.	0.	0.
RICHARD "CHIP" POWELL <u>DIRECTOR</u>	5.00	X					0.	0.	0.
GEOFF RATTE <u>DIRECTOR</u>	5.00	X					0.	0.	0.
BRUCE STANTON <u>DIRECTOR</u>	5.00	X					0.	0.	0.
GREGG WOLLNER <u>DIRECTOR</u>	5.00	X					0.	0.	0.
GARY ZURN <u>DIRECTOR</u>	5.00	X					0.	0.	0.
DARRELL LOWRANCE <u>EX-OFFICIO</u>	5.00	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated Employee	Former	
KENNETH HAMMOND EX-OFFICIO	5.00	X					0.	0.
J. MICHAEL NUSSMAN PRESIDENT & CEO	40.00		X				0.	194,690.
GORDON C. ROBERTSON VICE PRESIDENT	40.00		X				0.	160,213.
DIANE L. CARPENTER CFO	40.00		X				0.	105,624.
								14,468.
1b Total							0.	460,527.
2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization							0.	66,617.

2 Total number of individuals (including those in 1a) 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	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
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	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(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 \$100,000 in compensation from the organization ► 0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	502,792.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	135,089.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		637,881.			
Program Service Revenue	2 a		Business Code			
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				7,822.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	(ii) Personal			
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis and sales expenses					
c Gain or (loss)						
d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11 a OTHER INCOME		5,613.			5,613.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		5,613.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		651,316.	0.	0.	13,435.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	666,880.	666,880.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	20,000.	20,000.		
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				
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	291,434.	204,004.	58,287.	29,143.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20,270.	14,189.	4,054.	2,027.
9 Other employee benefits	26,293.	18,405.	5,259.	2,629.
10 Payroll taxes	15,179.	10,625.	3,035.	1,519.
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	2,000.	2,000.		
13 Office expenses	3,115.	1,837.	1,016.	262.
14 Information technology	2,357.	1,650.	471.	236.
15 Royalties				
16 Occupancy	20,504.	14,353.	4,101.	2,050.
17 Travel	9,895.	9,895.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,549.	1,084.	310.	155.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,367.	1,657.	473.	237.
23 Insurance				
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.)				
a ADMINISTRATION FEES	17,519.	12,263.	3,504.	1,752.
b DUE & SUBSCRIPTIONS	1,759.			1,759.
c EDUCATION & TRAINING	1,000.	700.	200.	100.
d IN KIND SUPP. FROM ASA	<150,853.>	<105,597.>	<30,171.>	<15,085.>
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	964,855.	873,945.	64,126.	26,784.
26 Joint Costs. Check here ► <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,707.	1	61,815.
	2 Savings and temporary cash investments	1,334,562.	2	1,016,303.
	3 Pledges and grants receivable, net	911,004.	3	217,885.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	600.	9	843.
	10a Land, buildings, and equipment cost basis	10a 20,281.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 19,914.	2,734.	10c 367.
	11 Investments - publicly traded securities	75,644.	11	75,235.
	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)	2,326,251.	16	1,372,448.
Liabilities	17 Accounts payable and accrued expenses	2,051,508.	17	1,479,635.
	18 Grants payable		18	
	19 Deferred revenue	43,772.	19	43,772.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,095,280.	26	1,523,407.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	<1,600,131.	27	<2,030,403. >
	28 Temporarily restricted net assets	1,043,280.	28	1,085,043.
	29 Permanently restricted net assets	787,822.	29	794,401.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	230,971.	33	<150,959. >
	34 Total liabilities and net assets/fund balances	2,326,251.	34	1,372,448.

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant? ..

c 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?

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?

b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b		X
2c		
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008
**Open to Public
Inspection**

Name of the organization

Employer identification number

FISHAMERICA FOUNDATION

36-3219015

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)

4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)

10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	996,458.	847,248.	845,947.	803,110.	637,881.	4,130,644.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	996,458.	847,248.	845,947.	803,110.	637,881.	4,130,644.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						134,243.
6 Public Support. Subtract line 5 from line 4						3,996,401.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	996,458.	847,248.	845,947.	803,110.	637,881.	4,130,644.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,663.	48,807.	53,913.	22,186.	7,822.	165,391.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,950.	17,696.		278.	5,613.	25,537.
11 Total support. Add lines 7 through 10						4,321,572.
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	92.48	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	89.79	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

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

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME FROM EXEMPT ACTIVITIES

Schedule D

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization

FISHAMERICA FOUNDATION

Employer identification number

36-3219015**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ _____

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____
(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
b Assets included in Form 990, Part X ► \$ _____

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

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

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes

No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes

No

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes

No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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 year end balance held as:

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

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

by:

(i) unrelated organizations
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
			20,281.	19,914.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))				367.

Schedule D (Form 990) 2008

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 and other financial products		
Closely-held equity interests		
Other _____		
Total (Col (b) should equal Form 990, Part X, col (B) line 12.) ►		

Total (Col (b) should equal Form 990, Part X, col (B) line 12.) ►

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

Total (Col (b) should equal Form 990, Part X, col (B) line 13.)

Part IX Other Assets. See Form 990, Part X, line 15

Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	

Total. (Column (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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	651,316.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	964,855.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<313,539. >
4	Net unrealized gains (losses) on investments	4	<68,391. >
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	<68,391. >
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<381,930. >

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	733,778.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	<68,391. >
b	Donated services and use of facilities	2b	150,853.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	82,462.
3	Subtract line 2e from line 1	3	651,316.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	651,316.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,115,708.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities	2a	150,853.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	150,853.
3	Subtract line 2e from line 1	3	964,855.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	964,855.

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

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

Name of the organization

FISHAMERICA FOUNDATION

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▲ □

Part II Grants and Other Assistance to Governments and Organizations in the United States		Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▲ □		Employer identification number					
1 (a) Name and address of organization or government		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
AMERICAN SPORTFISHING ASSOCIATION 225 REINEKERS LANE, SUITE 420 ALEXANDRIA, VA 22314	36-2426853	501(C)(6)		5,000	0			GRANT	
BEAVER CREEK WATERSHED ASSOCIATION PO BOX 207 FUNKSTOWN, MD 21734	04-3701511	501(C)(3)		45,000	0			GRANT	
BITTERSWEET COMMUNITY ASSOCIATION 3067 ABERDEEN RD ANNAPOLIS, MD 21403	41-2105760			35,000	0			GRANT	
CONNECTICUT RIVER WATERSHED COUNCIL - 27 WASHINGTON STREET - MIDDLETON, CT 06457	04-2148397	501(C)(3)		42,500	0			GRANT	
COTTONWOOD CREEK WATERSHED GROUP PO BOX 1198 COTTONWOOD, CA 96022	68-0454530	501(C)(3)		10,949	0			GRANT	
DUCKS UNLIMITED, INC 17800 SE MILL PLAIN BLVD, SUITE 120 VANCOUVER, WA 98683	13-5643799	501(C)(3)		34,500	0			GRANT	
2 Enter total number of section 501(c)(3) and government organizations								18.	
3 Enter total number of other organizations								6.	

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

Schedule I (Form 990) 2008

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRANT	1	20,000	0		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: ONCE GRANT RECIPIENTS ARE SELECTED, FAF STAFF

NOTIFIES THE RECIPIENT OF THE AWARD VIA TELEPHONE AND SENDS OUT A GRAND

AWARD LETTER AND GRANT RECIPIENT AGREEMENT. THE AGREEMENT SPECIFIES THE

START AND END DATES FOR THE AGREEMENT, DUE DATES FOR THE REPORTS, OUTLINES

SUPPORTING DOCUMENTATION REQUIRED AND EXPLAINS THE REIMBURSEMENT SCHEDULE.

THE RECIPIENT AGREEMENT OUTLINES THE RECIPIENT'S RESPONSIBILITIES TO FAF

STAFF WHICH INCLUDE:

- PROVIDING COPIES OF RECEIPTS FOR EXPENDED FAF STAFF FUNDS;

SCHEDULE I-1
(Form 990)
 Department of the Treasury
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
 ▲ Attach to Form 990 to list additional information for
 Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
 Open to Public
 Inspection

Name of the organization

FISHAMERICA FOUNDATION

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)	Name of the organization	Employer identification number
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant
FOUNDATION FOR CALIFORNIA UNIVERSITY OF PENNSYLVANIA - 250 UNIVERSITY AVE - CALIFORNIA, PA 15419			
25-1540183	501(C)(3)	81,400.	0.
HANAN & ASSOCIATES, INC PO BOX 8914 RANCHO SANTA FE, CA 92067			
84-1621295		21,000.	0.
IDaho DEPARTMENT OF FISH AND GAME 109 WEST 44TH STREET BOISE, ID 83714			
82-6000952		14,660.	0.
MEADOWVIEW BIOLOGICAL STATION 8390 FREDERICKSBURG TUNPIKE WOODFORD, VA 22580			
54-1904513	501(C)(3)	9,489.	0.
NATIONAL AQUARIUM IN BALTIMORE 501 EAST PRATT STREET, PIER 3 BALTIMORE, MD 21202			
52-1121163	501(C)(3)	20,000.	0.
NORTHWEST REGIONAL PLANNING COMMISSION - 115 LAKE ST - ST. ALBANS, VT 05478			
03-0223756		19,000.	0.
NORTHWEST SPORTFISHING INDUSTRY ASSOCIATION - PO BOX 4 - OREGON CITY, OR 97045			
93-1107831	501(C)(6)	10,000.	0.
PHOTOGRAPHY BY MICHELSON, INC PO BOX 850093 BRAINTREE, MA 02185			
04-2865280		16,341.	0.
2 Enter total number of Section 501(c)(3) and government organizations			
3 Enter total number of other organizations			

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

▲ Schedule I-1 (Form 990) 2008
 ▲ Schedule I-1 (Form 990) 2008

Name of the organization

FISHAMERICA FOUNDATION

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)							Employer identification number
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESTORE AMERICA'S ESTUARIES 5314 -17TH AVE, NW SEATTLE, WA 98107	54-1965304	501(C)(3)	10,000.	0.			GRANT
SAVE THE SOUND/CT FUND FOR THE ENVIRONMENT - 205 WHITNEY AVE - NEW HAVEN, CT 06511	06-0990195	501(C)(3)	27,200.	0.			GRANT
ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONS - 2300 VIRGINIA AVE - FT. PIERCE, FL 34982	59-60000835		10,000.	0.			GRANT
THE ELIZABETH RIVER PROJECT 475 WATER STREET, STE 103A PORTSMOUTH, VA 23704	54-1663058	501(C)(3)	50,000.	0.			GRANT
THE FRESHWATER TRUST 65 SW YAMHILL ST, STE 300 PORTLAND, OR 97204	93-0843521	501(C)(3)	50,000.	0.			GRANT
TOWN OF BREWSTER, MA 2198 MAIN ST BREWSTER, MA 02631	04-6001098		15,000.	0.			GRANT
TOWN OF RIVERHEAD, NY 200 HOWELL AVE RIVERHEAD, NY 11901	11-6001935		40,000.	0.			GRANT
VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843039 RICHMOND, VA 23284	54-6001758	501(C)(3)	53,952.	0.			GRANT
2 Enter total number of Section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

2 Enter total number of Section 501(c)(3) and government organizations

2 Enter total number of other organizations
3

3 Enter total number of other organizations

Schedule I-1 (Form 990) 2008

Part IV Supplemental Information

-PROVIDING COPIES OF ALL APPROVED PERMITS/CLEARANCES/APPROVALS;

-PROVIDING COPIES OF LANDOWNER AGREEMENTS AND HABITAT RESTORATION AGREEMENTS.

THE RECIPIENTS ARE REQUIRED TO INITIAL, SIGN AND RETURN THE AGREEMENT PRIOR TO START OF WORK AND RELEASE OF ANY FUNDS.

-FUNDS ARE RELEASED TO THE RECIPIENT IN THREE WAYS: 1) FULL REIMBURSEMENT AFTER THE PROJECT IS COMPLETED AND THE FINAL REPORT IS RECEIVED AND APPROVED; 2) A PORTION OF THE FUNDS RELEASED WITH THE INTERIM REPORT FOR EXPENSED FUNDS (NEVER FULL AMOUNT OF GRANT AWARD) AND THE REMAINING FUNDS RELEASED WITH THE FINAL REPORT; AND 3) A PORTION OF THE FUNDS UP FRONT (PRIOR TO ANY ON-THE-GROUND WORK) BUT AFTER REQUIREMENTS IN THE GRANT RECIPIENT AGREEMENT ARE MET AND THE REMAINING FUNDS RELEASED WITH THE FINAL REPORT. FUNDS WILL NOT BE RELEASED UNTIL THE GRANT RECIPIENT HAS PROVIDED (AT MINIMUM) COPIES OF ALL APPROVED PERMITS/CLEARANCES/APPROVALS, COPIES OF LANDOWNER AGREEMENTS (IF APPLICABLE) AND COPIES OF HABITAT RESTORATION AGREEMENTS.

-ANY CHANGES TO THE PROJECT, INCLUDING PROJECT SCOPE, TIMELINE, AND FINANCIAL, MUST BE SUBMITTED TO FAF STAFF IN WRITING FOR REVIEW AND APPROVAL PRIOR TO THE GRANT RECIPIENT IMPLEMENTING THE CHANGE. CHANGES TO THE PROJECT ARE REFLECTED IN THE FORM OF AN AMENDMENT TO THE GRANT RECIPIENT AGREEMENT AND BECOMES A PART OF THE GRANT RECIPIENT AGREEMENT.

-THE RECIPIENTS ARE REQUIRED TO FILE AN INTERIM REPORT EVERY SIX MONTHS AFTER THEY RECEIVE THE GRANT RECIPIENT AGREEMENT AND A FINAL REPORT FOUR WEEKS AFTER THE PROJECT IS COMPLETED. THESE REPORTING DATES ARE NEGOTIATED

Part IV Supplemental Information

DURING THE CONTRACT NEGOTIATIONS AND MAY DIFFER SLIGHTLY WITH EACH

RECIPIENT. THE REPORT INCLUDES THE FOLLOWING (AT MINIMUM):

- A DESCRIPTION OF THE PROJECT'S PROGRESS;
- A NARRATIVE ON THE COMMUNITY OUTREACH PORTION OF THE PROJECT;
- A DESCRIPTION OF ANY MONITORING/MAINTENANCE ACTIVITIES;
- AN EXPLANATION OF ANY PROJECT OR BUDGET DEVIATIONS;
- AN UPDATED BUDGET TABLE AND RECEIPT TABLE OF FUNDS EXPENDED DURING THE REPORTING PERIOD;
- UPDATED RESTORATION DATA.

-FAF STAFF REVIEW EACH REPORT TO ENSURE PROJECT TIMELINES ARE IN LINE WITH THE AGREEMENT TIME PERIOD, PROJECT NARRATIVE MATCHES ACTIVITIES OUTLINED IN THE PROJECT PROPOSAL AND AMENDMENTS, AND THE BUDGET TABLE CORRESPONDENCES WITH APPROVED EXPENSES OUTLINED IN THE GRANT RECIPIENT AGREEMENT. FAF STAFF ALSO REVIEWS COPIES OF RECEIPTS OF FAF STAFF APPROVED EXPENSES TO ENSURE THEY ARE VALID EXPENSES AND ARE WITHIN THE CONTRACT PERIOD.

-FISHAMERICA CONTACTS THE RECIPIENTS VIA EMAIL OR TELEPHONE TO REMIND THEM ABOUT THE PROGRESS REPORTS ABOUT A MONTH BEFORE THEY ARE DUE. SOME RECIPIENTS DO NOT PROVIDE A WRITTEN PROGRESS REPORT USING THE STANDARD REPORT FORMAT, BUT THEY RATHER PROVIDE AN EMAIL UPDATE TO FISHAMERICA. IF REPORTS ARE LATE, FISHAMERICA REMINDS THE RECIPIENT VIA EMAIL OR TELEPHONE THAT THEIR REPORT IS OVERDUE. AFTER SEVERAL UNSUCCESSFUL ATTEMPTS TO CONTACT THE RECIPIENT, FISHAMERICA WILL CONTACT THE RECIPIENT AND INFORM THEM THAT FAILURE TO PROVIDE REQUIRED REPORTS MAY AFFECT THEIR REIMBURSEMENT AND ABILITY TO RECEIVE FUTURE GRANTS FROM FAF.

-WHEN THE PROJECT IS COMPLETE, THE RECIPIENT MUST SUBMIT A FINAL REPORT AND

Schedule I (Form 990) 2008

Part IV Supplemental Information

REQUIRED SUPPORTING DOCUMENTATION AS OUTLINED IN THEIR GRANT RECIPIENT AGREEMENT. FAF STAFF REVIEWS THE REPORT TO ENSURE PROJECT OBLIGATIONS ARE MET. FAF STAFF ALSO REVIEWS RECEIPTS FOR ALL APPROVED FAF STAFF EXPENSES TO ENSURE THEY ARE VALID AND IN LINE WITH THE APPROVED BUDGET AS OUTLINE IN THE GRANT AGREEMENT. THE GRANT RECIPIENT MUST ALSO SUBMIT AN INVOICE REQUESTING REIMBURSEMENT FOR REMAINING APPROVED GRANT FUNDS.

-ONCE FAF STAFF HAS APPROVED THE REPORT AND ENSURED ALL SUPPORTING DOCUMENTATION IS IN HAND AND ACCURATE, FAF STAFF WILL RELEASE THE GRANTS FUNDS ALONG WITH A LETTER TO THE GRANTEE INFORMING THEM THAT THEIR OBLIGATION TO FAF STAFF IS NOW COMPLETE.

-INFORMAL MONITORING BY FAF STAFF MAY ALSO TAKE PLACE BEFORE, DURING AND AFTER THE PROJECT WORK PERIOD BY TELEPHONE, EMAIL AND SITE VISITS.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

FISHAMERICA FOUNDATION

Employer identification number

36-3219015

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a Receive a severance payment or change of control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c	X	
5a	X	
5b	X	
6a	X	
6b	X	
7	X	
8	X	

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row i) and from related organizations, described in the instructions, on row ii)

Note: The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization

FISHAMERICA FOUNDATIONEmployer identification number
36-3219015FORM 990, PART VI, SECTION A, LINE 10: THE CFO REVIEWS THE 990.FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST.FORM 990, PART XI, LINE 2CTHE PROCESS HAS BEEN CONSISTENT WITH PRIOR YEARS.FORM 990, PART IV, LINE 12ALTHOUGH THE ORGANIZATION DOES NOT RECEIVE STAND ALONE GAAP FINANCIAL STATEMENTS IT DOES RECEIVE ON AN ANNUAL BASIS FROM INDEPENDENT AUDITORS CONSOLIDATED ENTITY GAAP FINANCIAL STATEMENTS FOR IT AND ITS AFFILIATES.FORM 990, PART VI, LINE 12 - 16CONFLICT OF INTEREST POLICY AND COMPENSATION POLICY HAVE BEEN CREATED AFTER FISCAL YEAR END 9/30/2009 AND ARE SUBJECT THE BOARD OF DIRECTORS APPROVAL IN THE NEAR FUTURE.

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
AMERICAN SPORTFISHING ASSOCIATION - 36-2426853, 225 REINERKS LANE, STE 420, ALEXANDRIA, VA 22314	PROMOTE FISHING AND THE SPORTFISHING INDUSTRY.	VIRGINIA	501(C)(6)	N/A	

Part III Identification of Related Organizations Taxable as a Partnership

Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportion- ate allocations?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
Yes	No								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

Part V Transactions With Related Organizations

	Yes	No
1a	X	
1b	X	
1c	X	
1d	X	
1e	X	
1f	X	
1g	X	
1h	X	
1i	X	
1j	X	
1k	X	
1l	X	
1m	X	
1n	X	
1o	X	
1p	X	
1q	X	
1r	X	
2. If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
(A)	(B)	(C)
Name of other organization(s)	Transaction type (a-r)	Amount involved
(1) AMERICAN SPORTFISHING ASSOCIATION	M	0.
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

Schedule R (Form 990) 2008

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

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

Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization FISHAMERICA FOUNDATION	Employer identification number 36-3219015
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1033 NORTH FAIRFAX ST., NO. 420	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22314	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

THE FOUNDATION - 225 REINEKERS LANE, SUITE 420,

- The books are in the care of ► **ALEXANDRIA, VA - ALEXANDRIA, VA 22314**

Telephone No. ► **703-519-9691**FAX No. ►

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

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - calendar year or
 - tax year beginning **OCT 1, 2008**, and ending **SEP 30, 2009**
- 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. **3a \$**
- 3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. **3b \$**
- 3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. **3c \$ N/A**

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ►

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization FISHAMERICA FOUNDATION	Employer identification number 36-3219015
<small>File by the extended due date for filing the return. See Instructions</small>	Number, street, and room or suite no. If a P.O. box, see instructions. 1033 NORTH FAIRFAX ST., NO. 420	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22314	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE FOUNDATION - 225 REINEKERS LANE, SUITE 420,

- The books are in the care of ► **ALEXANDRIA, VA - ALEXANDRIA, VA 22314**

Telephone No. ► **703-519-9691** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ►

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2010**
 5 For calendar year , or other tax year beginning **OCT 1, 2008**, and ending **SEP 30, 2009**
 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
 7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO FILE AN ACCURATE AND COMPLETE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$
		N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►

Y2

Title ►

Accountant

Date ►

5/4/10

Form 8868 (Rev. 4-2009)