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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)

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

OMB No 1545-0047

2009**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning**

, and ending

B Check if applicable☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type
See
Specific
Instruc-
tions**C Name of organization**

FEDERATION OF FLYFISHERS, INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

P O BOX 1688

City or town, state or country, and ZIP + 4

LIVINGSTON

MT

59047-1688

D Employer identification number

81-0514222

E Telephone number

406-222-9369

G Gross receipts \$

1,144,600

H(a) Is this a group return for affiliates? ☒ Yes ☐ No**H(b)** Are all affiliates included? ☒ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 9453**I Tax-exempt status**☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ fedflyfishers.org**K Form of organization**☒ Corporation☐ Trust☐ Association☐ Other ▶**L Year of formation**

1994

M State of legal domicile

MT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: EDUCATION OF YOUTH ON FISHERIES AND WATER QUALITY MANAGEMENT, CONSERVATION OF WATER, RESEARCH FOR WATER QUALITY IMPROVEMENT**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a)**3** 100**4** Number of independent voting members of the governing body (Part VI, line 1b)**4** 100**5** Total number of employees (Part V, line 2a)**5** 0**6** Total number of volunteers (estimate if necessary)**6****7a** Total gross unrelated business revenue from Part VIII, column (C), line 12**7a** 0**b** Net unrelated business taxable income from Form 990-T, line 34**7b** 0

Net Assets or Fund Balances

8 Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

9 Program service revenue (Part VIII, line 2g)

505,992 355,829

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

0 347,488

11 Other revenue (Part VIII, column (A), lines 5, 6c, 9c, 10c, and 11e)

12,908 11,964

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

294,107 310,652

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

813,007 1,025,933

14 Benefits paid to or for members (Part IX, column (A), line 4)

86,355 83,405

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

0 26,022

16a Professional fundraising fees (Part IX, column (A), line 11e)

0 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,579

0 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)

641,320 698,846

18 Total expenses—Add lines 13–17 (must equal Part IX, column (A), line 25)

727,675 808,273

19 Revenue less expenses. Subtract line 18 from line 12

85,332 217,660

20 Total assets (Part X, line 16)

Beginning of Current Year

End of Year

21 Total liabilities (Part X, line 26)

897,300 1,115,290

22 Net assets or fund balances Subtract line 21 from line 20

0 330

897,300 1,114,960

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign
Here

Signature of officer

Date

Type or print name and title

Paid
Preparer's
Use OnlyPreparer's
signature

JAMES WALTER

Date

8/13/2010

Check if
self-
employedPreparer's identifying number
(see instructions)

517-74-1278

Firm's name (or yours
if self-employed),
address, and ZIP + 4

BLAKELY & WALTER, P.C

EIN

P O BOX 887, LIVINGSTON, MT 59047

Phone no ▶ (406) 222-2462

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

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form **990** (2009)

Part III Statement of Program Service Accomplishments

- 1** Briefly describe the organization's mission
 EDUCATE YOUTH ABOUT FISHERIES AND WATER QUALITY MANAGEMENT, CONSERVATION OF WATER,
 RESEARCH FOR WATER QUALITY IMPROVEMENT
- 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.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 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 \$ 681,963 including grants of \$ 0) (Revenue \$ 0)
 PROGRAM SERVICES

4b (Code _____) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4c (Code _____) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4d Other program services (Describe in Schedule O)
 (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **▶** 681,963

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		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		
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? If "Yes," complete Schedule D, Part I		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
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		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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? If "Yes," complete Schedule D, Part VII		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• 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? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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, Part I		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		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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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 X	
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	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) 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	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
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	X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c 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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
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	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
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	X
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	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	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? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
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 X	

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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
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?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body.	100	
b Enter the number of voting members that are independent	100	
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	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?	X	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A 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		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
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.		X
b Other officers or key employees of the organization.		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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: Various

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: Judy Snyder 406-222-9369
P O BOX 1688, LIVINGSTON, MT 59047

Part VII

1b Total	0	0	0
----------	---	---	---

2	Total number of individuals (including but not limited to those listed above) who received reportable compensation from the organization	0
---	--	---

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

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

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

	Yes	No
3		X
4		X
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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

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
---	--	---

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	1a	Federated campaigns	1a	0			
	b	Membership dues	1b	110,157			
	c	Fundraising events	1c	0			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	0			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	245,672			
	g	Noncash contributions included in lines 1a-1f \$		0			
	h	Total. Add lines 1a-1f		355,829			
Program Service Revenue			Business Code				
	2a	MERCHANDISE SALES	110000	39,056	39,056		
	b	MISCELLANEOUS	110000	17,455	17,455		
	c	PRIOR YEAR INCOME	110000	268,289	268,289		
	d	FMV INCREASE	110000	6,786	6,786		
	e	ASSET CORRECTION	110000	15,902	15,902		
	f	All other program service revenue		0			
	g	Total. Add lines 2a-2f		347,488			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		11,964	11,964		
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	0	0			
	c	Gain or (loss)	0	0			
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)					
	See Part IV, line 18		a	429,319			
	b	Less: direct expenses	b	118,667			
	c	Net income or (loss) from fundraising events		310,652			
	9a	Gross income from gaming activities. See Part IV, line 19	a	0			
b	Less: direct expenses	b	0				
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances	a	0				
b	Less: cost of goods sold	b	0				
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS		0				
b		0				
c		0				
d	All other revenue		0				
e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions		1,025,933	359,452	0	0	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	83,405	83,405		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	26,022	26,022		
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	6,594	6,594		
13 Office expenses	0			
14 Information technology	9,543	9,543		
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	27,512	27,512		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	13,727	13,727		
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 PRINTING, POSTAGE, ETC	50,358		50,358	
b FUNDRAISING	15,579			15,579
c PROGRAM COSTS	459,657	459,657		
d MISCELLANEOUS	60,373		60,373	
e MERCHANDISE PURCHASED	55,503	55,503		
f All other expenses	0			
25 Total functional expenses. Add lines 1 through 24f	808,273	681,963	110,731	15,579
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	897,300	1	1,087,875
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	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	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	3,866
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	0	
	b Less accumulated depreciation	10b	0	10c
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	23,549
16 Total assets. Add lines 1 through 15 (must equal line 34)	897,300	16	1,115,290	
Liabilities	17 Accounts payable and accrued expenses		17	330
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial 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	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	0	26	330
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" 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	897,300	32	1,114,960
33 Total net assets or fund balances	897,300	33	1,114,960	
34 Total liabilities and net assets/fund balances	897,300	34	1,115,290	

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990. ☒ Cash ☐ Accrual ☐ Other _____
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?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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 separate 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?
- 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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

FEDERATION OF FLYFISHERS, INC

Employer identification number

81-0514222

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 (For lines 1 through 11, check only one box.)

- 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)**.
- 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 Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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?

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

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	0	0				0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0				0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
11 Total support. Add lines 7 through 10						0

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** ▶ ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	0 00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0 00%

16a ~~33 1/3% support test—2009.~~ 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. ▶ ☐**b** **33 1/3% support test—2008.** 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. ▶ ☐**17a** **10%-facts-and-circumstances test—2009.** 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. ▶ ☐**b** **10%-facts-and-circumstances test—2008.** 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. ▶ ☐**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. ▶ ☐

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	11,781	125,535	287,888	505,992	624,088	1,555,284
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	67,182	328,125	416,409	276,800	468,375	1,556,891
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6 Total. Add lines 1 through 5	78,963	453,660	704,297	782,792	1,092,463	3,112,175
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						3,112,175

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	78,963	453,660	704,297	782,792	1,092,463	3,112,175
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,373	14,008	19,646	12,908	11,964	60,899
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	2,373	14,008	19,646	12,908	11,964	60,899
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,908	4,789	3,941	17,307	17,455	45,400
13 Total support. (Add lines 9, 10c, 11, and 12.)	83,244	472,457	727,884	813,007	1,121,882	3,218,474
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	96.70%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	96.26%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	1.89%
18 Investment income percentage from 2008 Schedule A, Part III, line 17.	18	2.19%

19a 33 1/3% support tests—2009. 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—2008. 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 explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions

Area for supplemental information with horizontal dashed lines.

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

FEDERATION OF FLYFISHERS, INC.

Employer identification number

81-0514222

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

ALL STATES

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1 <u>RIOUS FUND RAISE</u> (event type)	(b) Event #2 (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	429,319	0	0	429,319
	2 Less: Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	429,319	0	0	429,319
Direct Expenses	4 Cash prizes	43,402	0	0	43,402
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	75,265	0	0	75,265
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	0	0	0	0
	10 Direct expense summary Add lines 4 through 9 in column (d)				(118,667)
	11 Net income summary Combine line 3, column (d), and line 10				310,652

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				(0)
	8 Net gaming income summary Combine line 1, column d, and line 7				0

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
c	If "Yes," enter name and address of the third party		
	Name ▶		
	Address ▶		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		

Department of the Treasury
Internal Revenue Service

► Attach to Form 990.

Name of the organization

FEDERATION OF FLYFISHERS, INC.

Part I General Information on Grants and Assistance

Employer identification number
81-0514222

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

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.

[illegible]

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

3 Enter total number of other organizations

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

(HTA)

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

[illegible]

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

Cash Grants and Contributions

Classification	Donee's Name	Donee's Address	Donee's Relationship	Amount
Grant/Award	FFF		Parent	8,600
Grant/Award	Laure Culler Scholarship	Dartmouth College	NONE	2,500
Grant/Award	Three Rivers FF		NONE	500
Grant/Award	Patomac Valley FF		NONE	1,000
Grant/Award	Bonefish & Tarpon Trust	Key Largo, FL	NONE	500
Grant/Award	BSA Troop 20	Pine Island, FL	NONE	250
Grant/Award	Wildlife Foundation of Florida	Tallahassee, FL	NONE	500
Grant/Award	Chandler Harlan	Huntsville, NC	NONE	500
Grant/Award	FFF National Conclave	Livingston, Mt	Parent	1,000
Grant/Award	FFF Youth Education Trip	Livingston, Mt	Parent	200
Grant/Award	Grand River Fly Tying Club	Grand Rapids, MI	NONE	500
Grant/Award	Casting for Recovery	Manchester, VT	NONE	500
Grant/Award	Huron Pines	Grayling, MI	NONE	100
Grant/Award	Reeling & Healing Midwest	Branch, MI	NONE	100
Grant/Award	Reeling & Healing, Inc.	Toledo, OH	NONE	1,500
Grant/Award	PAACT, INC	Grand Rapids, MI	NONE	100
Grant/Award	Hillside Community Church	Grand Rapids, MI	NONE	250
Grant/Award	Collin Jenkins	Grand Rapids, MI	NONE	200
Grant/Award	Trout Unlimited	Grand Rapids, MI	NONE	100
Grant/Award	Project Healing Waters	La Plata, MD	NONE	1,040
Grant/Award	Trout in the Classroom	Arlington, VA	NONE	182
Grant/Award	Florida Council	Florida	Parent	398
Grant/Award	Rivers of Recovery	Park City, UT	NONE	5,877
Grant/Award	Florida Fly Fishing Federation	Indian Harbor Beach, FL	NONE	250
Grant/Award	Great Lakes Council	Okemos, MI	Parent	100
Grant/Award	Huron River Fly Fishing Club	Canton, MI	NONE	100
Grant/Award	Anglers of the Au Sable	Grayling, MI	NONE	100
Grant/Award	North Arizona Flycasters	Pheonix, AZ	NONE	9,785
Grant/Award	Project Healing Waters	Colorado Springs, CO	NONE	260
Grant/Award	Michigan Hydro Relicensing Coalition	Pentwater, MI	NONE	2,000
Grant/Award	Federation of Flyfishers	Livingston, Mt	Parent	1,500
Grant/Award	Great Smoky Mountain National Park	Gatlinburg, TN	NONE	3,600
Grant/Award	Project Healing Waters	Washington State	NONE	500
Grant/Award	Casting for Recovery	Manchester, VT	NONE	500
Grant/Award	Youth Conservation Fly Fishing Academy	Washington State	NONE	400
Grant/Award	Restoration Unlimited	Northeastern US	NONE	200
Grant/Award	Ohio Council FFF	Shelby, OH	Parent	500
Grant/Award	Habitat for Humanity	Shelby, OH	NONE	175
Grant/Award	Chagrin River Watershed	Willoughby, OH	NONE	100
Grant/Award	California Sportfishing Protection Alliance	Valley Springs, CA	NONE	36,180
Grant/Award	Merced Fly Fishing Club	Merced, CA	NONE	670
Grant/Award	Earthjustice	Oakland, CA	NONE	88
Grant/Award	Various		NONE	0
			Total	83,405

Department of the Treasury
Internal Revenue Service

Name of the organization

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047

2009

Open to Public Inspection

FEDERATION OF FLYFISHERS, INC

Employer identification number

81-0514222

NONE

Federation of Fly Fishers, Inc.
81-0514222

Statement 1

Parent: (Not included on this return)
Federation of Fly Fishers, Inc.
23-7037444
P.O. Box 1688
Livingston, Mt 59047

Affiliates: (Included on this return)

Councils:

Federation of Fly Fishers, Inc.
Eastern Rocky Mountain Council
FEIN: 86-0645803
1242 East Yaqui Street
Sierra Vista, AZ 85650

Federation of Fly Fishers, Inc.
Mid-Atlantic Council
FEIN: 52-1838553
10320 Little Patuxent Parkway
Columbia, MD 21044

Federation of Fly Fishers, Inc.
Florida Council
FEIN: 33-1144203
101 Marion Street
Indian Harbor Beach, FL 32937

Federation of Fly Fishers, Inc.
Northern California Council
FEIN: 94-3124970
1295 Calledel Arroyo
Sonoma, CA 95476

Federation of Fly Fishers, Inc.
Great Lakes Council
FEIN: 38-2853180
6298 W Longbridge Road
Pentwater, MI 49449

Federation of Fly Fishers, Inc.
North Eastern Council
FEIN: 14-1725096
1 Angle Lane
Mechanicville, NY 12118

Federation of Fly Fishers, Inc.
~~The Great River Council~~
FEIN: 36-3948935
7841 Pine Parkway
Darien, IL 60561

Federation of Fly Fishers, Inc.
~~Ohio Council~~
FEIN: 20-8336084
P.O. Box 442
Shelby, OH 44875

Federation of Fly Fishers, Inc.
Gulf Coast Council
FEIN: 20-5335893
2170 Terrace Avenue
Baton Rouge, LA 70806

Federation of Fly Fishers, Inc.
Oregon Council
FEIN: 93-1043695
525 Taggart Rd NW 130 PMB 10
Salem, OR 97304

Federation of Fly Fishers, Inc.
South Eastern Council
FEIN: 63-1030285
815 Maple Tree Road
Lexington, NC 27292

Federation of Fly Fishers, Inc.
Southern Council
FEIN: 43-1559545
411 Normal
Harrisburg, AR 72432

Federation of Fly Fishers, Inc.
Southwest Council
FEIN: 95-4315929
7933 Jellico Avenbue
Northridge, CA 91325

Federation of Fly Fishers, Inc.
Washington State Council
FEIN: 91-1810986
P.O. Box 921
Gig Harbor, WA 98335-0921

Federation of Fly Fishers, Inc.
Western Rocky Mountain Council
FEIN: 84-0441249
2699 East Packsaddle Drive
Coeur d'Alene, ID 83815

Foundation:

Federation of Fly Fishers, Inc.
Federation of Fly Fishers Foundation
FEIN: 81-0501312
P.O. Box 1688
Livingston, Mt 59047

Clubs:

Federation of Fly Fishers, Inc.
Anglers of the AuSable
FEIN: 38-2720596
965 Dahlia Lane
Rochester, MI 48307

Federation of Fly Fishers, Inc.
Antietam Fly Anglers, Inc.
FEIN: 83-0361520
P.O. Box 62
Hagerstown, MD 21741

Federation of Fly Fishers, Inc.
Austin Fly Fishers, Inc.
FEIN: 11-3726123
P.O. Box 10504
Austin, TX 78766-0504

Federation of Fly Fishers, Inc.
Bainbridge Island Fly Fishers, Inc.
FEIN: 20-1179257
8041 NE Paulanna Lane
Bainbridge Island, WA 98110

Federation of Fly Fishers, Inc.
Blue Mountain Fly Casters
FEIN: 93-1273218
43740 Hackamore Lane
Pendleton, OR 97801

Federation of Fly Fishers, Inc.
Bonneville Fly Fishers
FEIN: 42-1750872
2687 E Manor Drive
Salt Lake City, UT 84121

Federation of Fly Fishers, Inc.

Calusa Fly Fishers
FEIN: 20-8111353
3417 SW 2nd Ave
Cape Coral, FL 33914

Federation of Fly Fishers, Inc.
Carolina Fly Fishing Club
FEIN: 02-0782356
433 Son Lawing Drive
Claremont, NC 28610

Federation of Fly Fishers, Inc.
The Classic Anglers of Wisconsin
FEIN: 45-0488712
11104 Hillcrest Road
Sister Bay, WI 54234

Federation of Fly Fishers, Inc.
Coastal Bend Fly Fishers
FEIN: 38-3682017
615 Upper Broadwater Ste 900
Corpus Christi, TX 78477

Federation of Fly Fishers, Inc.
Creekside Anglers, Inc.
FEIN: 55-0771727
49 Brockton Lane
Martinsburg, WV 25403

Federation of Fly Fishers, Inc.
Duneland Fly Fishers
FEIN: 26-2432856
204 Franklin 21
Valparaiso, IN 46383

Federation of Fly Fishers, Inc.
East Tennessee Fly Fishers
FEIN: 26-2022868
8416 Strasbourg Ct
Knoxville, TN 37923

Federation of Fly Fishers, Inc.
~~Eastern Blue Ridge Fly Fishers, Inc.~~
FEIN: 03-0599604
P.O. Box 1047
Culpepper, VA 22701

Federation of Fly Fishers, Inc.
Falmouth Flats Fly Fishers, Inc.
FEIN: 54-1927426
P.O. Box 8462
Fredericksburg, VA 22553

Federation of Fly Fishers, Inc.
Firelands Fly Fishers, Inc.
FEIN: 20-0558847
P.O. Box 244
Avon, OH 44011

Federation of Fly Fishers, Inc.
Florida Big Bend Fly Fishers, Inc.
FEIN: 01-0868438
4141 Sugar Bear Drive
Tallahassee, FL 32311

Federation of Fly Fishers, Inc.
Flygirls of Michigan, Inc.
FEIN: 38-3277186
35586 Ashton Ct
Clinton Twp, MI 48035

Federation of Fly Fishers, Inc.
Free State Fly Fishers
FEIN: 20-3270188
2417 Brookside Court
Lawrence, KS 66047

Federation of Fly Fishers, Inc.
French Broad Fly Fishers
FEIN: 56-2184410
P.O. Box 1664
Brevard, NC 28712

Federation of Fly Fishers, Inc.
Frontier City Flycasters, Inc.
FEIN: 57-1210924
1295 N Clinton Trl
Charlotte, MI 48813

Federation of Fly Fishers, Inc.
Grand River Fly Tyers, Inc.
FEIN: 05-0598408
10690 Oak Trails
Ada, MI 49525

Federation of Fly Fishers, Inc.
Grande Ronde Fly Fishers
FEIN: 05-0598408
P.O. Box 1205
La Grande, OR 97850

Federation of Fly Fishers, Inc.
Hi-Desert Flyfishers
FEIN: 26-1862464
P.O. Box 2935
Apple Valley, CA 92307

Federation of Fly Fishers, Inc.
Huron River Fly Fishing Club
FEIN: 20-8731761
49490 Garfield Lane
Canton, MI 48188-6694

Federation of Fly Fishers, Inc.
Keystone Fly Fishers
FEIN: 03-0397420
720 Wiley Avenue
Franklin, PA 16323

Federation of Fly Fishers, Inc.
Laguna Madre Fly Fishers
FEIN: 26-4373632
970 Ribbontail Street
Corpus Christi, TX 78418

Federation of Fly Fishers, Inc.
~~Lake Erie Chapter~~
FEIN: 83-0479067
51 Centennial Court
West Seneca, NY 14224

Federation of Fly Fishers, Inc.
Mangrove Coast Fly Fishers, Inc.
FEIN: 65-0720457
P.O. Box 3792
Sarasota, FL 34230

Federation of Fly Fishers, Inc.
Napa Valley Fly Fishers
FEIN: 26-2023121
P.O. Box 2373
Napa, CA 94558

Federation of Fly Fishers, Inc.
North Coast Fly Fishers, Inc.
FEIN: 34-1659694
P.O. Box 312
Painesville, OH 44077

Federation of Fly Fishers, Inc.
North Santiam Spey Casters, Inc.
FEIN: 26-0088514
1077 Nona Avenue NW
Salem, OR 97304

Federation of Fly Fishers, Inc.
Northwoods Fly Fishers
FEIN: 06-1670235
North 4735 Harding Park Drive
Iron Mountain, MI 49801

Federation of Fly Fishers, Inc.
Project Healing Water Fly Fishing
FEIN: 61-1518154
P.O. Box 695
La Plata, MD 20646

Federation of Fly Fishers, Inc.
Red Cedar Fly Fishers
FEIN: 38-2853959
P.O. Box 129
Okemos, MI 48805-0129

Federation of Fly Fishers, Inc.
San Gabriel Fly Fishers, Inc.
FEIN: 20-2830249
P.O. Box 1366
Georgetown, TX 78627

Federation of Fly Fishers, Inc.
Sanibel Fly Fishers
FEIN: 01-0586820
16970-3 San Carlos Blvd
Ft. Myers, FL 33908

Federation of Fly Fishers, Inc.
She Who Fly Fishes
FEIN: 26-0398379
P.O. Box 581
The Dalles, OR 97058

Federation of Fly Fishers, Inc.
Stanislaus Fly Fishers
FEIN: 75-3266373
3816 Sundance Lake Ct
Modesto, CA 95355

Federation of Fly Fishers, Inc.
Streamborn Fly Fishing Club
FEIN: 20-8594606
P.O. Box 8284
Rowland Heights, CA 91748

Federation of Fly Fishers, Inc.
Suncoast Fly Fishers, Inc.
FEIN: 20-8640929
P.O. Box 40821
St. Petersburg, FL 33743

Federation of Fly Fishers, Inc.
~~Sunshine Fly Anglers, Inc.~~
FEIN: 26-3722049
P.O. Box 1984
Lady Lake, FL 32158

Federation of Fly Fishers, Inc.
Tarpon Coast Fly Fishers
FEIN: 26-3225622
9032 Cypress Glen Ct
Weeki Wachee, FL 34613

Federation of Fly Fishers, Inc.
Treasurer Coast Stuart Flyrodders,
Inc.
FEIN: 20-5559542
3360 SE St. Lucie Shores Drive
Palm City, FL 34990

Federation of Fly Fishers, Inc.
Twin Tier Five Rivers
FEIN: 16-1580809
2461 Morrcrest Drive
Corning, NY 14830

Federation of Fly Fishers, Inc.
Umpqua Valley Fly Fishers, Inc.
FEIN: 20-1810112
435 SE Jackson Street
Roseburg, OR 97470

Federation of Fly Fishers, Inc.
Upstate Fly Fishers
FEIN: 64-0957977
1439 Tudor Way
Farmington, NY 14425

Federation of Fly Fishers, Inc.
Veteran Anglers of New York
FEIN: 26-3755604
25 Fifth Avenue Suite 3A
New York, NY 10003

Federation of Fly Fishers, Inc.
Walla Walla Valley Fly Fishers
FEIN: 27-0393080
159 Austin Street
Walla Walla, WA 99362

Federation of Fly Fishers, Inc.
West Michigan Hacklers, Inc.
FEIN: 38-3408649
P.O. Box 63
Pentwater, MI 49449

Federation of Fly Fishers, Inc.
Winnebago Streamers Fly Fishing
Club
FEIN: 39-2027116
466 Ellis Road
Fond du Lac, WI 54935

Federation of Fly Fishers, Inc.
Wooly Bugger Fly Fishers, Inc.
FEIN: 26-0065119
721 West Washington Street
Howell, MI 48843

Form **8868**(Rev. April 2009)
Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ **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. ☒ **X**
- 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 File by the due date for filing your return. See instructions.	Name of Exempt Organization FEDERATION OF FLYFISHERS, INC.	Employer identification number 81-0514222
	Number, street, and room or suite no. If a P O box, see instructions P O BOX 1688	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LIVINGSTON MT 59047-1688	

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 books are in the care of ▶ **JUDY SNYDER 5237 US HIGHWAY 89 SOUTH #11 LIVINGSTON MT 59047**

Telephone No. ▶ **406-222-9369**

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) **9453**. If this is for the whole group, check this box ☒ **X**. 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 **8/15/2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ ☒ **X** calendar year **2009** or▶ ☐ tax year beginning _____, and ending _____

- 2** If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

3 a 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	\$
b 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	\$
c 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	\$ 0

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 instructionsFor Privacy Act and Paperwork Reduction Act Notice, see Instructions.
(HTA)Form **8868** (Rev. 4-2009)