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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public Inspection**A** For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

- B**
- Check if applicable:
-
- ☐
- Address change
-
- ☐
- Name change
-
- ☐
- Initial return
-
- ☐
- Termination
-
- ☐
- Amended return
-
- ☐
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C
FLORIDA FOUNDATION FOR RESPONSIBLE
ANGLING INC.
615 N 21ST AVENUE
HOLLYWOOD, FL 33020**D** Employer identification number
59-3544654**E** Telephone number
954-927-8361**F** Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶**I** Website: ▶ WWW.FISHFLORIDATAG.ORG**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Organization type (check only one) — ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ▶ \$ 578,554.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	<u>487,786.</u>
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	<u>10,692.</u>
5a	Gross amount from sale of assets other than inventory	5a	<u>80,076.</u>
b	Less cost or other basis and sales expenses	5b	<u>110,659.</u>
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	<u>-30,583.</u>
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ _____)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	<u>467,895.</u>
10	Grants and similar amounts paid (attach schedule)	10	<u>147,722.</u>
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	<u>52,197.</u>
13	Professional fees and other payments to independent contractors	13	<u>10,964.</u>
14	Occupancy, rent, utilities, and maintenance	14	<u>18,614.</u>
15	Printing, publications, postage, and shipping	15	<u>8,382.</u>
16	Other expenses (describe ▶ <u>SEE STATEMENT 3</u>)	16	<u>199,531.</u>
17	Total expenses (add lines 10 through 16)	17	<u>437,410.</u>
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>30,485.</u>
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<u>522,097.</u>
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	<u>552,582.</u>

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<u>521,073.</u>	<u>549,043.</u>
23 Land and buildings		
24 Other assets (describe ▶ <u>SEE STATEMENT 4</u>)	<u>4,601.</u>	<u>6,444.</u>
25 Total assets	<u>525,674.</u>	<u>555,487.</u>
26 Total liabilities (describe ▶ <u>SEE STATEMENT 5</u>)	<u>3,577.</u>	<u>2,905.</u>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>522,097.</u>	<u>552,582.</u>

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

Form 990-EZ (2008)

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Form 990-EZ (2008)

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. **SEE STATEMENT 8**

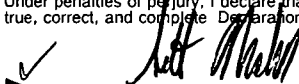
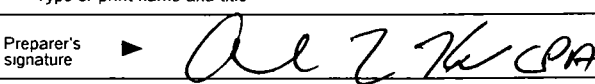
	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		☒
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		☒
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		☒
49a Did the organization make any transfers to an exempt non-charitable related organization?		☒
49b If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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.	
	☒ Signature of officer  SCOTT NICHOLS Type or print name and title	☒ Date 12/3/09 SEC 'Y/TREASURER
Paid Preparer's Use Only	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 LASKIN KRAMER & WEISS P.A. 490 SAWGRASS CORPORATE PARKWAY #100 SUNRISE, FL 33325	Date 11/24/09 Check if self-employed ☐ Preparer's Identifying Number (See instructions) N/A EIN N/A Phone no (954) 474-6660

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

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization **FLORIDA FOUNDATION FOR RESPONSIBLE
ANGLING INC.**

Employer identification number
59-3544654

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 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 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 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 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
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the organizations the organization supports

(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	
Total									

BAA 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 'unusual grants'.)	253,000.	360,430.	414,400.	492,236.	487,786.	2,007,852.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-3	253,000.	360,430.	414,400.	492,236.	487,786.	2,007,852.
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)						0.
6 Public support. Subtract line 5 from line 4						2,007,852.

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	253,000.	360,430.	414,400.	492,236.	487,786.	2,007,852.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	868.	4,996.	16,822.	19,579.	10,692.	52,957.
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.
11 Total support. Add lines 7 through 10						2,060,809.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

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 2008 (line 6, column (f) divided by line 11, column (f))	14	97.4 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	97.9 %

16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the 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 – 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 ☐

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. ☐

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. ☐

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 yr 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 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 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 yr 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 on 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 lns 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 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)

STATEMENT 1
FORM 990-EZ, PART I, LINE 5C
NET GAIN (LOSS) FROM NONINVENTORY SALESPUBLICLY TRADED SECURITIESGROSS SALES PRICE: 80,076.
COST OR OTHER BASIS: 110,659.TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -30,583.TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -30,583.**STATEMENT 2**
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAIDDONEE'S NAME: LARRY HATCHETT FISHING FOUNDATION
DONEE'S ADDRESS: 3443 DELL GLADE DRIVE
MEMPHIS, TN 38111

CASH AMOUNT GIVEN: \$ 13,000.

DONEE'S NAME: IGFA EDUCATIONAL PROGRAMS
DONEE'S ADDRESS: 300 GULF STREAM WAY
DANIA BEACH, FL 33004

CASH AMOUNT GIVEN: \$ 12,000.

DONEE'S NAME: LADIES LETS GO FISHING
DONEE'S ADDRESS: PO BOX 550429
FORT LAUDERDALE, FL 33355

CASH AMOUNT GIVEN: \$ 2,520.

DONEE'S NAME: WILDLIFE FOUNDATION OF FLA
DONEE'S ADDRESS: PO BOX 11010
TALLAHASSEE, FL 32302

CASH AMOUNT GIVEN: \$ 10,000.

DONEE'S NAME: MAHOGANY YOUTH CORP.
DONEE'S ADDRESS: 1060 NW 85TH STREET
MIAMI, FL 33150

CASH AMOUNT GIVEN: \$ 22,000.

DONEE'S NAME: UNIVERSITY OF SOUTH FLORIDA
DONEE'S ADDRESS: 4202 E FOWLER AVENUE, ADM 147
TAMPA, FL 33620

CASH AMOUNT GIVEN: \$ 5,000.

DONEE'S NAME: NOVA SOUTHEASTERN UNIVERSITY
DONEE'S ADDRESS: 8000 N OCEAN DRIVE
DANIA BEACH, FL 33004

CASH AMOUNT GIVEN: \$ 5,000.

STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	FLORIDA SEA GRANT OF COLLIER COUNTY	
DONEE'S ADDRESS:	300 TOWER ROAD	
	NAPLES, FL 34113	
CASH AMOUNT GIVEN:		\$ 9,500.
DONEE'S NAME:	FISHING AND CONSERVATION TRUST	
DONEE'S ADDRESS:	12203 SW 107TH COURT	
	MIAMI, FL 33176	
CASH AMOUNT GIVEN:		\$ 3,300.
DONEE'S NAME:	UNIVERSITY OF NORTH CAROLINA-WILMINGTON	
DONEE'S ADDRESS:	601 S COLLEGE ROAD	
	WILMINGTON, NC 28403	
CASH AMOUNT GIVEN:		\$ 10,000.
DONEE'S NAME:	BUILDING UP SPORTS ACADEMY	
DONEE'S ADDRESS:	2637 EXUMA ROAD	
	WEST PALM BEACH, FL 33406	
CASH AMOUNT GIVEN:		\$ 7,000.
DONEE'S NAME:	FLORIDA OCEANOGRAPHIC SOCIETY	
DONEE'S ADDRESS:	890 NE OCEAN BLVD	
	STUART , FL 34994	
CASH AMOUNT GIVEN:		\$ 15,449.
DONEE'S NAME:	FRIENDS OF FLORIDA STATE PARKS	
DONEE'S ADDRESS:	3089 US 441/27	
	FRUITLAND PARK, FL 34731	
CASH AMOUNT GIVEN:		\$ 1,000.
DONEE'S NAME:	MOTE MARINE LABORATORY	
DONEE'S ADDRESS:	1600 KEN THOMPSON PARKWAY	
	SARASOTA, FL 34236	
CASH AMOUNT GIVEN:		\$ 6,344.
DONEE'S NAME:	YOUTH ENVIRONMENTAL ALLIANCE	
DONEE'S ADDRESS:	6900 SW 21ST COURT	
	DAVIE, FL 33317	
CASH AMOUNT GIVEN:		\$ 4,000.
DONEE'S NAME:	NOVA MIDDLE SCHOOL	
DONEE'S ADDRESS:	3602 COLLEGE AVENUE	
	DAVIE, FL 33314	
CASH AMOUNT GIVEN:		\$ 1,459.
DONEE'S NAME:	ENVIRONMENTAL CONSERVATION ORGANIZATION	
DONEE'S ADDRESS:	1440 SE 15TH STREET, SUITE 4	
	FT LAUDERDALE, FL 33316	
CASH AMOUNT GIVEN:		\$ 3,250.

STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME: THREE CAPTAINS INC
 DONEE'S ADDRESS: 390 ALTON ROAD SUITE A
 MIAMI BEACH, FL 33139

CASH AMOUNT GIVEN: \$ 16,900.

STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$ 448.
BANK CHARGES	276.
DEPRECIATION	1,336.
DUES & SUBSCRIPTIONS	705.
INSURANCE	2,750.
INVESTMENT ADVISORY FEES	1,553.
LICENSES & TAXES	361.
MARKETING/ADVERTISING	1,751.
MISCELLANEOUS	780.
OFFICE EXPENSES	4,257.
RODS & REELS - PARTICIPANTS	180,104.
TELEPHONE	3,230.
TRAVEL	892.
WEBSITE	1,088.
TOTAL	\$ 199,531.

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES	\$ 2,781.	\$ 4,144.
PREPAID EXPENSES	1,100.	0.
SECURITY DEPOSITS	720.	2,300.
TOTAL	\$ 4,601.	\$ 6,444.

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
CREDIT CARD PAYABLE	\$ 2,701.	\$ 2,041.
PAYROLL TAXES PAYABLE	876.	864.
TOTAL	\$ 3,577.	\$ 2,905.

**STATEMENT 6
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE FOUNDATION'S PRINCIPLE PURPOSE IS TO PROMOTE PUBLIC AWARENESS OF AND ENCOURAGE THE PROTECTION OF FISHERIES AND THEIR HABITATS THROUGH DISPLAYS, CLASSES, SEMINARS, PRESENTATIONS, CLINICS, AND OTHER MEANS DESIGNED TO TEACH AND PROMOTE RESPONSIBLE ANGLING, PARTICULARLY TO FLORIDA'S YOUTH.

**STATEMENT 7
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE FOUNDATION PROVIDES SCHOLARSHIPS, GRANT FUNDS AND FISHING EQUIPMENT TO VARIOUS GROUPS. DONATIONS RECEIVED WERE SPENT ON FULFILLING THE ABOVE OBJECTIVES. IN 2008, THE FOUNDATION BENEFITTED APPROXIMATELY 70,000 INDIVIDUALS.

**STATEMENT 8
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **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 File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	FLORIDA FOUNDATION FOR RESPONSIBLE ANGLING INC.	59-3544654
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	615 N 21ST AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	HOLLYWOOD, FL 33020	

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

- | | | |
|---|--|------------------------------------|
| ☐ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (section 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☒ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of ► SCOTT NICHOLS

Telephone No ► 954-927-8361

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 2/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☐ calendar year 20__ or
- ☒ tax year beginning 7/01, 20 08, and ending 6/30, 20 09

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	\$	0.
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	\$	0.
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 instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8868** (Rev 4-2009)