



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

Under 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 organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

**Open to Public
Inspection****A** For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

- 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 Tax-exempt status (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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 493,935.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	487,602.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	6,060.
	5a	Gross amount from sale of assets other than inventory	5a	273.
	b	Less cost or other basis and sales expenses	5b	415.
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-142.
	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	
c	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		
c	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	493,520.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	120,735.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	56,562.
	13	Professional fees and other payments to independent contractors	13	17,367.
	14	Occupancy, rent, utilities, and maintenance	14	17,610.
	15	Printing, publications, postage, and shipping	15	6,702.
	16	Other expenses (describe ▶ <u>SEE STATEMENT 3</u>)	16	271,339.
	17	Total expenses. Add lines 10 through 16	17	490,315.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,205.
	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	552,582.
	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	555,787.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	549,043.	556,556.
23 Land and buildings		
24 Other assets (describe ▶ <u>SEE STATEMENT 4</u>)	6,444.	6,977.
25 Total assets	555,487.	563,533.
26 Total liabilities (describe ▶ <u>SEE STATEMENT 5</u>)	2,905.	7,746.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	552,582.	555,787.

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

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions.)What is the organization's primary exempt purpose? SEE STATEMENT 6

Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses
(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)

28	<u>SEE STATEMENT 7</u>		
	(Grants \$ <u>120,735.</u>) If this amount includes foreign grants, check here ☐	28a	385,659.
29			
	(Grants \$) If this amount includes foreign grants, check here ☐	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here ☐	31a	
32	Total program service expenses (add lines 28a through 31a)	32	385,659.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
TOM PUTNAM 2206 THOMAS DRIVE PANAMA CITY, FL 32408	BOARD MEMBER 0	0.	0.	0.
SCOTT NICHOLS 1020 LAKESHORE DRIVE APT 104 LAKE PARK, FL 33403	SEC 'Y/TREASURER 0	0.	0.	0.
BILL CAMP 11301 US HIGHWAY 1 N PALM BEACH, FL 33408	BOARD MEMBER 0	0.	0.	0.
MARSHA BIERMAN 12024 NW 9TH PLACE CORAL SPRINGS, FL 33071	BOARD MEMBER 0	0.	0.	0.
JOHN BROWNLEE 138 MILANO DRIVE ISLAMORADA, FL 33036	BOARD MEMBER 0	0.	0.	0.
DIANE ROME PEEBLES PO BOX 12855 ST PETERSBURG, FL 33733	VICE PRESIDENT 0	0.	0.	0.
TOM TWYFORD PO BOX 468 WEST PALM BEACH, FL 33402	PRESIDENT 0	0.	0.	0.
DAVE WORKMAN 11702 BEACH BLVD JACKSONVILLE, FL 32246	BOARD MEMBER 0	0.	0.	0.
LARA KRAMER 1441 PLUNKETT STREET HOLLYWOOD, FL 33020	DIRECTOR 40.00	52,542.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

SEE STATEMENT 8

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 0. , section 4912 0. , section 4955 0.		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b X		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e X		
41 List the states with which a copy of this return is filed NONE		

42a The organization's books are in care of **SCOTT NICHOLS** Telephone no. **954-927-8361**
 Located at **1020 LAKESHORE DRIVE APT 104 LAKE PARK FL** ZIP + 4 **33403**

b 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)? **42b** X
 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 a Foreign Bank and Financial Accounts**

c At any time during the calendar year, did the organization maintain an office outside of the U S ? **42c** X
 If 'Yes,' enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44** X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **45** X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.**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

	Yes	No
46		X
47		X
48		X
49a		X
49b		

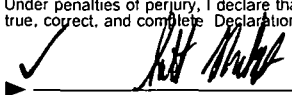
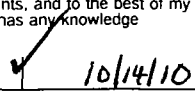
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**49a** Did the organization make any transfers to an exempt non-charitable related organization?**b** If 'Yes,' was the related organization a section 527 organization?**50** Complete this table for the organization's 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.'

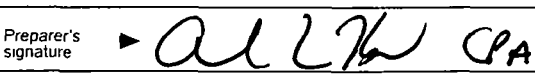
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000**51** Complete this table for the organization's 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		

d Total number of other independent contractors each 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	 Date
	SCOTT NICHOLS Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	 Date 9/17/10	Check if self-employed ☐	Preparer's Identifying Number (See instructions)
	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		
	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 (2009)

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 **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 (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 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 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 supported organizations

(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 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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 'unusual grants'.)	360,430.	414,400.	492,236.	487,786.	487,603.	2,242,455.
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-through 3	360,430.	414,400.	492,236.	487,786.	487,603.	2,242,455.
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						2,242,455.

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	360,430.	414,400.	492,236.	487,786.	487,603.	2,242,455.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,996.	16,822.	19,579.	10,692.	6,060.	58,149.
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						2,300,604.
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 2009 (line 6, column (f) divided by line 11, column (f))	14	97.5 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.4 %

16a **33-1/3 support test – 2009.** 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 – 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. ☐

BAA

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

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 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.

[illegible]

STATEMENT 1
FORM 990-EZ, PART I, LINE 5C
NET GAIN (LOSS) FROM NONINVENTORY SALESPUBLICLY TRADED SECURITIESGROSS SALES PRICE: 273.
COST OR OTHER BASIS: 415.TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -142.TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -142.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: \$ 8,000.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: \$ 13,500.DONEE'S NAME: UNIVERSITY OF SOUTH FLORIDA
DONEE'S ADDRESS: 140 7TH AVENUE S
ST PETERSBURG, FL 33701
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.DONEE'S NAME: BUILDING UP SPORTS ACADEMY
DONEE'S ADDRESS: 2637 EXUMA ROAD
WEST PALM BEACH, FL 33406
CASH AMOUNT GIVEN: \$ 7,250.DONEE'S NAME: MOTE MARINE LABORATORY
DONEE'S ADDRESS: 1600 KEN THOMPSON PARKWAY
SARASOTA, FL 34236
CASH AMOUNT GIVEN: \$ 10,200.

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

DONEE'S NAME:	YOUTH ENVIRONMENTAL ALLIANCE	
DONEE'S ADDRESS:	6900 SW 21ST COURT	
	DAVIE, FL 33317	
CASH AMOUNT GIVEN:		\$ 5,700.
DONEE'S NAME:	NOVA MIDDLE SCHOOL	
DONEE'S ADDRESS:	3602 COLLEGE AVENUE	
	DAVIE, FL 33314	
CASH AMOUNT GIVEN:		\$ 1,435.
DONEE'S NAME:	THREE CAPTAINS INC	
DONEE'S ADDRESS:	390 ALTON ROAD SUITE A	
	MIAMI BEACH, FL 33139	
CASH AMOUNT GIVEN:		\$ 5,000.
DONEE'S NAME:	FLORIDA GULF COAST UNIVERSITY	
DONEE'S ADDRESS:	10501 FGCU BLVD SOUTH	
	FORT MYERS, FL 33965	
CASH AMOUNT GIVEN:		\$ 2,500.
DONEE'S NAME:	CHARLOTTE CO. ENVIRONEMNTAL & EXTENSION	
DONEE'S ADDRESS:	25550 HARBOR VIEW ROAD	
	PORT CHARLOTTE, FL 33980	
CASH AMOUNT GIVEN:		\$ 5,000.
DONEE'S NAME:	DON BALL SCHOOL OF FISHING	
DONEE'S ADDRESS:	217 BANGSBERG ROAD SE	
	PORT CHARLOTTE, FL 33952	
CASH AMOUNT GIVEN:		\$ 6,000.
DONEE'S NAME:	FASKE ENTERPRISES	
DONEE'S ADDRESS:	3389 SHERIDAN STREET	
	HOLLYWOOD, FL 33021	
CASH AMOUNT GIVEN:		\$ 900.
DONEE'S NAME:	FISHING FOR FAMILIES IN NEED	
DONEE'S ADDRESS:	2613 N 38TH STREET	
	BOCA RATON, FL 33434	
CASH AMOUNT GIVEN:		\$ 7,300.
DONEE'S NAME:	FLORIDA 4H YOUTH DEVELOPMENT	
DONEE'S ADDRESS:	3120 MCCARTY HALL PO BOX 110225	
	GAINESVILLE, FL 32611	
CASH AMOUNT GIVEN:		\$ 3,000.
DONEE'S NAME:	FLORIDA FISHING ACADEMY	
DONEE'S ADDRESS:	7067 PENINSULA COURT	
	LAKE WORTH, FL 33467	
CASH AMOUNT GIVEN:		\$ 1,000.

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

DONEE'S NAME:	GET OUTDOORS FLORIDA		
DONEE'S ADDRESS:	620 S MERIDIAN STREET		
	TALLAHASSEE, FL 32399		
CASH AMOUNT GIVEN:		\$	1,500.
DONEE'S NAME:	H2OUTDOORS		
DONEE'S ADDRESS:	3112 TIPPERARY DRIVE		
	TALLAHASSEE, FL 32309		
CASH AMOUNT GIVEN:		\$	1,750.
DONEE'S NAME:	HALIFAX SPORT FISHING CLUB		
DONEE'S ADDRESS:	3431 S RIDGEWOOD AVENUE		
	PORT ORANGE, FL 32129		
CASH AMOUNT GIVEN:		\$	3,000.
DONEE'S NAME:	JUPITER TEQUESTA HOBE SOUND REALTORS		
DONEE'S ADDRESS:	901 W INDIANTOWN ROAD, SUITE 18		
	JUPITER, FL 33458		
CASH AMOUNT GIVEN:		\$	1,000.
DONEE'S NAME:	NAVARRE BEACH MARINE SCIENCE STATION		
DONEE'S ADDRESS:	8600 HIGH SCHOOL BLVD		
	NAVARRE, FL 32566		
CASH AMOUNT GIVEN:		\$	5,800.
DONEE'S NAME:	PENSACOLA JUNIOR COLLEGE		
DONEE'S ADDRESS:	1000 COLLEGE BLVD		
	PENSACOLA, FL 32504		
CASH AMOUNT GIVEN:		\$	1,400.
DONEE'S NAME:	SUNSHINE FLY ANGLERS		
DONEE'S ADDRESS:	PO BOX 1984		
	LADY LAKE, FL 32158		
CASH AMOUNT GIVEN:		\$	4,000.
DONEE'S NAME:	UF COOPERATIVE EXTENSION SERVICE		
DONEE'S ADDRESS:	8400 PICOS ROAD, SUITE 101		
	FORT PIERCE, FL 34945		
CASH AMOUNT GIVEN:		\$	1,000.
DONEE'S NAME:	WOODLAWN MIDDLE SCHOOL		
DONEE'S ADDRESS:	1500 WOODLAWN WAY		
	GULF BREEZE, FL 32563		
CASH AMOUNT GIVEN:		\$	4,500.

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

CONFERENCES, CONVENTIONS, AND MEETINGS	\$	975.
DEPRECIATION		1,760.
DUES & SUBSCRIPTIONS		725.
INSURANCE		2,680.
LICENSES & TAXES		261.

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

MARKETING/ADVERTISING	\$ 1,495.
MISCELLANEOUS	1,506.
OFFICE EXPENSES	5,296.
RODS & REELS - PARTICIPANTS	249,966.
TELEPHONE	4,022.
TRAVEL	783.
WEBSITE	1,870.
TOTAL	\$ 271,339.

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

	<u>BEGINNING</u>		<u>ENDING</u>
FURNITURE AND FIXTURES	\$ 4,144.	\$	4,677.
SECURITY DEPOSITS	2,300.		2,300.
TOTAL	\$ 6,444.	\$	6,977.

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

	<u>BEGINNING</u>		<u>ENDING</u>
CREDIT CARD PAYABLE	\$ 2,041.	\$	7,746.
PAYROLL TAXES PAYABLE	864.		0.
TOTAL	\$ 2,905.	\$	7,746.

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 2009, THE FOUNDATION BENEFITTED APPROXIMATELY 60,000 INDIVIDUALS.

2009

FEDERAL STATEMENTS
FLORIDA FOUNDATION FOR RESPONSIBLE
ANGLING INC.

PAGE 5

59-3544654

STATEMENT 8
FORM 990-EZ, PART V
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