

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2010

Open to Public

Inspection

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 08/01/10, and ending 07/31/11

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FLORIDA SPORT FISHING ASSOCIATION, INC.	D Employer identification number 59-1876272
	Number and street (or P O box, if mail is not delivered to street address) PO BOX 1216	Room/suite E Telephone number 321-984-7160
	City or town, state or country, and ZIP + 4 CAPE CANAVERAL FL 32920-1216	F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B

I Website: ▶ N/A

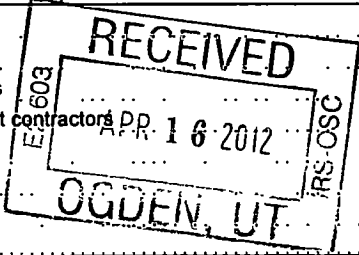
J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) ◀ (insert no) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **62,702**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	4,795
	3	Membership dues and assessments	3	7,744
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	47,566
6c	Less: direct expenses from gaming and fundraising events	6c	31,697	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	15,869	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	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 in Schedule O)	8	2,597	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	31,005	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,000
	14	Occupancy, rent, utilities, and maintenance	14	855
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	36,367
	17	Total expenses. Add lines 10 through 16	17	38,222
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,217
	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	53,105
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	45,888



10 65

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	53,105	22	45,888
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	53,105	25	45,888
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	53,105	27	45,888

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

See Schedule O

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

28 CASH GRANT OF \$4,500 TO BREVARD COUNTY SCHOOLS TO AID IN MARINE PROJECTS BY HIGH SCHOOL STUDENTS. GRANT \$4,500, EXPENSES INCLUDING GRANT \$4,500 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	4,500
29 APPROXIMATELY 50 MAN-DAYS OF LABOR TO CONDUCT A KID'S FISHING DAY AT PORT CANAVERAL FOR OVER 600 BREVARD COUNTY CHILDREN. GRANT \$0. EXPENSES INCLUDING GRANT \$ 1779.47. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1,779
30 CASH GRANT OF \$10,000 TO PORT CANAVERAL FOR 50% OF REEF SURVEY. EXPENSES INCLUDING GRANT \$10,000. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	10,000
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	13,754
32 Total program service expenses (add lines 28a through 31a)	32	30,033

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

Check if the organization used Schedule O to respond to any question in this Part IV

(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 & deferred compensation	(e) Expense account and other allowances
WILLIAM KOSIBA 4290 SKYWAY DR PORT ST JOHN FL 32927	PRESIDENT 2.00	0	0	0
BILL PARKER 230 BIRCH AVE MERRITT ISLAND FL 32953	VICE PRESIDENT 1.00	0	0	0
ERIC GRIGGS 332 OAKLAND AVE INDIALANTIC FL 32903	TREASURER 2.00	0	0	0
RANDY ALOISE 3072 JACOBÆUS LANE INDIALANTIC FL 32903	SECRETARY 2.00	0	0	0
SCOTT CHANDLER 1605 VEGA AVENUE MERRITT ISLAND FL 32953	DIRECTOR 1.00	0	0	0
MICHAEL HUGHES 4300 QUECHUA ROAD PORT ST. JOHN FL 32927	DIRECTOR 1.00	0	0	0
STEVE GOFF 816 MYSTIC DRIVE #410 CAPE CANAVERAL FL 32920	DIRECTOR 1.00	0	0	0
GALE NELSON 233 VIA HAVARRE MERRITT ISLAND FL 32953	DIRECTOR 1.00	0	0	0

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

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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	
37b	b Did the organization file Form 1120-POL for this year?	37b	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 tax year covered by this return?	38a	X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
39a	a Initiation fees and capital contributions included on line 9	39a	
39b	b Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
40b	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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
40c	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		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e	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 ERIC GRIGGS Telephone no. 321-986-7596 332 OAKLAND AVE Located at INDIALANTIC FL ZIP +4 32903		
42b	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)? 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.	42b	X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
44c	c Did the organization receive any payments for indoor tanning services during the year?	44c	X
44d	d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
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 & deferred compensation	(e) Expense account and other allowances

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

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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 provided to the preparer.

Sign Here	Signature of officer <i>BILL KOSIBA</i>
	Type or print name and title BILL KOSIBA
Paid Preparer Use Only	Print/Type preparer's name Dewey L. Harris
	Firm's name ▶ HARRIS, MILLER & BERNIA
	Firm's address ▶ 976 BREVARD AVE SUITE A ROCKLEDGE, FL 32955

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

DAA

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

**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.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization **FLORIDA SPORT FISHING ASSOCIATION, INC.**

Employer identification number
59-1876272

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 Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FISHING TOURNAM (event type)	_____ (event type)	None (total number)	(add col (a) through col. (c))
Revenue	1 Gross receipts	47,566			47,566
	2 Less. Charitable contributions				
	3 Gross income (line 1 minus line 2)	47,566			47,566
Direct Expenses	4 Cash prizes	11,250			11,250
	5 Noncash prizes	2,915			2,915
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	17,532			17,532
	10 Direct expense summary. Add lines 4 through 9 in column (d)				31,697
11 Net income summary. Combine line 3, column (d), and line 10				15,869	

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	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)				
	8 Net gaming income summary. Combine line 1, column d, and line 7				

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.

9a Yes No

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

- b If "Yes," explain:

10a Yes No

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 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
- 13 Indicate the percentage of gaming activity operated in:

13a	The organization's facility	%
13b	An outside facility	%

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? Yes No
- 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 ▶

- Director/officer
- Employee
- 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? Yes No
- 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 ▶ \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

 Open to Public
 Inspection

 Department of the Treasury
 Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

 Name of the organization **FLORIDA SPORT FISHING ASSOCIATION,
 INC.**

 Employer identification number
59-1876272
Doing Business As - Additional Names
**FLORIDA SPORT FISHING ASSOCIATION,
 INC.**
Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
SALE OF CLUB SWAG	\$ 1,103
SALE OF FOOD/DRINK AT MEETING	\$ 984
MISCELLANEOUS INCOME	\$ 405
MEETING INCOME RAFFLES	\$ 105
Total	\$ 2,597

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
POSTAGE	\$ 76
COMPUTER EXPENSES	\$ 432
INSURANCE	\$ 835
ARTIFICIAL REEF COSTS	\$ 10,000
KID'S DAY EXPENSE	\$ 1,779
DONATION- BREVARD SCHOOL	\$ 4,500
FOOD & BEVERAGE- MEETINGS	\$ 1,628
COST OF MEMBER GOODS	\$ 1,247
OFFICE SUPPLIES	\$ 171
TAXES & LICENSES	\$ 61

Name of the organization

FLORIDA SPORT FISHING ASSOCIATION,

Employer identification number

59-1876272

BANK SERVICE CHARGES	\$	57
CHARITABLE DONATION	\$	1,100
MEMBERSHIPS	\$	2,280
FLOWERS	\$	137
FACILITIES- MEETINGS	\$	1,784
FISH OF THE MONTH AWARDS	\$	1,029
BANQUEST COSTS	\$	3,162
BANQUET AWARDS	\$	5,005
PICNIC COSTS	\$	1,084
	Total \$	36,367

Form 990-EZ, Part III - Primary Exempt Purpose

TO PROMOTE THE CONTINUED AVAILABILITY OF THE LOCAL MARINE ENVIRONMENT FOR USE BY ALL RESIDENTS AND TO ENCOURAGE THE CHILDREN OF BEVARD COUNTY TO USE AND APPRECIATE THIS ENVIRONMENT.

Form 990-EZ, Part III, Line 31 - All Other Achievements

ALL OTHER EXEMPT PURPOSES