Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

benefit trust or private foundation)

OMB No. 1545-0047

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

Open to Public Inspection

$\overline{A}$	For the	2012 calendar year, or tax year beginning OCT 1, 2012 and ending	SEP 30, 2013	
	Check if	C Name of organization	D Employer identifi	
	applicable	INTERNATIONAL GAME FISH ASSOCIATION, INC	B Employer Identili	
	Addres	S HODER ETGUING GENEER		
H	change Name			231048
늗	chang∈ □Initial	<u> </u>		
늗	return	Number and street (or P.O. box if mail is not delivered to street address)		
L	Termin ated Ameno	300 GOLL BIKEAM WAI		924-4315
닏	return	City, town, or post office, state, and ZIP code	G Gross receipts \$	5,253,222.
	Application	DANIA BEACH , FE 55004	H(a) Is this a group re	
	pendin	F Name and address of principal officer:ROBERT KRAMER	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	cluded? Yes No
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) or	527 If "No," attach a	list. (see instructions)
J	Websit	e:▶ WWW.IGFA.ORG	H(c) Group exemptio	n number 🕨
<u>K</u>	Form of	organization: X Corporation Trust Association Other Ly	ear of formation: 1939 N	
	art I	Summary	•	-
_	1	Briefly describe the organization's mission or most significant activities: THE INTE	RNATIONAL GAM	E FISH
Activities & Governance		ASSOCIATION IS A NOT-FOR-PROFIT ORGANIZATION	COMMITTED TO	THE
na		Check this box if the organization discontinued its operations or disposed of n		
Ver		· · · · · · · · · · · · · · · · · · ·		20
ဗွ		Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)		20
ళ				32
ţį		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		421
ξ		Total number of volunteers (estimate if necessary)		0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		-286,785.
_	b	Net unrelated business taxable income from Form 990-T, line 34		
			Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)	4,398,087.	4,202,995.
Revenue	1	Program service revenue (Part VIII, line 2g)	391,824.	435,122.
Ş.		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	48,974.	24,666.
_	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	600,880.	590,439.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,439,765.	5,253,222.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	501,271.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,931,322.	2,109,306.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ĝ	b.	Total fundraising expenses (Part IX, column (D), line 25)   687,287.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,081,290.	3,287,185.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,012,612.	5,897,762.
	19	Revenue less expenses. Subtract line 18 from line 12	-572,847.	-644,540.
Net Assets or	3		Beginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	28,235,288.	26,986,763.
ASS	21	Total liabilities (Part X, line 26)	1,495,098.	891,114.
Net	22	Net assets or fund balances. Subtract line 21 from line 20	26,740,190.	26,095,649.
P	art II	Signature Block	_0/: _0/=200	
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the best of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		y Kilowidago alla bollol, it lo
	, 001100	t and complete. Becauted of property (early than emotify to be see an an information of which prop	aror nao arry knowloago.	
C:-		Signature of officer	I Date	
Sig		ROBERT KRAMER, PRESIDENT		
He	re	Type or print name and title		
_			Date Check	II PTIN
D - '	.	Print/Type preparer's name Preparer's signature	OHOOK L	
Pai		EDWARD F. THANEY EDWARD F. THANEY	01/03/14 if self-employ	P00433511
	parer	·	LLC Firm's EIN ▶	65-0762511
Use	Only	Firm's address 150 W. OAK ST	.	00 046 4004
		KISSIMMEE, FL 34741	Phone no. $  {f 4} $	07-846-4021
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: THE INTERNATIONAL GAME FISH ASSOCIATION IS A NOT-FOR-PROFIT
	ORGANIZATION COMMITTED TO THE CONSERVATION OF GAME FISH AND THE
	PROMOTION OF RESPONSIBLE, ETHICAL ANGLING PRACTICES THROUGH SCIENCE,
	EDUCATION, RULE MAKING AND RECORD KEEPING.
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 X 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 X No
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	(Code: ) (Expenses \$ 2,186,680 • including grants of \$ 501,271 • ) (Revenue \$ 1,886,721 • )
	MUSEUM AND E.K. HARRY LIBRARY OF FISHES - THE IGFA FISHING HALL OF FAME
	AND MUSEUM HOUSES WORLD RECORD CATCHES AND HIGHLIGHTS BOTH THE HISTORY
	AND IMPORTANCE OF RECREATIONAL FISHING TO THE PUBLIC VIA GALLERIES,
	ARTIFACTS AND INTERACTIVE EXHIBITS. THE E.K. HARRY BUILDING OF FISHES
	IS THE LARGEST FISHING LIBRARY IN THE WORLD AND CONTAINS OVER 17,000
	BOOKS, MAGAZINES AND VIDEO IN ADDITION TO A VARIETY OF HISTORICAL
	MEMORABILIA.
4b	(Code: ) (Expenses \$ 1,831,654 • including grants of \$ ) (Revenue \$ 534,551 • )
75	CONSERVATION AND WORLD RECORDS - THE IGFA FISHING HALL OF FAME APPROVES
	AND MAINTAINS WORLD RECORD FISH CATCHES (AND RELEASES) THROUGH THE
	WORLD RECORD PROGRAM. RECENT CONSERVATION PROJECTS INCLUDE THE
	INTERNATIONAL GREAT MARLIN RACE, PASSAGE OF HTE BILLFISH CONSERVATION
	ACT, AND A CONTINUED COMMITMENT TO PROJECTS THAT BETTER ETHICAL ANGLING
	PRACTICES AND PRODUCTIVE SCIENCE.
	TIMETICES TWO TRODUCTIVE SCIENCE.
4c	(Code: ) (Expenses \$ 621,788 • including grants of \$ ) (Revenue \$ 407,112 • )
-10	EDUCATION - THE IGFA EDUCATES BOTH YOUTH AND ANGLERS ON THE OVERALL
	IMPORTANCE OF RECREATIONAL FISHING, PROPER ANGLING TECHNIQUES,
	CONSERVATION MEASURES AND MUCH MORE. PROGRAMS INCLUDE EDUCATION AND
	OUTREACH FIELDTRIPS, FISHING CAMPS, AND THE SCHOOL OF SPORTFISHING.
	- CONTROL LIBERTALIS / LIBITING CHAIRS / IND. THE BOHOOL OF BIONITISMING
<i></i>	Other program convices (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
 4е	A C40 122
	,

# Form 990 (2012) WORLD FISHIN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		х
٨	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	11c		21
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	- 110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		Х
17	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		- 22
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	17		Х
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	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.5		
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Form 990 (2012) WORLD FISHING CENT
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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? If "Yes," complete Schedule I, Parts I and III	22		
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? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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			v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	230		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	77	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	04		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2012)

## Form 990 (2012) WORLD FISHING CENTER Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V								
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	ıble gaming						
	(gambling) winnings to prize winners?			1c	Х				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	32						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			Х				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	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 a		•			l			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х			
b	If "Yes," enter the name of the foreign country:								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			0-		х			
<b>h</b>	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.			6a					
b			-	6b					
7	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 ser	vices i	provided to the payor?	7a		х			
	o 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?			7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e					
f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	orm 88	399 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di								
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.			_					
	Did the organization make any taxable distributions under section 4966?			9a					
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:	۔مد ا	ı						
a b	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b							
11	Section 501(c)(12) organizations. Enter:	100	l						
	Gross income from members or shareholders	11a	1						
	Gross income from other sources (Do not net amounts due or paid to other sources against	1.0							
-	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c							
				14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	еO		14b	000	(0010)			

Form 990 (2012)

WORLD FISHING CENTER

23-7231048

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.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la   20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iou		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
-	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?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶FL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	availah	le	
	for public inspection. Indicate how you made these available. Check all that apply.		-	
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial	
. •	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	•	
_•	PHIL HOTT - 954-924-4315			
	300 GULF STREAM WAY DANTA REACH FL. 33004			

Form 990 (2012)

WORLD FISHING CENTER

23-7231048

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	l	41 HZC	(C		прсі	iout	(D)	(E)	(F)
Name and Title	Average		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per week				compensation from	compensation from related	amount of other			
	(list any	ctor						the	organizations	compensation
	hours for	trustee or director				ted		organization	(W-2/1099-MISC)	from the
	related	stee c	truste		es es	pensa		(W-2/1099-MISC)		organization
	organizations below	ual tru	ional t		ploye	t com				and related
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PAXSON H. OFFIELD	0.00									
CHAIRMAN		Х						0.	0.	0.
(2) ROBERT E. RICH JR	0.00									
VICE CHAIR		Х						0.	0.	0.
(3) MICHAEL L. FARRIER	0.00									
SECRETARY/HISTORIAN		Х						0.	0.	0.
(4) CHARLES W. DUNCAN III	0.00									
TREASURER		Х						0.	0.	0.
(5) GEORGE G. MATTHEWS	0.00									
TRUSTEE		Х						0.	0.	0.
(6) TERRI K. ANDREWS	0.00									
TRUSTEE		Х						0.	0.	0.
(7) JOSE PEPE ANTON	0.00									
TRUSTEE		Х						0.	0.	0.
(8) MARTIN AROSTEGUI MD	0.00									
TRUSTEE		Х						0.	0.	0.
(9) GARY CARTER	0.00									
TRUSTEE		Х						0.	0.	0.
(10) ROY W. CRONACHER JR	0.00									
TRUSTEE		Х						0.	0.	0.
(11) ROBERT E. FONDREN	0.00									
TRUSTEE		Х						0.	0.	0.
(12) GUY HARVEY, PHD	0.00									
TRUSTEE		Х						0.	0.	0.
(13) SEAN M.HEALEY	0.00									
TRUSTEE		Х						0.	0.	0.
(14) K. NEIL PATRICK	0.00									
TRUSTEE		Х						0.	0.	0.
(15) CARLOS F. PELLAS	0.00									
TRUSTEE		Х						0.	0.	0.
(16) WILLIAM SHEDD	0.00									
TRUSTEE		Х						0.	0.	0.
(17) RALPHH AGIE VICENTE	0.00	]								_
TRUSTEE		Х						0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per	Position (do not check more than on box, unless person is both a officer and a director/truster				l than is bot	one h an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation		(F Estim amou	ated int of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer Officer		Highest compensated employee	ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	)	oth comper from organi and re organiz	nsation the zation elated
(18) JOAN SALVATO WULFF TRUSTEE	0.00	х						0.	(			0
(19) ROBERT KRAMER PRESIDENT	40.00			Х				174,828.	(	).		0
(20) MICHAEL MYATT	40.00			X				117,924.		).		0
<u></u>				Λ				117,924.		٠.		<u> </u>
								000 550				
1b Sub-total c Total from continuation sheets to Part V								292,752.		).		0
d Total (add lines 1b and 1c)						<b>&gt;</b>		292,752.		).		0
<ul> <li>Total number of individuals (including but r compensation from the organization</li> </ul>	iot iimited to tr	iose	IISTE	ed ai	DOV	e) WI	no r	eceived more than \$100	J,UUU of reportable			,
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee	, or	highest compensated e	mployee on	Γ	Ye	s No
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su	uch individual										3	X
and related organizations greater than \$15								•	•		4 ž	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•			•			5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co the organization. Report compensation for	•	-							•	ensa	ition fror	n
(A) Name and business	address	NO	ONE	3				<b>(B)</b> Description of s	ervices	Co	(C) mpensa	ıtion
2 Total number of independent contractors (	ncluding but n	ot li	mito	d to	tho	ا می	ster	d above) who received m	ore than			
\$100,000 of compensation from the organi		iot III	11116	u 10		)	J.60	above, willo received in	ioro triarr		orm <b>99</b>	•

WORLD FISHING CENTER 23-7231048 Page 9

		Check if Schedule O cont	ains a response	to any question	in this Part VIII			
			ļ	, , , , , , , , , , , , , , , , , , , ,	(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a					
ara Ioui	b	Membership dues	1b					
s, ( Am	С	Fundraising events	1c					
Gift		Related organizations						
imi		Government grants (contribut	- 4	938,716.				
tior r S	f	All other contributions, gifts, gran						
ibu		similar amounts not included abo	ve 1f 2,	264,279.				
d O	g	Noncash contributions included in lines		370,246.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		<b></b>	4,202,995.			
				Business Code				
ce	2 a	PROGRAM REVENUE	<u> </u>	900099	435,122.	435,122.		
e <u>v</u>	b							
S c	С							
ran ?ev	d							
Program Service Revenue	е							
Д		All other program service reve			425 400			
		Total. Add lines 2a-2f			435,122.			
	3	Investment income (including			24 666	24 666		
		other similar amounts)			24,666.	24,666.		
	4	Income from investment of ta						
	5	Royalties						
	6 -	Cross rents	(i) Real	(ii) Personal	-			
	6 a				-			
	b	Rental income or (loss)			-			
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	(i) Geografies	(ii) Otrioi	-			
	b	Less: cost or other basis			-			
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
ø	8 a	Gross income from fundraisin	g events (not					
eun		including \$	of					
3ev		contributions reported on line						
Other Reven		Part IV, line 18	а	328,924.				
t l		Less: direct expenses		0.				
		Net income or (loss) from fund	-	<u></u>	328,924.			328,924.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	•	<b>D</b>				
	10 a	Gross sales of inventory, less						
	<b>h</b>	and allowances Less: cost of goods sold			-			
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code	<u>,                                      </u>			
	11 a	ADVERTISING	: <del>-</del>	900099	218,901.	218,901.		
	b	OMITTO DELICATION		900099	72,232.	72,232.		
	С	DACTITUM DENIMAT	,	900099	12,440.	12,440.		
	d	All other revenue		900099	-42,058.	-42,058.		
		Total. Add lines 11a-11d		<b>&gt;</b>	261,515.			
	12	Total revenue. See instructions.		<b></b>	5,253,222.	721,303.	0.	328,924.

WORLD FISHING CENTER

23-7231048 Page 10

## Form 990 (2012) WORLD FISHING Part IX Statement of Functional Expenses

0001	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			impiete column (A).	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and		·		
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	504 054	504 054		
	United States. See Part IV, lines 15 and 16	501,271.	501,271.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,788,531.	1,271,080.	287,270.	230,181
7	Other salaries and wages	1,700,331.	1,2/1,000.	201,210.	230,101
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
•	· · · · · · · · · · · · · · · · · · ·				
9 10	Other employee benefits	320,775.	209,641.	69,770.	41,364.
10 11	Payroll taxes  Fees for services (non-employees):	320,773	203,041.	05,770.	11,501
'' a					
b					
c	A 12				
d	· · · · · · · · · · · · · · · ·				
e	Duefore is and foundation and issue One Deat IV. Bar 47				
f	Investment management fees				
g	//files dd				
Ŭ	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	75,264.	74,466.		798.
13	Office expenses	71,883.	21,539.	43,575.	6,769
14	Information technology				
15	Royalties				
16	Occupancy	256,194.	186,442.	33,781.	35,971
17	Travel	130,507.	80,710.	6,667.	43,130
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4 004	4 004		
20	Interest	4,234.	4,234.		
21	Payments to affiliates	E07 (20	470 666	F1 000	(2 074
22	Depreciation, depletion, and amortization	587,639.	472,666.	51,099.	63,874
23	Insurance	185,438.	148,675.	14,504.	22,259.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.)	604,936.	604,936.		
a b	DDOMORTONAL GERMA	221,703.	169,734.	6,007.	45,962.
C	CONCULTIMENC	208,705.	200,305.	0,0074	8,400
d	BUILDING REPAIRS AND MA	157,831.	133,282.	8,880.	15,669
u e	CEE CCH O	782,851.	561,141.	48,800.	172,910
25	Total functional expenses. Add lines 1 through 24e	5,897,762.	4,640,122.	570,353.	687,287
<u>25</u> 26	Joint costs. Complete this line only if the organization	-,,,	, ,	,	, –
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2012)

Part X | Balance Sheet

Pa	rt X	Balance Sheet				<u> </u>
		Check if Schedule O contains a response to any qu	estion in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,908,079.	1	1,175,873.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	16,528.	3	27,700.	
	4	Accounts receivable, net	36,807.	4	27,700. 95,113.	
	5	Loans and other receivables from current and forme		,		,
		trustees, key employees, and highest compensated	,			
		Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified				
	•	section 4958(f)(1)), persons described in section 499				
		employers and sponsoring organizations of section				
		employees' beneficiary organizations (see instr). Co	· ·		6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		93,005.	8	178,364.
Q	9			60,088.	9	45,213
		Land, buildings, and equipment: cost or other		, , , , , , , , , , , , , , , , , , , ,		,
		basis. Complete Part VI of Schedule D10	41,553,645.			
	Ь	Less: accumulated depreciation 10	ь 16,855,006.	25,324,446.	10c	24,698,639.
	11	Investments - publicly traded securities	, ,	11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		796,335.	15	765,861.
	16	Total assets. Add lines 1 through 15 (must equal lin		28,235,288.	16	26,986,763.
	17	Accounts payable and accrued expenses		89,744.	17	139,350.
	18	Grants payable		18		
	19	Deferred revenue	1,312,136.	19	693,083.	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete Part			21	
Liabilities	22	Loans and other payables to current and former offi	cers, directors, trustees,			
iapi		key employees, highest compensated employees, a	nd disqualified persons.			
_		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated		93,218.	23	58,681.
	24	Unsecured notes and loans payable to unrelated the	rd parties		24	
	25	Other liabilities (including federal income tax, payab	es to related third			
		parties, and other liabilities not included on lines 17-	24). Complete Part X of			
		Schedule D		4 405 000	25	004 444
	26	Total liabilities. Add lines 17 through 25		1,495,098.	26	891,114.
		Organizations that follow SFAS 117 (ASC 958), cl	neck here   X  and			
Ses		complete lines 27 through 29, and lines 33 and 34		06 540 100		06 005 640
auc	27	Unrestricted net assets		26,740,190.	27	26,095,649.
Bal	28	Temporarily restricted net assets			28	
<u>n</u>	29				29	
Ē		Organizations that do not follow SFAS 117 (ASC	958), check here 🕨 📖			
s or		and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equip			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated incom		26 740 100	32	26 005 640
_	33	Total net assets or fund balances		26,740,190.	33	26,095,649.
	34	Total liabilities and net assets/fund balances		28,235,288.	34	26,986,763.

Form **990** (2012)

INTERNATIONAL GAME FISH ASSOCIATION, INC

Form 990 (2012) WORL

WORLD FISHING CENTER 23-7231048 Page 12

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 25		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,89		
3	Revenue less expenses. Subtract line 2 from line 1	3		-64		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26	,74	0,1	90.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	26	,09	5,6	50.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	it			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	it			
	or guidite, explain why in Schodule O and describe any stone taken to undergo such guidite			2h		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

INTERNATIONAL GAME FISH ASSOCIATION, INC

WORLD FISHING CENTER

Employer identification number 23-7231048

Pa	rt I	Reason	for Public Char	<b>rity Status</b> (All organiz	ations mu	st complet	te this par	t.) See ins	tructions.					
The o	organ	zation is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)						
1		A church, cor	nvention of churche	s, or association of chur	ches desc	ribed in <b>se</b>	ction 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 res	search organization	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter	the	hospita	l's nam	ne,
		city, and stat	e:											
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or or	perated by	a govern	mental uni	t describ	ed	in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6		A federal, sta	ite, or local governm	nent or governmental uni	t describe	d in <b>sectio</b>	n 170(b)(	1)(A)(v).						
7				ceives a substantial part					or from the	general	puk	olic desc	cribed	in
			b)(1)(A)(vi). (Comple				J			J	•			
8				section 170(b)(1)(A)(vi).	(Complete	Part II.)								
9	X			eives: (1) more than 33			rom contri	butions. n	nembershi	p fees. a	ınd	aross re	ceipts	from
-				nctions - subject to certa										
			•	axable income (less sect	•	•	•					•		
			<b>509(a)(2).</b> (Complete			. ,			, 9-				,	
10				perated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	n 509(a)(4	1).					
11		•		perated exclusively for the	•	•			•	v out the	ะ ทน	rposes (	of one	or
•		•		ations described in secti						•	•	•		•
				organization and compl				-,		-,(-,: -:				
		a Type I			ype III - Fu	-			gyT 🔲 t	e III - No	n-fu	ınctional	llv inte	arated
е		* -		at the organization is not					• •				•	-
Ī				han one or more publicly										
f				tten determination from t						(4)(1) 41	-		· ()(-)	
·			rganization, check th											
g			,	organization accepted ar										. —
9				firectly controls, either al							,		Yes	No
				upported organization?								11g(i)	1.00	
				n described in (i) above?								11g(ii)		
				person described in (i) o								11g(iii)		
h				about the supported or								119(11)	/1	<u> </u>
"		1 Tovide tile it	ollowing information	about the supported of	gariizatiori	(3).								
(!)	Nama	a.f. a.v. a. a.u.t.a.d	/!!> FINI	(!!!) Time of appointing	(iv) Is the c	organization	(v) Did you	u notify the	(vi) Is	the	<b>/!</b> !	:\ \ \	4 -4	
(1)		of supported nization	(ii) Live and a district of the second of th		in col. (i) lis				on in col.	l. (vii) Amount of mone e support		letary		
	orgo	inzation		above or IRC section		document?		r support?	U.S	.?		Sup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No				
Fat-											l			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

#### 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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.						
	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						_
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
	ction C. Computation of Publ						
	Public support percentage for 2012 (I					14	<u>%</u>
	Public support percentage from 2011						<u>%</u>
16a	33 1/3% support test - 2012. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			=	· ·	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	<u>s</u>

#### 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 or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	slow, please comp	nete Part II.)					
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
	Gifts, grants, contributions, and	(,	(-)	(-) =	(-)	(-/ : -	(-)	
-	membership fees received. (Do not							
	include any "unusual grants.")	4,842,288.	3,127,299.	3,487,468.	4,398,087.	3,861,517.	19,716,659.	
2	Gross receipts from admissions,		, , ,	, , ,	, , ,	, , ,		
_	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the	1,520,698.	1,087,568.	998,340.	728,488.	1,050,227.	5,385,321.	
_	organization's tax-exempt purpose	1,320,030.	1,007,300.	JJU, J±0.	720,400.	1,030,227.	3,303,321.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization'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	6,362,986.	4,214,867.	4,485,808.	5,126,575.	4,911,744.	25,101,980.	
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	1,457,068.					1,457,068.	
_	Add lines 7a and 7b	1,457,068.					1,457,068.	
	To the state of th	1,137,000.					23,644,912.	
	Public support (Subtract line 7c from line 6.)						25,044,512.	
	• • • • • • • • • • • • • • • • • • • •	(-) 0000	(1-) 0000	(-) 0040	(-1) 0044	(-) 0040	(6) T-+-1	
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2008 6,362,986 <b>.</b>	<b>(b)</b> 2009 4,214,867.	(c) 2010 4,485,808.	(d) 2011 5,126,575.	(e) 2012 4,911,744.	<b>(f)</b> Total 25,101,980.	
	Amounts from line 6	0,302,300.	4,214,007.	4,405,000.	3,120,373.	4,911,744.	25,101,900.	
iua	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							
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is							
	regularly carried on		195,188.	1,451,818.	275,157.		1,922,163.	
12	Other income. Do not include gain							
	or loss from the sale of capital							
13	assets (Explain in Part IV.)	6,362,986.	4,410,055.	5,937,626.	5,401,732.	4,911,744.	27,024,143.	
	First five years. If the Form 990 is for					n 501(c)(3) organiz		
• •		· ·			•	. , . , .	■	
Sec	ction C. Computation of Publi							
_	Public support percentage for 2012 (li			column (fl)		15	87.50 %	
			•			16	%	
	Public support percentage from 2011 ction D. Computation of Inves					10	70	
	•			- 101 (5)		47	.00 %	
	Investment income percentage for 20					17		
18	Investment income percentage from 2					18	%	
19a	<b>33 1/3</b> % <b>support tests - 2012.</b> If the						<b>.</b> 37	
	more than 33 1/3%, check this box ar							
b	33 1/3% support tests - 2011. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	and	
	line 18 is not more than 33 $1/3\%$ , che	ck this box and <b>st</b>	t <b>op here.</b> The orga	ınization qualifies a	as a publicly supp	orted organization	▶∐	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

### Schedule A

# Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2012

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2008 Amount	2009 Amount	2010 Amount	2011 Amount	2012 Amount
tal to Schedule A, rt III, Line 7b	1,457,068.				

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012** 

Name of the organization

INTERNATIONAL GAME FISH ASSOCIATION, INC WORLD FISHING CENTER

Employer identification number

23-7231048

Or gamzati	organization type (orlook orlo).						
Filers of:		Section:					
Form 990 o	r 990-EZ	X 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 990-P	PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
•	•	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Ru	ıle						
	or an organization ontributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one te Parts I and II.					
Special Ru	les						
50	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
tot	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
co If t pu	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
Caution. A	n organization tha	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-FZ, or 990-PF).					

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TERRI ANDREWS  635 N RIO GRANDE  ORLANDO, FL 32805	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARTIN AROSTEGUI  5525 ORDUNA DRIVE  CORAL GABLES, FL 33146	\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ASSOCIACION NACIONAL DE PESCA DEPORTIVA DE GUATEMALA  17 CALLE 11-29 ZONA 10  GUATEMALA CITY, GUATEMALA	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GARY A. CARTER  PO BOX 1325  DULUTH, GA 30096	\$12,250.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	TIM B. CHOATE  1390 S DIXIE HWY STE 2221  CORAL GABLES, FL 33146	\$7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CHARLES W. DUNCAN  600 TRAVIS STREET STE 61  HOUSTON, TX 77002	\$\$	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CHRISTINE ENTENMANN  26 BEECH RD  ISLIP, NY 11751	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	MICHAEL L FARRIOR  PO BOX 2692  RANCHO SANTA FE, CA 92067	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MOLLY FLEMING  170 LAKE DRIVE  RIVIERA BEACH, FL 33404	\$ 20,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 10	Name, address, and ZIP + 4  FLORIDA FOUNDATION FOR RESPONSIBLE ANGLING, INC.  615 N 21ST AVENUE  HOLLYWOOD, FL 33020	\$ 7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	FLORIDA WILDLIFE FEDERATION  PO BOX 6870  TALLAHASSEE, FL 32314	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	CHARLES R. FORMAN  2500 MIDDLE RIVER DRIVE  FT LAUDERDALE, FL 33305	\$	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ALFRED C. GLASSELL  919 MILAM STREET, STE 2010  HOUSTON, TX 77002	\$\$	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	GOLD COAST GAME FISH CLUB INC  PO BOX 972 PARADISE POINT, QUEENSLAND, AUSTRALIA 4216	\$16,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	HENRY J. GUCKER  411 EAST 88 STREET  NEW YORK, NY 10128	\$5,100.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	SEAN HEALEY  PO BOX 1000  PRIDES CROSSING, MA 01965	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	HEMINGWAY LTD  276 5TH AVENUE, RM 600  NEW YORK, NY 10001	\$	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	RICK HOEFER  203 RIVERSIDE DRIVE  NEWPORT NEWS, VA 23606	\$5,100.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	DANIEL LEONARD  7522 FELTON DRIVE  VERONA, WI 53593	\$6,500.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	DENNIS LEVITT  558 BARN DRIVE  YARDLEY, PA 19067	\$6,500.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	MICHAEL MARCHANDISE  LE PUCET ROUTE DE CHENEMOUNT 130  CORROY LE CHATEAU, FRANCE 5032	\$	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	GEORGE G MATTHEWS  1925 N FLAGLER DRIVE  WEST PALM BEACH, FL 33407	\$ 222,395.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	RICHARD MILLER  3880 JULINGTON CREEK ROAD  JACKSONVILLE, FL 32223	\$ <u>25,179.</u>	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	PAXSON H. OFFIELD  PO BOX 336  HARBOR SPRINGS, MI 49740	\$520,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	CARLOS PELLAS  169 MIRACLE MILE STE 300  CORAL GABLES, FL 33134		Person X Payroll
(a) No.	(b)  Name, address, and ZIP + 4  DECEMBER 10 DECEMBER	(c) Total contributions	(d) Type of contribution
26	RECREATIONAL BOATING & FISHING FOUNDATION  500 MONTGOMERAY STREET, STE 300  ALEXANDRIA, VA 22314	_ \$58,870. _	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	RICH FAMILY FOUNDATION  1 ROBERT RICH WAY  BUFFALO, NY 14213	_ \$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	BILL SHEDD  2400 S GARNSEY STREET  SANTA ANA, CA 92707	_ \$10,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	THE DUNCAN FUND  600 TRAVIS STREET STE 6100  HOUSTON, TX 77002		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	THE LIZARD ISLAND REEF RESEARCH FOUNDATION  6 COLLEGE STREET SYDNEY, NEW SOUTH WALES, AUSTRALIA 2000	\$20,000.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
31	JOHN THOMSON  185 BEMBROOK ROAD HASTINGS, EAST SUSSEX, UNITED KINGDOM TN34 3PB	\$5,100.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
32	CHRISTOPHER TOOMEY  500 MARQUESA DRIVE  CORAL GABLES, FL 33156	\$10,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)			

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization

Employer identification number

### INTERNATIONAL GAME FISH ASSOCIATION, INC

22 7221040

Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.  Use duplicate copies of Part III if addition	ridual contributions to sectine following line entry. For ouc., contributions of \$1,000 or all space is needed.	on 501(c)(7), (8) rganizations comp or less for the year	or (10) organizations that total more than \$1,000 for the pleting Part III, enter r. (Enter this information once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held
_		(e) Transf	er of gift	
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transf		elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
—   - - -				
-	Transferee's name, address, a	(e) Transf		elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held
-  -		(e) Transf	er of gift	
- - -	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

INTERNATIONAL GAME FISH ASSOCIATION, INC WORLD FISHING CENTER

 $\begin{array}{c} \text{Employer identification number} \\ 23-7231048 \end{array}$ 

Pai	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	3	
2	Aggregate contributions to (during year)	22,151.	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	22,151.	
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	······································	X Yes No
Pai			
1	Purpose(s) of conservation easements held by the organizatio	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d			
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements du	ring the year
7	Amount of expenses incurred in monitoring, inspecting, and e	nforcing conservation easements during t	the year <b>&gt;</b> \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	he organization's accounting for
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	ibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 11	· · · · · · · · · · · · · · · · · · ·	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

Sche		FIONAL GAM		SOCIATION,		231048	Page <b>2</b>
	rt III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, or Oth			
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significant use of i	ts collection i	tems
	(check all that apply):						
а	Public exhibition	d		change programs			
b	Scholarly research	е	U Other				
С	Preservation for future generations						
4	Provide a description of the organization's co					art XIII.	
5	During the year, did the organization solicit or				Г	<b></b>	<b>v</b>
Day	to be sold to raise funds rather than to be mart IV Escrow and Custodial Arrangement					Yes	X No
Pa	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizati	on answered "Yes" t	o Form 990, Part IV	/, line 9, or	
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributio	ns or other assets no	ot included		
	on Form 990, Part X?				[	Yes	X No
b	If "Yes," explain the arrangement in Part XIII a						
						Amount	
С	Beginning balance				1c		
	Additions during the year						
е	Distributions during the year						
f	Ending balance					1	
	Did the organization include an amount on Fo					Yes	∐ No
<u> </u>	It "Vac " avaigin the arrangement in Part XIII	( Theck here if the ex	bianation has bee	n provided in Part XII	l		1 1
Pai	If "Yes," explain the arrangement in Part XIII.				10		
Pa	rt V Endowment Funds. Complete if	the organization an	swered "Yes" to F	orm 990, Part IV, line	1	ck (a) Four ve	ears hack
	rt V   Endowment Funds. Complete if	the organization an			1	ck (e) Four ye	ears back
1a	Endowment Funds. Complete if  Beginning of year balance	the organization an (a) Current year 284,482.	swered "Yes" to F	orm 990, Part IV, line	1	k (e) Four ye	ears back
1a b	Beginning of year balance Contributions	the organization an	swered "Yes" to F	orm 990, Part IV, line	1	ck (e) Four ye	ears back
1a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses	(a) Current year 284,482.	swered "Yes" to F	orm 990, Part IV, line	1	ck (e) Four yo	ears back
1a b c	Beginning of year balance Contributions	(a) Current year 284,482.	swered "Yes" to F	orm 990, Part IV, line	1	ck (e) Four yo	ears back
1a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities	(a) Current year 284,482.	swered "Yes" to F	orm 990, Part IV, line	1	ck (e) Four ye	ears back
1a b c d	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships	the organization an (a) Current year 284,482. 2,000. 27,916.	swered "Yes" to F	orm 990, Part IV, line	1	(e) Four yo	ears back
1a b c d e	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs	the organization an (a) Current year 284,482. 2,000. 27,916.	swered "Yes" to F	orm 990, Part IV, line	1	(e) Four yo	ears back
1a b c d e	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses	the organization an (a) Current year 284,482. 2,000. 27,916.  10,615. 303,783.	swered "Yes" to Fo	orm 990, Part IV, line	1	ck (e) Four yo	ears back
1a b c d e f g 2 a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment	the organization an (a) Current year 284,482. 2,000. 27,916.  10,615. 303,783.	swered "Yes" to Fo	orm 990, Part IV, line	1	ck (e) Four ye	ears back
1a b c d e f g 2 a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment	(a) Current year 284,482. 2,000. 27,916.  10,615.  303,783. ent year end balanc	swered "Yes" to Forest (b) Prior year	orm 990, Part IV, line	1	(e) Four yo	ears back
1a b c d e f g 2 a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment  97.00 Temporarily restricted endowment	(a) Current year 284,482. 2,000. 27,916.  10,615.  303,783. ent year end balance  % 3.00 %	swered "Yes" to Forest (b) Prior year	orm 990, Part IV, line (c) Two years back	1	ck (e) Four yo	ears back
1a b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Permanent endowment The percentages in lines 2a, 2b, and 2c shou	10,615.  303,783. ent year end balance  % 1d equal 100%.	swered "Yes" to Fo (b) Prior year  e (line 1g, column	orm 990, Part IV, line (c) Two years back (a) Two years back (a) held as:	(d) Three years bad	ck (e) Four yo	ears back
1a b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Permanent endowment  97.00 Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c shou Are there endowment funds not in the posses	10,615.  303,783. ent year end balance  % 1d equal 100%.	swered "Yes" to Fo (b) Prior year  e (line 1g, column	orm 990, Part IV, line (c) Two years back (a) Two years back (a) held as:	(d) Three years bad		
1a b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Permanent endowment Permanent endowment The percentages in lines 2a, 2b, and 2c shou Are there endowment funds not in the posses	(a) Current year  284,482. 2,000. 27,916.  10,615.  303,783. ent year end balance  % 3.00 % Id equal 100%. ssion of the organization	e (line 1g, column	orm 990, Part IV, line (c) Two years back (a) Two years back (a) Two years back	(d) Three years back	Y	es No
1a b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Permanent endowment The percentages in lines 2a, 2b, and 2c shou Are there endowment funds not in the posses by:  (i) unrelated organizations	the organization an  (a) Current year  284,482.  2,000.  27,916.  10,615.  303,783.  ent year end balance  % 3.00 % Id equal 100%. ssion of the organization	e (line 1g, column	orm 990, Part IV, line (c) Two years back (a) Two years back (a) Two years back	(d) Three years back	3a(i)	es No X
1a b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Permanent endowment Permanent endowment The percentages in lines 2a, 2b, and 2c shou Are there endowment funds not in the posses	the organization an  (a) Current year  284,482.  2,000.  27,916.  10,615.  303,783.  ent year end balance  % 3.00 % Id equal 100%. ssion of the organization	e (line 1g, column	orm 990, Part IV, line (c) Two years back (a) Two years back (a) Two years back	(d) Three years back	3a(i) 3a(ii)	es No

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipmen	<b>t.</b> See Form 990, Part X	, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,479,524.		10,479,524.
<b>b</b> Buildings		30,977,532.	16,855,006.	14,122,526.
c Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		96,589.		96,589.
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, colur	mn (B), line 10(c).)	<b>&gt;</b>	24,698,639.

Schedule D (Form 990) 2012

#### INTERNATIONAL GAME FISH ASSOCIATION, INC

dule D (Form 990) 2012 WORLD FISHING CENTE

23-7231048 Page 3

Part VII Investments - Other Securities. See			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)		+	
(D)		+	
(E)			
(F) (G)			
(H)			
(1)		+	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. See	Form 990 Part X line	13	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost	or end-of-vear market value
(1)	. ,	.,	•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 1	5.	•	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			▶
Part X Other Liabilities. See Form 990, Part X, lin	ne 25.	(1) D	
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
(10) (11)			
( ) ( )	I		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		

INTERNATIONAL GAME FISH ASSOCIATION, INC

Sche	dule D	(Form 990) 2012 WORLD FISHING CENTER		23-	7231048 <sub>Page</sub> 4
		Reconciliation of Revenue per Audited Financial Stater	ments With Revenue per		
1	Total	revenue, gains, and other support per audited financial statements	-	1	5,253,222
2		ints included on line 1 but not on Form 990, Part VIII, line 12:			
а		nrealized gains on investments	2a		
b		ted services and use of facilities			
С		veries of prior year grants			
d		(Describe in Part XIII.)			
		nes <b>2a</b> through <b>2d</b>		2e	0.
3		act line <b>2e</b> from line <b>1</b>			5,253,222
4		ints included on Form 990, Part VIII, line 12, but not on line 1:			
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b		(Describe in Part XIII.)			
С		nes <b>4a</b> and <b>4b</b>	•	4c	0.
5	Total	revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		5	5,253,222
Pai	rt XII	Reconciliation of Expenses per Audited Financial State	ments With Expenses pe	r Retu	
1	Total	expenses and losses per audited financial statements		1	5,897,762
2		ints included on line 1 but not on Form 990, Part IX, line 25:			
а	Dona	ted services and use of facilities	2a		
		year adjustments			
		losses			
		(Describe in Part XIII.)			
е	Add I	nes <b>2a</b> through <b>2d</b>		2e	0.
3		act line <b>2e</b> from line <b>1</b>			5,897,762
4		ints included on Form 990, Part IX, line 25, but not on line 1:			
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a		
		(Describe in Part XIII.)			
		nes <b>4a</b> and <b>4b</b>		4c	0.
5	Total	expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5,897,762
Pa	rt XIII	Supplemental Information			
Com	plete tl	nis part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa	rt III, lines 1a and 4; Part IV, lines	1b and 2	2b; Part V, line 4; Part
X, lin	e 2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional informa	ation.	
PAI	RT I	II, LINE 1A: BECAUSE THE VALUES OF TH	E EXISTING COLLE	CTIO	NS,
INC	CLUI	ING BOOKS, WORKS OF ART, PAINTINGS, F	HOTOGRAPHS, DOCU	MENT	S AND
FIS	SHIN	G COLLECTIONS (MANY OF WHICH ARE OF H	IISTORICAL VALUE	AND (	CONSIDERED
	-				
IRI	REPI	ACEABLE) ARE NOT READILY DETERMINABLE	, THE ASSOCIATIO	N HAS	S NOT

CAPITALIZED THEM. THE ASSOCIATION RECOGNIZES ANY DONATED ITEMS OF THIS

NATURE BY RECEIPT TO THE DONOR WITHOUT STATING A VALUE.

Schedule D (Form 990) 2012

#### **SCHEDULE G**

(Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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. INTERNATIONAL GAME FISH ASSOCIATION.

	TIONAL GAME FISH A	SSO	CIA	TION, INC			ntification number
	'ISHING CENTER					23-7231	
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answet.</li> </ul>	red "Y	'es" to	Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization rais a Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, P</li> <li>If "Yes," list the ten highest paid ind compensated at least \$5,000 by the</li> </ul>	sed funds through any of the following solicitates of Solicitates or oral agreement with any individual cart VII) or entity in connection with prividuals or entities (fundraisers) purs	ion of ion of fundra (includerofess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundraiser have custody or control of from activity		to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
		l					
			<u> </u>				
List all states in which the organization or licensing.	on is registered or licensed to solicit (	contrib	utions	s or has been notified	d it is	exempt from re	egistration

#### INTERNATIONAL GAME FISH ASSOCIATION, INC

Schedule G (Form 990 or 990-EZ) 2012 WORLD FISHING CENTER 23-7231048 Page Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

23-72<u>31</u>048 Page 2

			1033 111001110 011 1 01111 330	FEZ, III les Tariu ob. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			SPECIAL		NONE	` '
			EVENTS			(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue					· ·	
š	1	Gross receipts	328,924.			328,924.
ا يە	•	aross receipts	020,0220			020,0220
	2	Less: Contributions				
	2	Less. Contributions				
	_	Overe in come (line 1 minus line 0)	328,924.			328 924
$\dashv$	3	Gross income (line 1 minus line 2)	340,344.			328,924.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
ë	6	Rent/facility costs				
꼾						
ಠ	7	Food and beverages				
je	•	rood and bevorages				
۱"	0	Entortainment				
	8	Entertainment				
	9	Other direct expenses				,
	10	, ,				220 024
		Net income summary. Combine line 3, colum	nn (d), and line 10		<b></b>	328,924.
Pa	πι		answered "Yes" to Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
<u>a</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(4, 290	bingo/progressive bingo	(c) carror garring	col. (a) through col. (c))
ě						
۳۱	1	Gross revenue				
s	2	Cash prizes				
ses	2	Cash prizes				
benses						
Expenses	2	Cash prizes  Noncash prizes				
ect Expenses	3	Noncash prizes				
Direct Expenses						
Direct Expenses	3	Noncash prizes  Rent/facility costs				
Direct Expenses	3	Noncash prizes				
Direct Expenses	3	Noncash prizes  Rent/facility costs		Yes%	Yes%	
Direct Expenses	3 4 5	Noncash prizes  Rent/facility costs		Yes% No	Yes % □ No	
Direct Expenses	3 4 5	Noncash prizes  Rent/facility costs  Other direct expenses	Yes %	——		
Direct Expenses	3 4 5	Noncash prizes  Rent/facility costs  Other direct expenses	Yes %	No No	No No	
Direct Expenses	3 4 5	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes %	No No	No No	( )
Direct Expenses	3 4 5 6 7	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug	Yes% No sh 5 in column (d)	No No	No <b>▶</b>	( )
Direct Expenses	3 4 5	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes% No sh 5 in column (d)	No No	No <b>▶</b>	( )
	3 4 5 6 7 8	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Combine line	Yes %  No  sh 5 in column (d)	No No	No <b>▶</b>	( )
9	3 4 5 6 7 8 Ent	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Combine line  ter the state(s) in which the organization operation	Yes % No  In 5 in column (d)  1, column d, and line 7  ates gaming activities:	No No	No	( )
9 a	3 4 5 6 7 8 Entils t	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Combine line  ter the state(s) in which the organization operate organization licensed to operate gaming and	Yes% No  In 5 in column (d)  1, column d, and line 7  ates gaming activities: ctivities in each of these :	No No states?	No	( )
9 a	3 4 5 6 7 8 Entils t	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Combine line  ter the state(s) in which the organization operation	Yes% No  In 5 in column (d)  1, column d, and line 7  ates gaming activities: ctivities in each of these :	No No states?	No	( )
9 a	3 4 5 6 7 8 Entils t	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Combine line  ter the state(s) in which the organization operate organization licensed to operate gaming and	Yes% No  In 5 in column (d)  1, column d, and line 7  ates gaming activities: ctivities in each of these :	No No states?	No	Yes No
9 a b	3 4 5 6 7 8 Entitle If "	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Combine line  ter the state(s) in which the organization operate organization licensed to operate gaming and No," explain:	Yes %  No  1, column d, and line 7  ates gaming activities: ctivities in each of these	No No states?	No	
9 a b	3 4 5 6 7 8 Entitle If " Wee	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Combine line  ter the state(s) in which the organization operate organization licensed to operate gaming and No," explain:  ere any of the organization's gaming licenses researched.	Yes%  No  1, column d, and line 7  ates gaming activities: ctivities in each of these services.	states?	No	
9 a b	3 4 5 6 7 8 Entitle If " Wee	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Combine line  ter the state(s) in which the organization operate organization licensed to operate gaming and No," explain:	Yes%  No  1, column d, and line 7  ates gaming activities: ctivities in each of these services.	states?	No	
9 a b	3 4 5 6 7 8 Entitle If " Wee	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Combine line  ter the state(s) in which the organization operate organization licensed to operate gaming and No," explain:  ere any of the organization's gaming licenses researched.	Yes%  No  1, column d, and line 7  ates gaming activities: ctivities in each of these services.	states?	No	

#### INTERNATIONAL GAME FISH ASSOCIATION, INC

Sch	edule G (Form 990 or 990-EZ) 2012 WORLD FISHING CENTER 23-	7231	048	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	No
	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:			
	The organization's facility	13a		%
	An outside facility	13b		%
	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
k	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party  \$\bigs\\$			
	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:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•	ratain the state gaming license?		Yes	☐ No
	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 > \$			
Da	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii	i) and (	Λ and	Dort III
1 6	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		-	
_	illes 3, 30, 100, 130, 130, 16, and 170, as applicable. Also complete this part to provide any additional information	11 (See	IIIStruc	liorisj.
_				
_				
_				

#### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Compensation Information**

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open to Public . Inspection

Name of the organization

➤ Attach to Form 990. ➤ See separate instructions. INTERNATIONAL GAME FISH ASSOCIATION,

Employer identification number INC 23-7231048 WORLD FISHING CENTER Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	Nontaxable (E) Total of columns (F) C benefits (B)(i)-(D) report		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(6)(1)-(0)	reported as deferred in prior Form 990	
(1) ROBERT KRAMER	(i)	174,828.	0.	0.	0.	0.	174,828.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III   Supplemental Information  Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any
additional information.

#### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Types of Property

INTERNATIONAL GAME FISH ASSOCIATION, INC WORLD FISHING CENTER

Employer identification number 23-7231048

			Check if	Number of	Noncash cont		Method of d	etermin	•	
			applicable	contributions or	amounts repo Form 990, Part V		noncash contrib	ution a	mount	S
1	Art - Works of	art		TECTTIO CONTINUATED	1 01111 000; 1 411 1	m, mio rg				
2		treasures						-		
3		l interests						-		
4		blications								
5		nousehold goods								
6		r vehicles								
7		nes								
8		pperty								
9		blicly traded								
10		osely held stock								
11		rtnership, LLC, or								
	trust interests									
12		scellaneous								
13		ervation contribution -								
	Historic struct	ures								
14		ervation contribution - Other								
15	Real estate - F	Residential								
16	Real estate - C	Commercial								
17		Other								
18	Collectibles									
19		у								
20		dical supplies								
21										
22		acts								
23		cimens								
24	Archeological	artifacts								
25	Other -	OTHER	) X	1	370,	246.				
26	Other -	(	)							
27	Other -	(	)							
28	Other -	(	)							
29	Number of For	rms 8283 received by the org	ganization durin	g the tax year for o	ontributions					
	for which the	organization completed Form	n 8283, Part IV,	Donee Acknowled	gement	29				
									Yes	No
30a	During the year	ar, did the organization receiv	ve by contribution	on any property rep	oorted in Part I, Iir	nes 1-28 that	it must hold for			
	at least three y	years from the date of the ini	itial contribution	, and which is not	required to be use	ed for exemp	ot purposes for			
	the entire hold	ling period?						30a		X
b	If "Yes," descr	ribe the arrangement in Part	II.							
31	Does the orga	nization have a gift acceptar	nce policy that r	equires the review	of any non-standa	ard contribu	tions?	31		X
32a	Does the orga	nization hire or use third par	ties or related o	rganizations to soli	cit, process, or se	ell noncash				_
	contributions?							32a		X
b	If "Yes," descr	ribe in Part II.								
33	If the organiza	tion did not report an amour	nt in column (c)	for a type of prope	rty for which colur	mn (a) is che	ecked,			
	describe in Pa									
LHA	For Paperw	ork Reduction Act Notice,	see the Instruc	tions for Form 99	0.		Schedule M	(Form	990) (	2012)

#### INTERNATIONAL GAME FISH ASSOCIATION, INC

Schedule M	1 (Form 990) (2012) WORLD FISHING CENTER	23-7231048	Page 2
Part II	<b>Supplemental Information.</b> Complete this part to provide the information required to the organization is reporting in Part I, column (b), the number of contributions, the number of Also complete this part for any additional information.	by Part I, lines 30b, 32b, and 33, and if items received, or a combination of	whether

#### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INTERNATIONAL GAME FISH ASSOCIATION, INC WORLD FISHING CENTER

**Employer identification number** 23-7231048

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONSERVATION OF GAME FISH AND THE PROMOTION OF RESPONSIBLE, ETHICAL ANGLING PRACTICES THROUGH SCIENCE, EDUCATION, RULE MAKING AND RECORD KEEPING.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD AND OFFICERS OF THE ASSOCIATION RECEIVE A COPY OF THE 990, AND SUPPLEMENTAL SCHEDULES, PRIOR TO THE FILING OF THE RETURN. THEY REVIEW THE 990 WITH THE ACCOUNTANT AND THE ASSOCIATION'S FINANCE DIRECTOR, PHIL HOTT.

FORM 990, PART VI, SECTION C, LINE 19: THE ASSOCIATION MAKES ITS DOCUMENTS AVAILABLE TO THE PUBLIC ON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

COMPUTER SUPPLIES AND MAINTENANCE:

TOTAL EXPENSES	110,445.
FUNDRAISING EXPENSES	24,854.
MANAGEMENT AND GENERAL EXPENSES	16,922.
PROGRAM SERVICE EXPENSES	68,669.

MEALS GUEST AND EMPLOYEE:	
PROGRAM SERVICE EXPENSES	46,381.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	53,796.
TOTAL EXPENSES	100,177.

Name of the organization INTERNATIONAL GAME FISH ASSOCI.  WORLD FISHING CENTER	ATION, INC Employer identification number 23-7231048
POSTAGE AND COURIER:	
PROGRAM SERVICE EXPENSES	66,712.
MANAGEMENT AND GENERAL EXPENSES	7,122.
FUNDRAISING EXPENSES	20,073.
TOTAL EXPENSES	93,907.
COST OF GOODS SOLD:	
PROGRAM SERVICE EXPENSES	77,650.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	77,650.
FIELD TRIPS:	
PROGRAM SERVICE EXPENSES	65,913.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	65,913.
PHOTOGRAPHY:	
PROGRAM SERVICE EXPENSES	29,915.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	22,856.
TOTAL EXPENSES	52,771.
DUES AND SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	34,263.
MANAGEMENT AND GENERAL EXPENSES	7,604.
FUNDRAISING EXPENSES	6,260.
404414	Sahadula O (Farm 000 av 000 EZ) (0040)

Name of the organization INTERNATIONAL GAME FISH ASSOCIATION, INC WORLD FISHING CENTER	Employer identification number 23-7231048
TOTAL EXPENSES	48,127.
BANK AND CREDIT CARD CHARGES:	
PROGRAM SERVICE EXPENSES	31,217.
MANAGEMENT AND GENERAL EXPENSES	7,431.
FUNDRAISING EXPENSES	5,808.
TOTAL EXPENSES	44,456.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	32,903.
MANAGEMENT AND GENERAL EXPENSES	1,152.
FUNDRAISING EXPENSES	10,172.
TOTAL EXPENSES	44,227.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	25,779.
MANAGEMENT AND GENERAL EXPENSES	1,959.
FUNDRAISING EXPENSES	13,604.
TOTAL EXPENSES	41,342.
PRINTING:	
PROGRAM SERVICE EXPENSES	21,134.
MANAGEMENT AND GENERAL EXPENSES	2,364.
FUNDRAISING EXPENSES	15,152.
TOTAL EXPENSES	38,650.
CHARTER BOATS:	
PROGRAM SERVICE EXPENSES	17,280.

Name of the organization INTERNATIONAL GAME FISH ASSOCIATION, INC WORLD FISHING CENTER	Employer identification number 23-7231048
MANAGEMENT AND GENERAL EXPENSES	250.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,530.
RENT:	
PROGRAM SERVICE EXPENSES	15,689.
MANAGEMENT AND GENERAL EXPENSES	1,615.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,304.
EXHIBIT DESIGNERS:	
PROGRAM SERVICE EXPENSES	12,182.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,182.
PROPERTY TAXES:	
PROGRAM SERVICE EXPENSES	8,579.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,579.
AUTOMOBILE:	
PROGRAM SERVICE EXPENSES	6,725.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,725.

Name of the organization INTERNATIONAL GAME FISH ASSOCIATION, INC WORLD FISHING CENTER	Employer identification number 23-7231048
CONTRIBUTIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,381.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,381.
EMPLOYMENT SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	335.
TOTAL EXPENSES	335.
LICENSES AND FEES:	_
PROGRAM SERVICE EXPENSES	150.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	150.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 782,851.

Deprec	ciation and Amortiz	ation Detail F	ORM 990 PAGE 1	_0		990
Asset			Description o	f property		
Number	Date placed in service IRC sec	d/ Life Line c. or rate No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	LCOMPUTER EQU	IPMENT				
	11 <sub>1</sub> 14 <sub>1</sub> 03 SL	10.0016	2,400.		2,140.	240.
2	COMPUTER EQU					
	072204SL	10.0016	5,825.		4,757.	583.
3	COMPUTER EQU	5.00 16	100,566.		100,566.	0.
	COMPUTER EQU		100,300.		100,300	0.
_	090506SL	5.00 16	1,980.		1,980.	0.
	COMPUTER EQU		,		, ,	
	06 <sub>2</sub> 21 <sub>0</sub> 6 <sub>SL</sub>	5.00 16	7,613.		7,613.	0.
6	COMPUTER EQU		00 505		10 001	F 605
-	08 19 09 SL COMPUTER EQU	5.00 16	28,525.		17,771.	5,705.
,	07/01/10/SL	5.00 16	61,650.		27,743.	12,330.
3	COMPUTER EQU		01,0301		21,745	12,550.
	01 <sub>0</sub> 6 <sub>1</sub> 08L	5.00 16	2,307.		1,269.	461.
9	COMPUTER EQU					
1.0	100110SL	5.00 16	15,300.		6,120.	3,060.
10	COMPUTER EQU	5.00 16	2,899.		415.	580.
11	LCOMPUTER EQU		4,099.		415.	300.
	050712SL	5.00 16	6,463.		517.	1,293.
12	BUILDING					-
	01 <sub>0</sub> 01 <sub>9</sub> 9ADS	40.0017	609,022.		209,351.	15,226.
13	BUILDING	40 0017	1 (00 775)		581,891.	40 210
1 /	01 <sub>0</sub> 1 <sub>9</sub> 9ADS BUILDING	40.0017	1,692,775.		501,091.	42,319.
	01,01,99ADS	40.0017	4,347,203.		1,494,351.	108,680.
15	BUILDING		, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,	,
	01 <sub>0</sub> 01 <sub>9</sub> 9ADS	40.0017	11,670,284.		4,011,660.	291,757.
16	BUILDING	40 0047	2 222 100		1 111 005	00 005
1 7	01 <sub>0</sub> 01 <sub>9</sub> 9ADS BUILDING	40.0017	3,232,190.		1,111,065.	80,805.
Ι,	02 <sub>2</sub> 28 <sub>9</sub> 9 <sub>SL</sub>	20.0016	22,760.		15,458.	1,138.
18	BUILDING	<u> </u>	== 7.000			
	05 <sub>1</sub> 13 <sub>9</sub> 9 <sub>SL</sub>	20.0016	10,941.		7,340.	547.
19	BUILDING		10.00			
2.0	08 01 00 SL	20.0016	10,993.		6,687.	550.
20	BUILDING 100100SL	20.0016	3,485.		2,091.	174.
21	BUILDING EQU		3, ±03.		2,051	1/4•
	10 <sub>0</sub> 5 <sub>0</sub> 0 0SL	10.0016	1,290.		1,290.	0.
22	BUILDING FIX					
	121098SL	10.0016	1,194,904.		1,194,904.	0.
23	BUILDING FIX	10.0016	67,831.		67,831.	0.
2.4	BUILDING FIX		07,031.		07,031.	0.
4-	12,10,98SL	20.0016	30,000.		20,750.	1,500.
25	BUILDING FIX	TURES				
	03 <sub>3</sub> 31 <sub>9</sub> 9 <sub>SL</sub>	12.5016	3,348,458.		3,348,458.	0.
26	BUILDING FIX		2 222 662 1		1 2 22 662 1	
27	033199SL BUILDING FIX	10.00 16	2,028,668.		2,028,668.	0.
4 /	03,31,99ADS	40.0017	133,621.		45,097.	3,341.
216261			- Current year section 179	(D) - Asset disc		2,011

Deprec	iation and Am	ortizat	tion Det	ail F	ORM 990 PAGE 1	. 0		990	
Asset	Description of property								
Number	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction	
28	BUILDING	FIXT	URES						
	12 <sub>1</sub> 10 <sub>1</sub> 98 <sub>1</sub> A		40.00	17	68,736.		23,771.	1,718.	
29	BUILDING								
	12 10 98 5		10.00	16	243,338.		243,338.	0.	
30	BUILDING		URES 5.00	116	120 211		120 211	0.	
31	021099S BUILDING			<u>μο Ι</u>	129,211.		129,211.	0.	
31	0210998		$\frac{0000}{10.00}$	16	176,326.		176,326.	0.	
32	BUILDING				,,			• •	
	03 31 99		10.00	16	523,141.		523,141.	0.	
33	BUILDING								
	10,28,99		10.00	16	82,829.		82,829.	0.	
34	BUILDING			11 C T	F 470 I				
3 5	091200S BUILDING		10.00	Τρ	5,470.		5,470.	0.	
33	10,19,00		10.00	116	3,380.		3,380.	0.	
36	BUILDING			<u> </u>	3,3001		3,300	•	
	10,31,00		10.00	16	2,718.		2,718.	0.	
37	BUILDING								
	11 <sub>0</sub> 06 <sub>0</sub> 00		10.00	16	1,373.		1,373.	0.	
38	BUILDING			<del>14                                    </del>	0 700		0.500		
3.0	100101S BUILDING		10.00	Τρ	2,700.		2,700.	0.	
39	04,18,02		10.00	16	5,500.		5,500.	0.	
40	BUILDING			<u> </u>	3,3004		3,3000	•	
	07,08,02		10.00	16	12,000.		12,000.	0.	
41	BUILDING								
	09 <sub>0</sub> 1 <sub>0</sub> 2 <sub>8</sub>		10.00	16	2,350.		2,350.	0.	
42	BUILDING			11 (	2 700		2 700		
// 3	08 <sub>0</sub> 2 <sub>0</sub> 2 <sub>8</sub> BUILDING		10.00	πо	2,790.		2,790.	0.	
43	09,25,02		10.00	16	10,000.		10,000.	0.	
44	BUILDING			<u> </u>	10,0001		20,0000		
	08,05,02			16	700.		700.	0.	
45	BUILDING								
	03,01,03		10.00	16	1,300.		1,246.	54.	
46	BUILDING		URES 10.00	116	12 000		11 000	100	
47	11 <sub>0</sub> 1 <sub>0</sub> 2 <sub>S</sub> BUILDING			<u>μο Ι</u>	12,000.		11,900.	100.	
<b>4</b> /	11 <sub>0</sub> 1 <sub>0</sub> 2 S		10.00	16	2,515.		2,494.	21.	
48	BUILDING				_,				
	03 <sub>0</sub> 1 <sub>0</sub> 3 <sub>S</sub>		10.00	16	5,000.		4,792.	208.	
49	BUILDING								
	08,01,03		10.00	16	2,500.		2,292.	208.	
50	BUILDING 10,07,04 S		5.00	116	1 006		1,906.	0.	
51	BUILDING			ഥ이	1,906.		1,300•	0.	
31	01,18,07	L	10.00	16	47,501.		27,967.	4,750.	
52	BUILDING				,		, 2 3 . 4	,,	
	08 <sub>1</sub> 7 <sub>0</sub> 7 <sub>S</sub>		10.00	16	36,000.		18,434.	3,600.	
53	BUILDING								
E A	0906078		10.00	<b>1</b> 6	2,600.		1,317.	260.	
54	BUILDING 09,15,078		URES 10.00	16	2,900.		1,462.	290.	
216261	אן חוכ דוב ח	, ш	T0.00		Current year section 179	(D) Assot disc		490.	

Deprec	ciation and Amor	tization De	tail FO	RM 990 PAGE 1	.0		990		
Asset	Description of property								
Number	Date Meth placed IRC	nod/ Life sec. or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction		
5.5	BUILDING FI	XTURES		L					
	10,05,07 SL	10.00	16	2,800.		1,397.	280.		
56	BUILDING FI			, , , , , , ,		, , , , , ,			
	10 <sub>1</sub> 10 <sub>0</sub> 7 SL	10.00	16	3,995.		1,987.	399.		
57	BUILDING FI								
	102407SL	10.00	16	12,155.		6,001.	1,216.		
20	BUILDING FI	10.00	116	5,000.		2,458.	500.		
5.9	BUILDING FI		10	3,000-		2,430•	300•		
33	03,25,08 SL	10.00	16	4,343.		1,962.	434.		
60	BULIDING FI		<u> </u>						
	08 <sub>0</sub> 5 <sub>0</sub> 8 <sub>SL</sub>	10.00	16	3,632.		1,509.	363.		
61	BUILDING FI								
	10 <sub>0</sub> 01 <sub>0</sub> 7 SL	10.00	16	2,900.		1,450.	290.		
62	BUILDING FI		11 6 1	0 210			1 0.60		
6.3	031909SL BUILDLING F	5.00		9,310.		6,581.	1,862.		
0.3	040109SL	10.00		9,070.		3,173.	907.		
64	BUILDING FI		1 0	3,070•		3,1734	507.		
_	091610SL		16	14,049.		5,737.	2,810.		
65	BUILDING FI	XTURES				•			
	091510SL		16	23,650.		9,657.	4,730.		
66	BUILDING FI		<del> </del>	22.250					
<u> </u>	111010SL		16	20,350.		7,683.	4,070.		
0 /	BUILDING FI	10.00	116	22,500.		4,284.	2,250.		
6.8	BUILDING FI		<u>но г</u>	22,300•		4,204.	2,250.		
	051611SL	10.00	16	154,384.		21,233.	15,438.		
69	BUILDING FI			, <u>, , , , , , , , , , , , , , , , , , </u>		, ,	•		
	08 <sub>0</sub> 2 <sub>1</sub> 11 <sub>SL</sub>	10.00	16	2,000.		232.	200.		
70	BUILDING FI								
	09 <sub>0</sub> 8 <sub>1</sub> 11 <sub>SL</sub>		16	7,892.		1,674.	1,578.		
71	BUILDING FI		116	3,249.		999.	650.		
72	BUILDING FI		μог	3,249.		333.	050.		
, 2	101411SL		16	2,500.		241.	250.		
73	BUILDING FI								
	10 <sub>2</sub> 0 <sub>1</sub> 11 <sub>SL</sub>		16	74,221.		7,036.	7,422.		
74	BUILDING FI								
	12 <sub>0</sub> 1 <sub>1</sub> 11 <sub>SL</sub>	5.00	16	11,090.		1,847.	2,218.		
75	BUILDING FI		11 (	0 000		1 405	1 000		
76	122011SL BUILDING FI	5.00	Τе	9,000.		1,405.	1,800.		
70	12,30,11SL		16	11,906.		1,794.	2,381.		
77	BUILDING FI		<u> </u>	11,500.		1,154	2,301.		
	01 <sub>0</sub> 9 <sub>1</sub> 12 <sub>SL</sub>	5.00	16	1,200.		174.	240.		
78	BUILDING FI	XTURES							
	091812SL	10.00	16	10,850.		65.	1,085.		
79	BUILDING FI		H C !						
0.0	092112SL		Д6	4,960.		12.	496.		
80	BUILDING FI	10.00	116	4,385.			439.		
81	BUILDING FI		H 0	4,303.			433.		
01	10,01,12 SL	5.00	16	1,900.			380.		
216261		1		Current year section 170	(D) Asset disp				

Depreci	ation and Amorti	zation Det	an FOR	M 990 PAGE 1	. 0		990			
Asset	Description of property									
Number	Date placed IRC s	od/ Life ec. or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction			
82	BUILDING FI	XTURES	<u> </u>	L		L				
	12 <sub>2</sub> 21 <sub>1</sub> 2 <sub>SL</sub>		16	5,864.			909.			
83	BUILDING FI		h c	1 000			0.0			
9.4	082713 SL FURNITURE &		16	1,200.			22.			
04	09,26,96 SL		16	4,500.		4,500.	0.			
85	FURNITURE &		<u> </u>	±,500•		1,3000	<u> </u>			
	01 <sub>0</sub> 1 <sub>8</sub> 2PRE	5.00	16	6,549.		6,549.	0.			
86	FURNITURE &									
0.7	03 <sub>0</sub> 1 <sub>8</sub> 2PRE		16	288.		288.	0.			
8 /	FURNITURE & 08,01,85 PRE		16	8,498.		8,498.	0.			
8.8	FURNITURE &		<u> </u>	0,490•		0,490•	<u> </u>			
	02,11,98SL	10.00	16	641.		641.	0.			
89	FURNITURE &	EQUIP								
	04 <sub>1</sub> 29 <sub>1</sub> 98 <sub>1</sub> SL	7.00	16	34,260.		34,260.	0.			
90	OFFICE FURN		461	0 471		0.451				
0.1	03 <sub>3</sub> 31 <sub>9</sub> 9 SL FURNITURE &	10.00	π6	2,471.		2,471.	0.			
91	11,13,98SL	10.00	16	196,747.		196,747.	0.			
92	FURNITURE &		1 0	15077170		130//1/	<u> </u>			
	12 <sub>0</sub> 02 <sub>1</sub> 98 SL	10.00	16	1,527.		1,527.	0.			
93	FURNITURE									
	01 <sub>3</sub> 31 <sub>9</sub> 9 <sub>SL</sub>	10.00	16	50,000.		50,000.	0.			
94	FURNITURE	10.00	16	1,008.		1,008.	0.			
95	031399SL FURNITURE	μυ.υυ	<u>то Г</u>	1,000.		1,000.	0.			
, ,	031399SL	10.00	16	6,698.		6,698.	0.			
96	FURNITURE			, ,		,				
	09 16 99 SL	10.00	16	5,400.		5,400.	0.			
97	FURNITURE	1000	1 (	6 676		6 676				
0.8	041999SL FURNITURE	10.00	Τρ	6,676.		6,676.	0.			
90	05 <sub>0</sub> 7 <sub>9</sub> 9 <sub>SL</sub>	10.00	16	39,555.		39,555.	0.			
99	EQUIPMENT	2000		33,3331		3373334	Ţ,			
	01 <sub>2</sub> 6 <sub>9</sub> 95L	10.00	16	28,285.		28,285.	0.			
100	EQUIPMENT									
101	01 <sub>2</sub> 7 <sub>9</sub> 9SL	10.00	16	602.		602.	0.			
101	FURNITURE 01,27,99 SL	10.00	16	53,849.		53,849.	0.			
102	FURNITURE	μυ•υυ	μο	33,049.		33,049.	0.			
102	01 <sub>2</sub> 7 <sub>9</sub> 9SL	10.00	16	1,475.		1,475.	0.			
103	FURNITURE			, - ,		, -				
	01 <sub>2</sub> 8 <sub>9</sub> 95L	10.00	16	1,730.		1,730.	0.			
104	EQUIPMENT	4000	461	44 524 1		14 524				
105	01 <sub>2</sub> 8 <sub>9</sub> 9 SL FURNITURE	10.00	Тρ	11,531.		11,531.	0.			
103	02,23,99 SL	10.00	16	3,185.		3,185.	0.			
106	FURNITURE A		PMENT			3,103				
[	03 16 99 SL	10.00		3,196.		3,196.	0.			
107	EQUIPMENT									
400	05 <sub>0</sub> 6 <sub>9</sub> 9SL	10.00		602.		602.	0.			
108	FURNITURE A	ND EQUI	PMENT			640	0.			
216261	05 12 99 SL	μυ•υυ		rrent year section 179	(D) - Asset disr	649.	<u> </u>			

Depreci	iation and Ar	mortiza	tion De	all F	ORM 990 PAGE 1	L0		990
Asset	Description of property							
Number	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
109	EQUIPMEN		4000	14.6	200			
110	05,17,99 FURNITUR		10.00	Τ6	909.		909.	0.
110	052199		10.00	16	650.		650.	0.
111	EQUIPMEN		10 00	11 6	1 045 1		1 045	
112	05 <sub>2</sub> 7 <sub>9</sub> 9 EQUIPMEN		10.00	μо	1,845.		1,845.	0.
	06 14 99	SL	10.00	16	335.		335.	0.
113	EQUIPMEN		10 00	11 6	546.		546.	0.
114	07 <sub>0</sub> 8 <sub>9</sub> 99 EQUIPMEN		10.00	μο	340.		340.	0.
	07,08,99	SL	10.00	16	5,141.		5,141.	0.
115	FURNITUR 07,08,99		10.00	116	4,800.		4,800.	0.
116	FURNITUR		μυ.υυ	10	4,000.		4,000.	0.
445	07 <sub>1</sub> 21 <sub>1</sub> 99		10.00	16	1,600.		1,600.	0.
117	EQUIPMEN 07,30,99		10.00	16	6,061.		6,061.	0.
118	EQUIPMEN'		μυ•υυ	<u> </u>	0,001.		0,001.	0.
110	08 13 99		10.00	16	2,999.		2,999.	0.
119	FURNITUR 01,26,99		10.00	16	7,113.		7,113.	0.
120	FURNITUR	E						
101	09 27 04		10.00	16	4,004.		3,203.	400.
121	EQUIPMEN 0 2 1 2 0 4		10.00	16	1,297.		1,124.	130.
122	WORKS OF	ART					,	
122	01 <sub>0</sub> 1 <sub>0</sub> 1	L	.000		96,588.			0.
123	062700	L	.000		10,470,000.			0.
124	LAND				0.504			
125	09 30 02 VEHICLE	L	.000		9,524.			0.
123	081409	SL	10.00	16	3,221.		1,008.	322.
	* TOTAL	990 P	AGE 1	0 D		0		627 060
					41,553,647.	0.	16,217,037.	637,969.
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			i				<del> </del>	
216261					Current year section 170	(D) Asset dispo	and and	