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DLN: 93493018003353

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

Open to Public

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

The Interval of In								
Address charge   Address   Address charge   Address   Address charge   A					1 and ending 09-30-20	12	D Employer	identification number
Interest letter   Document   D				INTERNATIONAL GAME FISH ASSOCIATION				
	_		_					
Temmated	Na	me cha	nge	· · · <b>g</b> - · · · · · · · ·			_	
Application pending  For Name and address of principal officer  Application pending  For Name and address of principal officer  ROBER KRAMER 300 GULF STRAM WAY  DANIA BEACH, FL 33004  IT Tax-exempt status  Foliciol of Soliciol of Soli	Inr	tıal retu	rn		red to street address) Room/s	suite	· · · · ·	
DANIA BEACH, FL 33004	<b>Г</b> Те	rmınate	d	300 GULF STREAM WAY			<b>G</b> Gross recei	pts \$ 5,476,798
F   Name and address of principal officer   ROBERT KRAMER   S10 GULG STREAM WAY   DANIA BEACH, FL 33004	┌ Am	nended i	return	City or town, state or country, and ZIP + 4				
ROBERT KRAMER   300 GULG STREAM WAY DANIA BEACH, FL 33004	Г <sub>Ар</sub>	plication	pending	DANIA BEACH, FL 33004				
ROBERT KRAMER   300 GULG STREAM WAY DANIA BEACH, FL 33004				F Name and address of principal officer		11/2) 7 11		•
## A Source of				·				
Tax-exempt status								,,
Total runwher of individuals employed in calendar year 2011 (Part V, line 1a)   Total runwher of individuals employed in calendar year 2011 (Part V, line 1a)   Total runwher of individuals employed in calendar year 2011 (Part V, line 1a)   Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)   Total revenue—add lines 8 through 11 (Dust revenue—add lines 8 through 11 (Dust revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 3, 10 (Dust revenue—add lines 8 through 11 (must equal Part VII, column (A), lines 5, 10)   Total fundrasing expenses (Part IX, column (A), line 14)   Total expenses (Part IX, column (A), line 15)   Total expenses (Part IX, column (A), l				DANIA BEACH, FL 33004		1 ' '		, ,
Website:   WWW IGFA ORG    Form of organization   Corporation   Trust   Association   Other   L Year of formation 1939   M State of legal domicine   FL Year of formation   1939   M State of legal domicine   1939   1939   1839   1830	——— т Та	ıx-exem	int status	▼ 501(c)(3)	4947(a)(1) or			
### Park I   Summary			<u> </u>		4947(a)(1) 01   327	H(c) Gro	up exemption	number 🟲
### Part I   Summary	J W	ebsite	::► WW	WIGFA ORG				
Page 1 Briefly describe the organization's mission or most significant activities THE INTERNATIONAL GAME FISH AND THE PROMOTION OF GAME FISH AND THE PROMOT	<b>K</b> For	m of org	janization	✓ Corporation Trust Association Other ►		L Year of fo	rmation 1939	M State of legal domicile FL
### THE INTERNATIONAL GAME FISH AND THE PROMOTION OF RESPONSIBLE, EHTICAL ANGLING PRACTICES THROUGH SCIENCE, EDUCATION, RULE MAKING AND RECORD KEEPING    2	Pa	rt I	Sum	mary		·		
### THE INTERNATIONAL GAME FISH AND THE PROMOTION OF RESPONSIBLE, EHTICAL ANGLING PRACTICES THROUGH SCIENCE, EDUCATION, RULE MAKING AND RECORD KEEPING    2		1 1	Briefly de	escribe the organization's mission or most sig	gnificant activities			
SCIENCE, EDUCATION, RULE MAKING AND RECORD KEEPING								
Number of voting members of the governing body (Part VI, line 1a)	e e					E, EHTICAL A	NGLING PRA	CTICES THROUGH
Number of voting members of the governing body (Part VI, line 1a)	≅	-	JCILIVO	E, EDUCATION, ROLL MARING AND RECO	ND REEF ING			
Number of voting members of the governing body (Part VI, line 1a)	Ĕ							
3   Number of voting members of the governing body (Part VI, line 1a)	<u>ş</u>	-						
Fa		2 (	Check th	is box দ if the organization discontinued it	s operations or disposed	of more than 2	25% of its net	t assets
Fa	න් ග	3 1	Number	of voting members of the governing body (Pa	rt VI, line 1a)		3	18
Ta   Total unrelated business revenue from Part VIII, column (C), line 12	ĕ	4 1	Number	of independent voting members of the govern	ing body (Part VI, line 1t	)	. 4	18
Ta   Total unrelated business revenue from Part VIII, column (C), line 12	5	5 1	Γotal nuı	mber of ındıvıduals employed ın calendar yea	r 2011 (Part V , line 2a)		5	33
B   Net unrelated business taxable income from Form 990-T, line 34   7b	ą	6	Γotal nuı	mber of volunteers (estimate if necessary)			6	422
Revenue   Responses   Revenue   Responses   Revenue   Response   Revenue   Responses   Revenue   Response   Revenue   Revenue   Response   Revenue   Response   Revenue   Response   Revenue   Revenue   Response   Revenue   Revenue   Revenue   Response   Revenue   R		7a 1	Γotal uni	related business revenue from Part VIII, colu	umn (C), line 12		76	0
8		ь	Net unre	lated business taxable income from Form 99	0-T, line 34		71	b
Program service revenue (Part VIII, line 2g)						Pric	or Year	Current Year
Program service revenue (Part VIII, line 2g)		8	Contri	butions and grants (Part VIII, line 1h)			2,220,392	4,398,087
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	≗	9						
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ě	10	_					<u> </u>
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	æ	1						<del> </del>
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0         14       Benefits paid to or for members (Part IX, column (A), line 4)       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1,724,420       1,931,322         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0         b       Total fundraising expenses (Part IX, column (D), line 25) ►764,282       3,557,808       4,081,290         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       3,557,808       4,081,290         18       Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       5,282,228       6,012,612         19       Revenue less expenses Subtract line 18 from line 12       -498,314       -572,847		12				ne	· · · · · · · · · · · · · · · · · · ·	
14   Benefits paid to or for members (Part IX, column (A), line 4)			12) .				4,783,914	5,439,765
15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   1,724,420   1,931,322     16a   Professional fundraising fees (Part IX, column (A), line 11e)   0     b   Total fundraising expenses (Part IX, column (D), line 25) ▶ 764,282		13	Grants	and sımılar amounts paıd (Part IX, column (	A), lines 1-3)			0
1,724,420   1,931,322   1,9		14	Benefi	ts paid to or for members (Part IX, column (A	.), line 4)			0
17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       3,557,808       4,081,290         18       Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       5,282,228       6,012,612         19       Revenue less expenses Subtract line 18 from line 12       -498,314       -572,847	σh	15			Part IX, column (A), lines		1 724 420	1 021 222
17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       3,557,808       4,081,290         18       Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       5,282,228       6,012,612         19       Revenue less expenses Subtract line 18 from line 12       -498,314       -572,847	δ.	l	•				1,724,420	
17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       3,557,808       4,081,290         18       Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       5,282,228       6,012,612         19       Revenue less expenses Subtract line 18 from line 12       -498,314       -572,847	কু							0
18       Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)       5,282,228       6,012,612         19       Revenue less expenses Subtract line 18 from line 12       -498,314       -572,847	五	b			_			
19 Revenue less expenses Subtract line 18 from line 12498,314 -572,847		17				-		<del> </del>
							5,282,228	6,012,612
Beginning of Current Year   End of Year		19	Reven	ue less expenses Subtract line 18 from line	12		-	-572,847
Year	68 88 88							End of Year
28,235,288 21 Total liabilities (Part X, line 26)	and Tab	20	Tatel	occate (Part V. line 16)				20 225 200
렇죠   ZI   TOLAT HADHILLES (MARC X, IINE 20)	Ag.	1					<del> </del>	
호텔 32 Net 2004년 2016년 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 2 2 1 1 2	5 K	1						
					ine 20		27,313,037	26,/40,190
		22	Netas	sets or fund balances Subtract line 21 from				
Part II Signature Block			_		including accompanying	schodules and a	tatements and	d to the heet of my
Part II Signature Block Under penalties of periury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my	know	ledge a						
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			****	**		1 2	013-01-15	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	Siar	1						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			DOBE	RT KRAMER PRESIDENT				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign    ******   2013-01-15     Date   Da	~·							_
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign    ******   2013-01-15     Date   Da					Date	Check if	Prenarer's to	vnaver identification number
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign    ******   2013-01-15     Signature of officer   Date     ROBERT KRAMER PRESIDENT     Type or print name and title     Charlet for the prepared to prepare the prepared to prepare the prepared to prepared t	יי-ם				2013-01-18	self-		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign    ******   2013-01-15     Signature of officer   Date     ROBERT KRAMER PRESIDENT     Type or print name and title     Preparer's   GARY GLASSMAN     Signature   GARY GLASSMAN     GARY GLASSMAN     Check if   Self- (see instructions)     Preparer's taxpayer identification number (see instructions)     Check if   Self- (see instructions)     Check if   Check if   Check if     Check if   Check if   Check if   Check if     Check if   Check if   Check if     Check if   Check if   Check if     Check if   Check if   Check if     Check if   Check if   Check if   Check if     Check if   Check if   Check if   Check if     Check if   Check if   Check if   Check if     Check if   Check if   Check if   Check if     Check if   Check if   Check if   Check if     Check if   Check if   Check if   Check if     Check if   Check if   Check if   Check if   Check if     Check if			-	<b>,</b>		employed 🕨		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign    ******   2013-01-15     Signature of officer     ROBERT KRAMER PRESIDENT     Type or print name and title     Preparer's signature     GARY GLASSMAN     Date     2013-01-18     Check if self-employed       Check if self	-				LLC		EIN Þ	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign    *******	use	only						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign    *******   2013-01-15				HOLLYWOOD, FL 330242776			Phone no 🕨	(954) 986-4780

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

Par	t III	Statement of Program S Check if Schedule O contains				
1	Brief	ly describe the organization's m	ission			
OF	SAME	RNATIONAL GAME FISH ASSO FISH AND THE PROMOTION O ND RECORD KEEPING				
2		he organization undertake any si rior Form 990 or 990-EZ?		rvices during the year	which were not listed on	┌ Yes ┌ No
	If "Ye	es," describe these new services	on Schedule O			
3	servi	he organization cease conductin ces?		=	nducts, any program	┌ Yes ┌ No
4	Desc expe	ribe the organization's program s nses Section 501(c)(3) and 503 is and allocations to others, the	service accomplishm 1(c)(4) organizations	and section 4947(a)	(1) trusts are required to rep	
4a	(Cod	e ) (Expenses \$	2,319,536	including grants of \$	999,996 ) (Revenue \$	2,137,711 )
	HIST( FISH)	EUM AND E K HARRY LIBRARY OF FISH ORY AND IMPORTANCE OF RECREATIOI IES IS THE LARGEST FISHING LIBRARY ORICAL MEMORABILLA	NAL FISHING TO THTE PU	BLIC VIA GALLERIES, ARTIF	ACTS AND INTERACTIVE EXHIBITS	THE E K HARRY BUILDING OF
4b	(Cod	e ) (Expenses \$	1 662 463	ıncludıng grants of \$	502,145 ) (Revenue \$	1,218,710 )
70	CONS THRO	SERVATION AND WORLD RECORDS - THOUGH THE WORLD RECORD PROGRAM SERVATION ACT AND A CONTINUED CO	IE IGFA FISHING HALL OF RECENT CONSERVATION	FAME APPROVES AND MAII PROJECTS INCLUDES THE	NTAINS WORLD RECORD FISH CAT INTERNATIONAL GREAT MARLIN RA	HCHES (AND RELEASES) ACE, PASSAGE OF THE BILLFISH
4c	(Cod	e ) (Expenses \$	659,756	ıncludıng grants of \$	123,584 ) (Revenue \$	563,486 )
	EDUC CONS	CATION-THE IGFA EDUCATES BOTH YOU SERVATION MEASURES AND MUCH MOR RTFISHING	, JTH AND ANGLERS ON TH	E OVERALL IMPORTANCE O	F RECREATIONAL FISHING, PROPE	R ANGLING TECHNIQUES,
4d	O+b	er program services (Describe i	n Schedula O N			
-ru		er program services (Describe) penses \$	including grants of	<sup>=</sup> \$	) (Revenue \$	)
4e	Tota	al program service expenses►\$	4,641,75	5		
		•				

Part IV	Checklist of	Required	<b>Schedules</b>

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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 $\sqrt{20}$	10	Yes	
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, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> " <i>Yes," complete Schedule D, Part IX.</i>	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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		No
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If</i> "Yes," complete Schedule L, Part III	27		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$ ?	35a		No
b	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		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38		No
		F	orm <b>990</b>	(2011)

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Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	<u> </u>	-1	
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>1a</b> 16			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  16			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
1	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			
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the	3a	Yes	
Ь	year?	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
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 Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
1	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
)	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
ł	If "Yes," indicate the number of Forms 8282 filed during the year			
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
:	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
J	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
1	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		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
,	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
)	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
)	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
2	Enter the aggregate amount of reserves on hand  13c			
3	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	165	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		110
	affiliates, 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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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		No
b	Other officers or key employees of the organization	15b		No
	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		No
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		'10
-	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		
Se	ection C. Disclosure			<u> </u>
	List the States with which a copy of this Form 990 is required to be filed▶			
	Section 61.04 requires an organization to make its Form 1.023 (or 1.024 if applicable), 990, and 990-T (50.1(c))			

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website 🔽 Another's website 🔽 Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization PHIL HOTT
  300 GULF STREAM WAY

# <u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

# 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, and **current** key employees 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
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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)  Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		11150)	organizations
(1) GEORGE G MATTHEWS TRUSTEE		Х						0	0	0
(2) TERRI K ANDREWS TRUSTEE		х						0	0	0
(3) MARTIN AROSTEGUI MD TRUSTEE		Х						0	0	0
(4) MICHAEL L FARRIOR SECRETARY/HI		х						0	0	0
(5) GARY CARTER TRUSTEE		Х						0	0	0
(6) ROY W CRONACHER JR TRUSTEE		Х						0	0	0
(7) GUY HARVEY PHD TRUSTEE		х						0	0	0
(8) K NEIL PATRICK TRUSTEE		х						0	0	0
(9) WILLIAM SHEDD TRUSTEE		х						0	0	0
(10) SEAN M HEALEY TRUSTEE		х						0	0	0
(11) JOAN WULFF TRUSTEE		х						0	0	0
(12) JOSE PEPE ANTON TRUSTEE		х						0	0	0
(13) ROBERT E RICH JR VICE CHAIR		х						0	0	0
(14) PAXSON H OFFIELD CHAIRMAN		х						0	0	0
(15) CARLOS PELLAS TRUSTEE		х						0	0	0
(16) CHARLES W DUNCAN III TREASURER		х						0	0	0
(17) ROBERT E FONDREN TRUSTEE		Х						0	0	0

\$100,000 of compensation from the organization  $\blacktriangleright$ 

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Title	(B) Average hours per week (describe hours	unles an	on (d e tha	n on son er ai	e bo is b nd a stee	x, oth )		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	amou com fi orgar	pensa rom th	other ation ne on and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		Miscy		anızat	
(18) R TRUST	ALPH A VICENTE EE		х						0	(			0
	OBERT KRAMER	40 00			х				175,000	(			0
	IKE MYATT	40 00			х				122,000	(	)		0
1b	Sub-Total					•		•					
С	Total from continuation sheets t					•		<b>•</b>					
d	Total (add lines 1b and 1c) .				•			<u> </u>	297,000				
2	Total number of individuals (inclu \$100,000 of reportable compens					tea .	above	) wnc	received more tha	ın			
											Y	es	No
3	Did the organization list any form					ey e	mploy	ee, o	r highest compens	ated employee			
	on line 1a? If "Yes," complete Sch					•	•	•			3	_	No
4	For any individual listed on line 1 organization and related organization												
	ındıvıdual			•	•	•		•			<b>4</b> Y	es	
5	Did any person listed on line 1a services rendered to the organization.								_		5		No
Se	ction B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax you	highest comper the organizatio											
		<b>(A)</b> ne and business add	dress						Desci	(B) ription of services	Со	(C) mpens	ation
	otal number of independent conti												

Part V	4 * * *	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated campaigns 1a	_			
흔듯	ь	Membership dues 1b				
ΩĔ	С	Fundraising events 1c	_			
£	d	Related organizations 1d	-			
 Ω.Ξ	e	Government grants (contributions) <b>1e</b> 1,637,720	5			
읈	f	All other contributions, gifts, grants, and <b>1f</b> 2,760,36:	_			 
更更	'	similar amounts not included above	-			
温品	g	Noncash contributions included in				
Contributions, gifts, grants and other similar amounts	h	Innes 1a-1f \$ 572,720  Total. Add lines 1a-1f	<b>4</b> ,398,087			
O m	-"-					
e E	_	Business Code	_			
Men.	2a		391,824	391,824		
22	b					
931	c					
Ž X	d					
Ξ	e					
Program Serwce Revenue	f	All other program service revenue				
£	g	Total. Add lines 2a−2f	391,824			
	3	Investment income (including dividends, interest	391,024			
		and other similar amounts)	48,974	48,974		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents	7			
	ь	Less rental	7			
	c	expenses Rental income	┥			
		or (loss)  Net rental income or (loss)	_			
	d	The remediation of (1888) 1 1 1 1 1 1 1				
	7a	(i) Securities (ii) Other Gross amount	╡			
	/a	from sales of				
		assets other than inventory	_			
	Ь	Less cost or other basis and				
		sales expenses	_			
	С	Gain or (loss)	_			
	d	Net gain or (loss)				
ம்	8a	Gross income from fundraising events (not including				
Other Revenue		\$				
> >		of contributions reported on line 1c) See Part IV, line 18				
άč		a 313,19	_			
je.	ь	Less direct expenses <b>b</b>	<u> </u>			
₹	c	Net income or (loss) from fundraising events	313,190			313,190
	9a	Gross income from gaming activities				
		See Part IV, line 19				
		a	_			
	Ь	Less direct expenses b	-			
	C	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	b	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a	ADVERTISING	203,071	203,071		
	ь	OTHER REVENUE	88,833	88,833		
	С	FACILITY RENTAL	22,379	22,379		
	d	All other revenue	-26,593	-26,593		
	e	Total. Add lines 11a-11d	287,690			
		•	·			
	12	<b>Total revenue.</b> See Instructions	<b>►</b> 5,439,765	728,488		313,190

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b, b, 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		'		<u> </u>
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 United States See Part IV, lines 15 and 16				
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 $4958(c)(3)(B)$				
7	Other salaries and wages	1,628,874	1,091,069	303,249	234,556
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,222,233	2,022,000		
9	Other employee benefits				
10	Payroll taxes	302,448	173,763	79,410	49,275
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				_
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	548,000	547,276		724
13	Office expenses	77,779	28,537	46,348	2,894
14	Information technology				
15	Royalties				
16	Occupancy	250,112	178,683	28,718	42,711
17	Travel	156,240	104,282	10,318	41,640
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	6,065	6,065		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	589,652	474,198	51,241	64,213
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	CONSERVATION	592,579	592,579		
b	POSTAGE AND COURIER	217,428	187,033	7,224	23,171
c	COMPUTER SUPPLIES AND MAI	212,976	141,206	32,600	39,170
d	PROMOTIONAL GIFTS	189,208	146,585	4,563	38,060
e					
f	All other expenses	1,241,251	970,479	42,904	227,868
25	Total functional expenses. Add lines 1 through 24f	6,012,612	4,641,755	606,575	764,282
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,075,913 1,908,079 1 1 2 2 3 30,372 3 16,528 122.099 36.807 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 79.184 8 93.005 9 197,214 60.088 Prepaid expenses and deferred charges . . . . . . Land, buildings, and equipment cost or other basis *Complete* 41,689,732 10a Part VI of Schedule D 10a 10b 16,365,286 10c b Less accumulated depreciation . . . . . 25,830,282 25,324,446 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 784,845 15 15 796,335 28,119,909 16 16 28,235,288 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 51,983 89,744 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 125.923 23 93,218 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 628,966 25 1,312,136 D . . . . 26 806,872 26 1,495,098 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 27,313,037 27 26,740,190 Unrestricted net assets . . . . 28 28 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 27.313.037 33 26,740,190 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 28.119.909 28.235.288 34

Part >

5	(2011)						Page <b>12</b>	
Ţ	Reconcilliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI	٠				•	L	

5,439,765 Total revenue (must equal Part VIII, column (A ), line 12)

Total expenses (must equal Part IX, column (A ), line 25)

6,012,612

2

-572,847

ო

27,313,037

4

Revenue less expenses Subtract line 2 from line 1 m

4

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))

Other changes in net assets or fund balances (explain in Schedule O)

Ŋ

26,740,190 Ŋ ဖ Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column Financial Statements and Reporting Part XII (B)

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

ž Yes Accounting method used to prepare the Form 990

ŝ **2**p **2a** If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the lf the organization changed its method of accounting from a prior year or checked "Other," explain in Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? .

م

2a

U

T

3a

Δ

Yes 20 If the organization changed either its oversight process or selection process during the tax year, explain in audit, review, or compilation of its financial statements and selection of an independent accountant?

If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued Both consolidated and separated basis ✓ Consolidated basis on a separate basis, consolidated basis, or both Separate basis

ŝ ä 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . . . . . . . . Single Audit Act and OMB Circular A-133?

Form **990** (2011)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493018003353

**Employer identification number** 

OMB No 1545-0047

2011

Open to Public Inspection

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

**Public Charity Status and Public Support** 

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

Name of the organization INTERNATIONAL GAME FISH ASSOCIATION WORLD FISHING CENTER

WORL	D FISH	ING CENTER 23-	-7231048			
Pa	rt I	Reason for Public Charity Status (All organizations must complete this part.)	See instruct	ions		
The	organi	zation is not a private foundation because it is (For lines 1 through 11, check only one box )				
1	Г	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).				
2	Γ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )				
3	Г	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii	i <b>i)</b> .			
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section 1</b> hospital's name, city, and state	.70(b)(1)(A)(i	iii). Ente	rthe	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a gove section 170(b)(1)(A)(iv). (Complete Part II)	rnmental unit	describe	- d ın	
6	Г	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(	v).			
7	Γ	An organization that normally receives a substantial part of its support from a governmental udescribed in section 170(b)(1)(A)(vi) (Complete Part II)	nit or from the	general	public	
8	Г	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )				
9	Ī	An organization that normally receives (1) more than 331/3% of its support from contribution	ıs. membershir	o fees. ar	nd aros	SS
	·	receipts from activities related to its exempt functions—subject to certain exceptions, and (2	•	•	_	
		its support from gross investment income and unrelated business taxable income (less sectio	-			
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )	· ·			
10	Г	An organization organized and operated exclusively to test for public safety Seesection 509(a	a)(4).			
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions one or more publicly supported organizations described in section 509(a)(1) or section 509(a the box that describes the type of supporting organization and complete lines 11e through 11  a Type I b Type II c Type III - Functionally integrated	n)(2) See <b>sect</b> h		a)(3).	Check
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by o other than foundation managers and other than one or more publicly supported organizations of section 509(a)(2)				
f		If the organization received a written determination from the IRS that it is a Type I, Type II or check this box		porting o	rganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?		i		
		(i) a person who directly or indirectly controls, either alone or together with persons described	ın (II)		Yes	No
		and (III) below, the governing body of the the supported organization?		11g(i)		
		(ii) a family member of a person described in (i) above?		11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	· ·	11a(iii)	I	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	e on in ted in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b> □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

Part III Support Schedule for Organizations Described in IRC 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 qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	acioni iano to q	adiii, diidoi dii	s tooto noted be	non, piedes es	pioto i dit 11	
Cale	ndar year (or fiscal year beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	(e) 2011	<b>(f)</b> Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,043,497	4,842,288	3,127,299	3,487,468	4,398,087	19,898,639
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,809,831	1,520,698	1,087,568	998,340	728,488	6,144,925
3	Gross receipts from activities that are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5	5,853,328	6,362,986	4,214,867	4,485,808	5,126,575	26,043,564
	A mounts included on lines 1, 2, and 3 received from disqualified persons A mounts included on lines 2 and 3						
D	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	1,750,455	1,457,068				3,207,523
c	amount on line 13 for the year Add lines 7a and 7b	1,750,455	1,457,068				3,207,523
8	Public Support (Subtract line 7c						22,836,041
Se	from line 6 ) ction B. Total Support						, ,
	ndar year (or fiscal year beginning	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	<b>(f)</b> Total
_	in)	5,853,328	6,362,986	4,214,867	4,485,808	5,126,575	26,043,564
9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,033,320	0,302,980	4,214,007	4,463,606	3,120,373	20,043,304
b c	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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	84,304		195,188	1,451,818	275,157	2,006,467
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	<b>Total support</b> (Add lines 9, 10c, 11 and 12)	5,937,632	6,362,986	4,410,055	5,937,626	5,401,732	28,050,031
14	First Five Years If the Form 990 is for check this box and stop here	or the organization	on's first, second	, thırd, fourth, or f	ifth tax year as a	501(c)(3) organ	nization, ▶┌
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public Support Percentage for 2011	(line 8 column (	f) dıvıded by lıne	13 column (f))		15	81 410 %
16	Public support percentage from 201	0 Schedule A, Pa	art III, line 15			16	71 320 %
Se	ction D. Computation of Inve	estment Inco	me Percenta	ge			
17	Investment income percentage for 2	•			(f))	17	0 %
18	Investment income percentage from					18	1 000 %
19a	33 1/3% support tests—2011. If the more than 33 1/3%, check this box a						d line 17 is not <b>►</b> ✓

33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

# **Additional Data**

Software ID:

Software Version:

Name: INTERNATIONAL GAME FISH ASSOCIATION WORLD FISHING CENTER

**EIN:** 23-7231048

Form 990, Special Condition Description:

**Special Condition Description** 

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493018003353

**Employer identification number** 

OMB No 1545-0047

Open to Public Inspection

# **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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization INTERNATIONAL GAME FISH ASSOCIATION WORLD FISHING CENTER

23-7231048

Pai	rt I	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99			unds	or Accounts	. Complet	e if the
		organization answered fes to form 99		· advised funds	T (	( <b>b)</b> Funds and o	ther accou	nts
1	Totalı	number at end of year	(, 2 301		1	. ,		
		gate contributions to (during year)						
3	Aggre	gate grants from (during year)						
4	Aggre	gate value at end of year						
5		e organization inform all donors and donor advi are the organization's property, subject to the			nor advı	sed	┌ Yes	✓ No
6	Did th used o confei	e organization inform all grantees, donors, and only for charitable purposes and not for the ben rring impermissible private benefit	donor advisors in we fit of the donor or	riting that grant funds donor advisor, or for a	iny othe	r purpose	┌ Yes	√ No
		Conservation Easements. Complete			to Forn	1 990, Part IV	, line /.	
2	☐ P ☐ P ☐ P ☐ Comp	se(s) of conservation easements held by the or reservation of land for public use (e g , recreating rotection of natural habitat reservation of open space lete lines 2a-2d if the organization held a qualing	on or pleasure)	Preservation of a	certifie	d historic struc		a
	easen	nent on the last day of the tax year						1
_	Total	number of conservation easements			-	Held at the	End of the	Year
a b		acreage restricted by conservation easements			2a 2b			
_		er of conservation easements on a certified his		udad in (a)				
c d		er of conservation easements included in (c) ac			2c 2d			
		` ,						
3		er of conservation easements modified, transfe	rred, released, exti	nguished, or terminat	ed by th	ie organization	during	
	the ta	xable year <b>►</b>						
4	Numb	er of states where property subject to conserva	ation easement is lo	ocated 🗠				
5		the organization have a written policy regarding ement of the conservation easements it holds?		oring, inspection, han	idling of	violations, and	┌ Yes	√ No
6	Staff	and volunteer hours devoted to monitoring, insp	ecting and enforcir	ıg conservatıon easer	ments d	uring the year 🕨	- <u> </u>	
7	A mou ► \$	nt of expenses incurred in monitoring, inspectir	ng, and enforcing co	onservation easement	ts during	the year		
8		each conservation easement reported on line 2 1)(4)(B)(1) and 170(h)(4)(B)(11)?	(d) above satisfy t	ne requirements of se	ction		┌ Yes	√ No
9	baland	rt XIV, describe how the organization reports co ce sheet, and include, if applicable, the text of t ganization's accounting for conservation easen	the footnote to the o					
Part	3111	Organizations Maintaining Collectio Complete of the organization answered			or Otl	her Similar <i>i</i>	Assets.	
1a	art, hı	organization elected, as permitted under SFAS storical treasures, or other similar assets held le, in Part XIV, the text of the footnote to its fin	for public exhibitio	n, education or resear	rch ın fu			2,
b	histor	organization elected, as permitted under SFAS ical treasures, or other similar assets held for p le the following amounts relating to these items	oublic exhibition, ed					
	(i) Re	venues included in Form 990, Part VIII, line 1				<b>►</b> \$		
	(ii) As	ssets included in Form 990, Part X				<b>▶</b> \$ _		
2	Ifthe	organization received or held works of art, historing amounts required to be reported under SFA			for finan			
а	Rever	nues included in Form 990, Part VIII, line 1				<b>-</b> \$		

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Co	<u>llections of Art</u>	t, His	tori	<u>cal Tre</u>	easu	res, or C	<u>)the</u>	<u>r Similar</u>	ASSE	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	ny of th	ne foll	owing th	nat ar	e a signific	ant u	se of its co	llectio	n	
а	Public exhibition		d	$\sqcap$	Loan o	rexc	hange prog	rams				
b	Scholarly research		е	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	aın hov	w the	y further	the o	organızatıoı	ı's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ıılar	Г	Yes	√ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to For	m 990	0,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interm	edıary	for c	ontribut	ions	or other ass	sets	not	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XI	✓ and complete the	follow	ving t	able		-					
							-			Amo	unt	
С	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?							Г	Yes	<b>▽</b> No
b	If "Yes," explain the arrangement in Part XIV	/										
Pa	rt V Endowment Funds. Complete		n ans	were	ed "Yes							
		(a)Current Year	(b)	Prior `	Year	<b>(c)</b> Tw	o Years Back	(d)	Three Years E	Back (€	Four Ye	ears Back
1a	Beginning of year balance							_				
b	Contributions							_				
С	Investment earnings or losses											
d	Grants or scholarships							_				
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as		•					•		
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment ▶											
3a	Are there endowment funds not in the posse	ssion of the organiz	zation	that a	are held	and a	ıdmınıstere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations							•		3a(i)		No
h	(ii) related organizations If "Yes" to 3a(ii), are the related organization							•		3a(ii) 3b		No No
4	Describe in Part XIV the intended uses of th							•		30		110
	rt VI Land, Buildings, and Equipme					0.						
	Description of property			(a)	Cost or o s (investm	ther	( <b>b)</b> Cost or o		(c) Accumu depreciat		( <b>d</b> ) Boo	ok value
1a	Land			1			10,476	5,524			10	0,476,524
	Buildings						21,599		7,4:	39,895		4,159,759
	Leasehold improvements						-,		.,	<del>  </del>		, ,. ==
	Equipment											
	Other		_									
_				1					i e			

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . .

24,636,283

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	( <b>b)</b> Book value	(c) Method of valuation
(including name of security)	, ,	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) should 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-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip		(b) Book value
(a) booting		(D) BOOK VALUE
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
DEFERRED INCOME	1,312,136	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,312,136	
	1,012,100	

-6116	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,439,765
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,012,612
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-572,847
4	Net unrealized gains (losses) on investments	4	
	Donated services and use of facilities	5	
_	Investment expenses	6	
_	Prior period adjustments	7	
	Other (Describe in Part XIV)	8	589,652
9	Total adjustments (net) Add lines 4 - 8	9	589,652
	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	16,805
Part		er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	5,439,765
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	5,439,765
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	5,439,765
Part :	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	5,422,960
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
_ а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	5,422,960
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	589,652
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	6,012,612
Part	XIV Supplemental Information		•

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	BOOK / TAX DEPRECIATION DIFFERENCE 589,652
	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	BOOK / TAX DEPRECIATION DIFFERENCE 589,652

efile GRAPHIC print - DO NOT	- DO NOT PROCESS	As Filed Data -	a - [	DLN	DLN: 93493018003353
SCHEDULE G (Form 990 or 990-EZ)	Supple Fun	emental Info draising or (	Supplemental Information Regarding Fundraising or Gaming Activities	Jing Sé	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete if the ony or if the orga	ganization answered "Y. anization entered more t to Form 990 or Form 99	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.	17, 18, or 19, line 6a. ions.	Open to Public Inspection
Name of the organization INTERNATIONAL GAME FISH ASSOCIATION WORLD FISHING CENTER	FISH ASSOCIATION R			Employer ider 23-7231048	<u> </u>
Part I Fundraising Activitie	s.	e if the organiza	Complete if the organization answered "Yes" to Form 990, Part IV, line 17.	to Form 990, Part IV	/, line 17.
<ul> <li>Indicate whether the organization rai</li> <li>A</li></ul>		through any of the e	raised funds through any of the following activities. Check all that apply  e	ing activities. Check all that apply. Solicitation of non-government grants. Solicitation of government grants. Special fundraising events.	
<ul> <li>2a Did the organization have a writte or key employees listed in Form 9</li> <li>b If "Yes," list the ten highest paid it to be compensated at least \$5,00</li> </ul>	4 G - O	sement with any inc ) or entity in conne · entities (fundraise anization Form 99	n or oral agreement with any individual (including officers, directors, trustees 90, Part VII) or entity in connection with professional fundraising services? ndividuals or entities (fundraisers) pursuant to agreements under which the 10 by the organization Form 990-EZ filers are not required to complete this 1	rs, directors, trustees fundraising services? ents under which the fu ired to complete this ta	☐ Yes ☐ No ndraiser is ible
(i) Name and address of individual or entity (fundraiser)	of (ii) Activity	fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total		<b>A</b>			
3 List all states in which incensing	List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing	stered or licensed t	o solicit funds or has be	en notified it is exemp	t from registration or

Schedule G (Form 990 or 990-EZ) 2011

Cat No 50083H

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

Pai	t II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1  SPECIAL EVENTS	<b>(b)</b> Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
			(event type)	(event type)	(total number)	(6)
₽	1	Gross receipts	313,190			313,190
Revenue	2	Less Charitable				
ž	3	Gross income (line 1 minus line 2)	313,190	)		313,190
	4	Cash prizes				
	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
<u>ይ</u> ሽ	7	Food and beverages				
Ulrea t	8	Entertainment				
Ē	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		( )
	11	Net income summary Combine li	_			313,190
ar	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Kevelkle			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
_	1	Gross revenue				
ည ည	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
년 호 조	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	Г Yes	│ Yes │ No	1
	7	Direct expense summary Add line	s 2 through 5 ın column (	d)		( )
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ►</u>	
9	Ente	er the state(s) in which the organiza	ation operates gaming ac	tivities		
a b	Is th	ne organization licensed to operate No," Explain	gaming activities in each	n of these states?		· Fyes Fno
.0a		e any of the organization's gaming				
b		es," Explain				, 103 ; 100

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (	gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza			
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	<b>\$</b> \$			
	Description of services provided	<b>&gt;</b>			
17 a		Employee er state law to make charitable distribu		· · ·	– No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		<del>-</del>
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to proceed instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

**Compensation Information** 

DLN: 93493018003353

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

**Employer identification number** 

	INTERNATIONAL GAME FISH ASSOCIATION WORLD FISHING CENTER	23-7231048			
Dء	Part I Questions Regarding Compensation	23-7231046			
F C	Questions Regarding Compensation			Yes	No
La	a Check the appropriate box(es) if the organization provided any of the following to or for a person	listed in Form		103	'''
La	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regards				
	First-class or charter travel Housing allowance or residence for	r personal use			
	Travel for companions Payments for business use of pers	onal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initia	tion fees			
	Discretionary spending account  Personal services (e.g., maid, chair	uffeur, chef)			
b	<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding				
	reimbursement orprovision of all the expenses described above? If "No," complete Part III to e	· ·	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred b officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in li	·	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of th	e e			
	organization's CEO/Executive Director Check all that apply				
	Compensation committee Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations  Approval by the board or compens	ation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to or a related organization	the filing organization			
а	a Receive a severance payment or change-of-control payment?		4a		Νo
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		No
c	c Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4</b> c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item	ın Part III			
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must complete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue a compensation contingent on the revenues of	any			
а	a The organization?		5a		Νo
b	<b>b</b> Any related organization?		5b		No
	If "Yes," to line 5a or 5b, describe in Part III				
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue a compensation contingent on the net earnings of	any			
а	a The organization?		6a		No
b	<b>b</b> Any related organization?		6b		Νo
	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 no payments not described in lines 5 and 6? If "Yes," describe in Part III	on-fixed	7		No
3	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that v	was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes,"				
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure describ section 53 4958-6(c)?	ed in Regulations	9		

# Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed Part II

For each individual whose compensation must be reported in Schedule 1, 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

( <b>A</b> ) Name		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) ROBERT KRAMER	(E)	175,000					175,000	

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

# Partition Supplemental Information

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

Identifier	Return Reference	Explanation

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DLN: 93493018003353

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization INTERNATIONAL GAME FISH ASSOCIATION WORLD FISHING CENTER **Employer identification number** 

23-7231048

Pa	rt I Types of Property			•				
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	( ( Method of c contributio	letermi		
1	Art—Works of art			- 9				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock	•						
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ► ()	Х	1	572,720				
26	O ther ►()							
27	O ther ►()							
28	O ther ► ()				ı			
29	Number of Forms 8283 received for which the organization comp				29		<b>v</b>	
30a	During the year, did the organiz	ation receiv	e by contribution any prope	arty reported in Part I lines	1-28 that it		Yes	No
Joa	must hold for at least three yea							
	for exempt purposes for the ent			on, and winch is not require	u to be useu	20-		No
	• • •					30a		No
ь 31	<ul> <li>If "Yes," describe the arrangem</li> <li>Does the organization have a gi</li> </ul>			review of any non-standard	contributions?	31		No
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not repor describe in Part II	t revenues	ın column (c) for a type of p	roperty for which column (a	) is checked,			

Page 2

# Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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SCHEDULE O (Form 990 or 990-EZ)	Suppleme	al Information to Form 990 or 990-EZ
Department of the Treasury Internal Revenue Service	Complete to Fo	Complete to provide information for responses to specific questions on  Form 990 or to provide any additional information.  Inspection
Name of the organization INTERNATIONAL GAME FISH ASSOCIATION WORLD FISHING CENTER	SOCIATION	Employer identification number 23-7231048
ldentifier	Return Reference	Explanation
ORGANIZATIONS MISSION	FORM 990 - ORGANIZATION'S MISSION	THE INTERNATIONAL GAME FISH ASSOCIATION IS A NON-FOROPROFIT ORGANIZATION COMMITTED TO THE CONSERVATION OF GAME FISH AND THE PROMOTION OF RESPONSIBLE, EHTICAL ANGLING PRACTICES THROUGH SCIENCE, EDUCATION, RULE MAKING AND RECORD KEEPING
ORGANIZATIONS PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	NO REVIEW WAS OR WILL BE CONDUCTED
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC
OTHER EXPENSES	FORM 990, PART IX, LINE 24E	INSURANCE 188,425 BUILDING REPAIRS AND MAIN 175,133 CONSULTING 169,246 PRINTING 144,020 MEALS GUESTS & EMPLOY EE 120,570 COST OF GOODS SOLD 80,727 FIELD TRIPS 69,860 DUES, FEES AND SUBSCRIPTI 49,951 PHOTOGRAPHY 42,017 BANK AND CREDIT CARD CHAR 40,332 MISCELLANEOUS 35,914 EXHIBIT DESIGNER 32,594 PROFESSIONAL FEES 27,265 CHARTER BOATS 20,850 RENT 18,693 PROPERTY TAXES 8,579 AUTOMOBILE 7,549 EMPLOY MENT SERVICES 4,816 CONTRIBUTIONS 4,560 LICENSES AND PERMITS 150