05/08/2013 8:16 AM

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)

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

2012 Open to Public Inspection

<u>A</u>	For the 2012	calendar year, or tax year beginning , and ending					
<u>B</u>	Check if applicable:	C Name of organization BONEFISH & TARPON UNLIMITED, INC.	D Emplo	yer identification number			
	Address change	c/o THOMAS N. DAVIDSON					
\Box	Name change	Doing Business As	65-	-0988321			
=	ū	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Teleph	ione number			
님	Initial return	24 DOCKSIDE LANE #83	305	5-367-3416			
Ш	Terminated	City, town or post office, state, and ZIP code					
	Amended return	KEY LARGO FL 33037-5267	G Gross red	ceipts \$ 934,591			
$\overline{\Box}$	Application pending	F Name and address of principal officer:		affiliates? Yes X No			
ш		THOMAS N. DAVIDSON	group return for affiliates? Yes X				
		24 DOCKSIDE LANE, #83	ffiliates includ	ed? Yes No			
		KEY LARGO FL 33037	o," attach a lis	st. (see instructions)			
<u></u>	Tax-exempt status	X 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527					
J	Website: U	WWW.TARBONE.ORG H(c) Group es	kemption num	ber u			
ĸ	Form of organization	a: X Corporation Trust Association Other u L Year of formation: 1	.999	${f M}$ State of legal domicile: FL			
Р	art I S	ummary					
	1 Briefly	escribe the organization's mission or most significant activities:					
ė		DDAVITHE FINNS FOR RECENDED DRATECTS FOR DANFETSU AND					
Governance	TAR	PON.					
ērr		<u></u>					
39	2 Check	his box ${f u}$ if the organization discontinued its operations or disposed of more than 25% of its net as	sets.	-			
<u>«</u>		of voting members of the governing body (Part VI, line 1a)		6			
es	4 Numbe	of independent voting members of the governing body (Part VI, line 1b)	4	4			
Activities	5 Total nu	mber of individuals employed in calendar year 2012 (Part V, line 2a)	5	4			
Act		mber of volunteers (estimate if necessary)		0			
	7a Total u	related business revenue from Part VIII, column (C), line 12	7a	6,612			
	b Net unr	elated business taxable income from Form 990-T, line 34		0			
ne		Prior Ye		Current Year			
	8 Contrib	, , , , , , , , , , , , , , , , , , , ,	<u>0,717</u>	896,965			
en.	9 Program	service revenue (Part VIII, line 2g)	0	1 001			
Revenue	10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)	761 7,403	1,081			
				6,612			
		<u> </u>	8,881	904,658			
			4,444	467,283			
		paid to or for members (Part IX, column (A), line 4)	0 076	05 076			
es	15 Salaries		<u>8,076</u>	85,076			
Expenses	16a Profess	onal fundraising fees (Part IX, column (A), line 11e)	0	U			
х	b Total fu	ndraising expenses (Part IX, column (D), line 25) u 9,760	6 207	270 221			
_	17 Outer c	perises (Fart IX, Column (A), lines Tra-Tru, Tri-246)	<u>6,297</u> 8,817	279,331 831,690			
		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `					
- ×		e less expenses. Subtract line 18 from line 12 38 Beginning of Cu	0,064 rrent Year	72,968 End of Year			
Net Assets or Fund Balances	20 Total as		8,046	859,110			
Ass	21 Total lia		2,566	70,922			
<u>\$</u>	22 Net ass		5,480	788,188			
		ignature Block	3 / 100	7007100			
		perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my kr	nowledge and belief it is			
		complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge					
Sig	ın 🔽	Signature of officer	Date				
He		THOMAS N. DAVIDSON CODV PRESIDENT					
		Type or print name and title					
	-	e preparer's name Preparer's signature Date	Check	if PTIN			
Paid	d JOHN	H. CONN, CPA 05/08	/13 self-em	ployed P00426303			
Pre	parer Firm's	ame } CONN & SHARP, P.A.	Firm's EIN }	20-1461981			
Use	Only	10 NE 18TH STREET					
	Firm's	ddress } HOMESTEAD, FL 33030-4519	Phone no.	305-245-0440			
Max	the IPS disc	ss this return with the preparer shown above? (see instructions)		Y Yes No			

orm-	990 (2012) BONEFISH & TARPON UNLIMITED, INC. 65-0988321	Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
	Briefly describe the organization's mission:	
	O PROVIDE FUNDS FOR RESEARCH PROJECTS FOR BONEFISH AND	
Т	'ARPON.	
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.	🗀 144 📇 144
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	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 \$ 737,090 including grants of \$ 467,283) (Revenue \$)
P	PROVIDING SUPPORT TO A RESEARCH PROGRAM STUDYING THE	/
	EHAVIOR OF BONEFISH AND TARPON	
	•	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	*	

	•	
	·	
	•	
4r	(Code:) (Expenses \$ including grants of \$) (Revenue \$	1
70	(Code:) (Experiods ψ	/
	COPY	
	•	
	······	·····
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses u 737,090	

Form 990 (2012) BONEFISH & TARPON UNLIMITED, INC. Page 3 **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 Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 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 Χ 3 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 Χ 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, Χ 5 Part III 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 Χ 6 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 X_{-} 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 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 Χ 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 Χ 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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 Χ 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? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a 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 Χ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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 Χ 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 United States? If "Yes," complete Schedule F, Parts II and IV Χ 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 United States? If "Yes," complete Schedule F, Parts III and IV X 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, Fart I (Lee in fuctions) Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

If "Yes," complete Schedule G, Part III

Χ

Χ 18

19

19

			Yes	No
1	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	_ ا	37	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States		37	
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
	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			٦,
	employees? If "Yes," complete Schedule J	23		X
а	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	04-		
_	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
ā	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			τ;
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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?			τ:
_	If "Yes," complete Schedule L, Part I	25b		X
6	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			τ,
_	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
7	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		X
3	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			١
	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		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
5a	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		
6	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		Х
7	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		Х
В	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	L

Pä	Check if Schodule O contains a response to any question in this Part V					
	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	4		163	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		-			
	reportable gaming (gambling) winnings to prize winners?			1c		
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	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	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					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	16%			3b	Χ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ancial				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country: u					
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Account	S.	_		37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactif "Yes" to line 5a or 5b, did the organization file Form 8886-T?	tion?		5b 5c		
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
va	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution			- ou	21	
-	gifts were not tax deductible?			6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods				
	and services provided to the payor?			7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Χ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		X
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 co			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		4 FUIII 1090-C!	/11		
O	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		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any tayable distributions under section 40662			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1 1				
а	Gross income from members or shareholders	11a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources	l l				
120	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	11b		12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issues.	IZU		-		
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				
С	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		<u> </u>
DAA				For	m 99((2012)

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

Page 6

	Check if Schedule O contains a response to any question in this Part VI					Х
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	1a	6			
	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	4			
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					
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
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,					l
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					ļ ,,
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	nai R	evenue Co	ae.)	,,	T
40-	Did the consideration have level shorters because of the constant of			40-	Yes	No v
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			10h		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing			10b 11a	Х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	trie ioi	III!	па		
b 122	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	: 10 00	IIIICIS!	120	Δ.	
С				12c		X
13	Did the organization have a written whistleblower policy?			13	Х	1
14	Did the organization have a written document retention and destruction policy?			14	X	
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
b	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 200 is required to be filed as None					
18	Section 6104 requires an organization to make its Forms 1023 (o 102 if a policable), 990, and 990-T (Section 50					
	available for public inspection. Indicate how you made these available. Sheck all that apply.					
	X Own website 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 interconstruction	est poli	су,			
	and financial 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				
	organization: u TOM DAVIDSON 7 SUNRISE CAY					
7.71	TT 2202	7	205	26	7 2	116

DAA Form **990** (2012)

Form 990 (2)	012) BONEFISH	& TARPON	UNLIMITED,	INC.	65-09	988321	_	Pa	age 7
Part VII	Compensation	of Officers, D	irectors, Trustees	, Key Emp	oloyees,	Highest	Compensated	Employees, and	t
	Independent C	Contractors							_
	Check if Schedu	ule O contains a	a response to any o	question in	this Part	VII			
Section A.	Officers, Directors	s, Trustees, Key E	mployees, and Highe	st Compensa	ated Emplo	oyees			

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.
- 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.

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

(A) Name and Title	(B) Average hours per week (list any	bo	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) AARON ADAMS DIRECTOR	15.00 0.00	X		Х				12,500	0	0
(2) THOMAS N. DAVIDS								12,300	0	0
CHAIRMAN/DIR	5.00	X		Х				0	0	0
(3) RUSSELL FISHER										
TREASURER	3.00	X		Х				0	0	0
(4) STU APTE										
DIRECTOR	0.00	X						0	0	0
(5) DR. JERALD AULT	0 00									
DIRECTOR	0.00	X						0	0	0
(6) MATT CONNOLLY	0.00	Λ						0	0	0
PRESIDENT	3.00	X		Х				0	0	0
(7) CHRIS DORSEY										
VP COMMUN.	0.00	X		Х				0	0	0
(8) CHICO FERNANDEZ	0.00									
DIRECTOR	0.00	X						0	0	0
(9) JEFF STORM HARKA										
SECRETARY	3.00	X				U	_	DPY 0	0	0
(10) BILL KLYN	2.00									
VP MARKETING	0.00	X		Х				0	0	0
(11) DR. MICK KOLASSA	0.00									
VP MEMBERSHI	0.00	Χ		Χ				0	0	0

DAA

Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	I Employees (continued)		
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle	Pos check ess pe	erson i directo	than dis both or/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations	
(12) SANDY MORET	2 22										
DIRECTOR (13) CURTIS BOSTICK	0.00	X						0	0		0
DIRECTOR	0.00	X						0	0		0
(14) TAD BURKE											
DIRECTOR	0.00	X						0	0		0
(15) ADOLPHUS BUSCH	0 00									l	
DIRECTOR	0.00	X						0	0		0
(16) MICHAEL CASSIDY	0.00	X						0	0		0
DIRECTOR (17) DON CAUSEY	0.00	Α.						0	0		
DIRECTOR	0.00	X						0	0		0
(18) JACK CURLETT											
DIRECTOR	0.00	X						0	0		0
(19) MIKE FITZGERALD	0.00										_
DIRECTOR	0.00	X					<u> </u>	12,500	0		0
1b Sub-total		 Secti					u u	12,500			
d Total (add lines 1b and 1c)	,						u	12,500			
Total number of individuals (in reportable compensation from	•		_	thos	e lis	ted a	bov	e) who received more than	\$100,000 in		
3 Did the organization list any fo	ormer officer, dir	ecto	r, or	trust	ee,	key e	empl	loyee, or highest compensa	ated	Yes	No
employee on line 1a? If "Yes," For any individual listed on line organization and related organ	e 1a, is the sum	of r	eport	able	con	npen	satic	on and other compensation	from the	3	X
individual										4	X
5 Did any person listed on line of for services rendered to the or										5	Х
Section B. Independent Contracto		,									
Complete this table for your fire compensation from the organization.	zation. Report co							dar year ending with or with	in the organization's tax ye		
Name and	(A) business address							Descript	(B) ion of services	(C) Compensation	on
](JPY			
							-				
2 Total number of independent of	contractors (incl.	ıdina	hut	not	limit	ad to	the	sa listad ahova) who			
received more than \$100,000								se usieu above) WNO	0		

Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	mp	oyee	s, a	and Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	erson	than of the state	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	coi	(F) Estimated amount of other compensation		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or a	from the rganization and related ganizations		
(12) ROB HEWETT	0.00												
DIRECTOR	0.00	X						0	0			0	
(13) BILL LEGG DIRECTOR	0.00	X						0	0			0	
(14) STEVE MARTIN									5				
DIRECTOR	0.00	X						0	0			0	
(15) DAVE PHILIPP		21											
DIRECTOR	0.00	X						0	0			0	
(16) JON SHENKER									5				
DIRECTOR	0.00	X						0	0			0	
(17) JOEL SHEPHERD									<u> </u>				
DIRECTOR	0.00	X						0	0			0	
(18) ADELAIDE SKOGLUI	I D							,					
DIRECTOR	0.00	X						0	0			0	
(19) STEVE STANLEY													
DIRECTOR	0.00	X						0	0			0	
1b Sub-total							u						
c Total from continuation sheed d Total (add lines 1b and 1c)	•						u u						
Total number of individuals (in reportable compensation from	cluding but not l	limite						e) who received more than	\$100,000 in				
· · · · · · · · · · · · · · · · · · ·				4			1	landa da biaharta arang da biaharta da	-4- d		Yes	No	
3 Did the organization list any for employee on line 1a? If "Yes,"	complete Sche	dule	J for	suc	h in	dividu	ıal .				3		
4 For any individual listed on lin- organization and related organ	nizations greater	thar	1 \$15	50,00	0? I	f "Ye	s," c	complete Schedule J for su	ch				
individual	1a receive or ac	 crue	com	 pens	atio	 n fror	 n ar	ny unrelated organization o	r individual		4		
for services rendered to the or Section B. Independent Contractor	rganization? If "\										5		
1 Complete this table for your fir	ve highest comp												
compensation from the organi	zation. Report co (A) I business address	ompe	ensat	tion 1	for th	ne ca	lend		nin the organization's tax younger (B) tion of services	ear.	(C) Compensa	ation	
Name and	business address							Descrip	tion of services		Compenso	auon	
						\mathcal{L})()PY		\longrightarrow			
2 Tatal must be at 1		. الم،	. 6. 1	<u></u>	lie-'r	٠ له ٠	μ ₋	an listed alternal of					
2 Total number of independent received more than \$100,000								se listed above) who					

Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle	Pos check ess pe	rson i	than o s both or/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2 1039-WIGG)	organization and related organizations
(12) JOHN TURNER	0.00									
DIRECTOR	0.00	X						0	0	0
(13) PAUL WINGROVE DIRECTOR	0.00	X						0	0	0
(14) HAROLD BREWER		22							0	
DIRECTOR GANT	3.00 0.00	X						0	0	0
DIRECTOR	0.00	X						0	0	0
(16) ANDREW MCLAIN	0.00							0	0	0
DIRECTOR (17) BERT SCHERB	0.00	X						0	0	0
	0.00									
DIRECTOR (18) BILL STROH	0.00	X						0	0	0
DIRECTOR	0.00	X						0	0	0
(19) CHARLES CAUSEY	0.00	X							0	0
DIRECTOR 1b Sub-total	0.00	<u> A</u>					u u	0	U	U
c Total from continuation shee	•						u			
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not l	imite					u bov	e) who received more than	\$100,000 in	
3 Did the organization list any for employee on line 1a? If "Yes,"								loyee, or highest compensa	ated	Yes No
4 For any individual listed on line organization and related organ	e 1a, is the sum nizations greater	of rotthan	eport	table 60,00	con	npens f "Ye	satio s," c	complete Schedule J for su	ch	4
individual 5 Did any person listed on line of for services rendered to the or	la receive or ac	crue	com	pens	ation	n fror	n ar	ny unrelated organization o	r individual	5
Section B. Independent Contracto	ors									
Complete this table for your five compensation from the organization.	zation. Report co							lar year ending with or with	nin the organization's tax ye	
Name and	(A) business address							Descrip	(B) tion of services	CO Compensation
						_				
						(ļ	JPY		
							-			
2 Total number of independent of								se listed above) who		
received more than \$100,000								•		

Part VII Section A. Officers	s, Directors, Tru	ıstee	s, K	ey E	mp	loyee	s, a	and Highest Compensated	Employees (continued)			
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	С	(F) Estimated amount of other ompensation	of ion
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organizatio and relate organization	on ed
(12) CHRIS BUCKLEY	0.00											
DIRECTOR	0.00	X						0	0			C
(13) CHRIS PETERSON DIRECTOR	0.00	X						0	0			C
(14) DAVID MEEHAN								,	,			
DIRECTOR	0.00	X						0	0			C
(15) JACK PAYNE	0.00	22										
DIDUCTION	0.00								0			_
DIRECTOR (16) JEFF MORE	0.00	X						0	0			C
	0.00											
DIRECTOR (17) MIKE NUSSMAN	0.00	Х	┝			-		0	0			C
(II) HILLE NODDHAN	0.00											
DIRECTOR	0.00	X						0	0			C
(18) MONA BREWER	0.00											
DIRECTOR	0.00	X						0	0			C
(19) NELSON SIMS	0.00											
DIRECTOR	0.00	X						0	0			C
1b Sub-total	• • • • • • • • • • • • • • • • • • • •						u					
c Total from continuation she	,						u					
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not	limite					u ibov	e) who received more than	\$100,000 in			Voo No
3 Did the organization list any for	ormer officer, dir	ecto	r, or	trust	ee,	key e	empl	loyee, or highest compensa	ated	Г		Yes No
employee on line 1a? If "Yes,"For any individual listed on lin organization and related organ	e 1a, is the sum	of r	epor	table	con	npen	satio		from the		3	
individual	1a receive or ac	 crue	com	 pens	atio	 n froi	 n ar	 ny unrelated organization o	r individual		4	
for services rendered to the o	rganization? If "\									<u></u>	5	
Section B. Independent Contractor 1 Complete this table for your fi		ensa	ated	inde	pend	lent o	contr	ractors that received more	than \$100,000 of			
compensation from the organi	zation. Report c							lar year ending with or with	nin the organization's tax ye	ear.		(C)
Name and	(A) I business address							Descrip	(B) tion of services		Comp	(C) pensation
							10)PY				
2 Total number of independent								se listed above) who				
received more than \$100,000	or compensation	1 110	ııı (N	s or	jai 112	alior	ıu					

Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	Emp	loyee	es, a	and Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unl	Pos check ess pe and a	erson	than of the thick that the thick the thick the thick the thick the thick the thic	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	с	(F) Estimal amount othe compens from t	t of r ation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1.2.1888.11188)		organiza and rela organiza	ation ated	
(12) PAUL VAHLDIEK	0.00												
DIRECTOR	0.00	X						0	0				0
(13) RANDOLPH BIAS DIRECTOR	0.00	X						0	0				0
(14) RICHARD HIRSCH								,					
DIRECTOR	0.00	X						0	0				0
(15) SCOTT ALFORD	0.00	21											
DIRECTOR	0.00	X						0	0				0
(16) STEVE O'BRIEN	0.00	1							0				
DIDECTION	0.00								0				0
DIRECTOR (17)	0.00	X						0	0				0
(18)													
(19)													
1b Sub-total							u						
c Total from continuation she	,						u						
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not l	limite					u abov	le) who received more than	\$100,000 in			Vas	No.
3 Did the organization list any for								loyee, or highest compensa	ated			Yes	No
employee on line 1a? If "Yes,"For any individual listed on linorganization and related organ	e 1a, is the sum	of r	epor 1 \$15	table	cor	npen f "Ye	satio	complete Schedule J for su	from the ch		3		
individual	1a receive or ac	 crue	com	 pens	satio	 n froi	 m ar	ny unrelated organization o			4		
for services rendered to the or Section B. Independent Contractor	rganization? If "\										5		
1 Complete this table for your fi	ve highest comp												
compensation from the organi	zation. Report co (A) I business address	ompe	ensa	tion	tor th	ne ca	alenc		nin the organization's tax ye (B) tion of services	ear.		(C) mpensat	ion
Name and	business address							Безигр	tion of services			прспза	OII
						_		NDV					
						_	人	JF I					
							-						
,													
2 Total number of independent received more than \$100,000								se listed above) who					

Г	irt V	Check if Schedule (tains a	response t	o any question in	this Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns	1a						
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b		80,370				
Š,	С	Fundraising events	1c		230,592				
ᆵ	d	Related organizations	1d						
Si.	е	Government grants (contributions)	1e						
ion Solution	f	All other contributions, gifts, grants,							
챨		and similar amounts not included above	1f		586,003				
ğ	g	Noncash contributions included in lines 1a-	-1f:	\$	4,309				
<u>೧</u> ೬	h	Total. Add lines 1a-1f			u	896,965			
ne					Busn. Code				
eVe	2a								
e E	b								
울	С								
တ္တ	d								
폛	е								
<u>o</u>	f	All other program service reve							
<u> </u>	y	Total. Add lines 2a–2f							
	3	Investment income (including				1 001			1 001
	١.	and other similar amounts)				1,081			1,081
	4	Income from investment of tax		•					
	5	Royalties	·····						
	_	(i) Real		(11)	Personal				
	6a	Gross rents							
	b	Less: rental exps.							
	C	Rental inc. or (loss)							
	d 7a	Net rental income or (loss) Gross amount from (i) Securities							
		sales of assets (i) Securities		(11)	Other				
		other than inventory							
	b								
	_ ا	basis & sales exps.							
		Gain or (loss) Net gain or (loss)							
	d 8a				u				
Revenue	oa	(not including \$ 230,!							
Ver		of contributions reported on line 1c							
		Con Don't IV Unit 10			24,070				
Other	h	Less: direct expenses	b		24,070				
ð		Net income or (loss) from fund	~ t	1 AVANTS					
		Gross income from gaming activities	ĭ	, GVEIIIO .	u				
	Ja	See Part IV, line 19							
	h	Less: direct expenses	a						
		Net income or (loss) from gan	" (tivities	11				
		Gross sales of inventory, less	g u		u				
		returns and allowances	а		12,475				
	b	Less: cost of goods sold	b		5,863				
		Net income or (loss) from sale	™ ເ	ventory		6,612		6,612	
		Miscellaneous Revenue	3 GI III		Busn. Code			0,012	
	11a					CUPI			
	b								
	c								
	d	All other revenue							
	е	Total. Add lines 11a-11d			u				
	12	Total revenue. See instruction				904,658	0	6,612	1,081

Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	Secti	on 501(c)(3) and 501(c)(4) organizations must conclude the contains a responsible to the contain	omplete all columns. All ot		nplete column (A).	П
1 Gards and other assistance to governments and organizations in the U.S. See Part V. line 21 447,283 447,283 447,283 447,283 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000		not include amounts reported on lines 6b,	(A)	(B) Program service	Management and	Fundraising
grantzations in the U.S. See Part IV, Ine 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 12 3 Grants and other assistance to governments, organizations, and individuals custade the U.S. See Part IV, lines 15 and 16 4 Beanetis paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Corpensation not included above, to disqualified persons (se defined under section 4958()(0)) and persons discribed in section 4958()(0)) and persons discribed in section 4958()(0)(0) and (0)(0) employee benefits and a section 4019() and 402(0) employee benefits and a section 4019() employee benefits and a s		1		expenses	general expenses	expenses
2 Grants and other assistance to individuals in the U.S. See Part IV, line 15 and 16 Benefits paid to or for members organizations, and individuals outside the U.S. See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of included above, to disqualified persons (as defined under section 4980(0)) and persons described in section 4980(0)) and persons described in section 4980(0) and persons described in section 4980(0) and 4900 employees Compensation (as a compensation of the section 4900 employees) and 4900 employees Compensation (as a compensation of the compens	1	· ·	447 202	447 202		
the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. 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 disqualitied passes (as defined under section 4590(0)) and passons discribed in section 4958(0)(3) and passons discribed in section 4958(0) and 4958(_	····· -	447,283	447,283		
3 Grants and other assistance to governments, organizations, and individuals cutside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current of license, directors, trustoes, and key employees 6 Compensation of current of license, directors, trustoes, and key employees 7 Compensation of current of license, directors, trustoes, and key employees 8 Persion plan accrusis and contributions (include section 4958(G)(S)) 9 Other employee benefits 10 Payroll taxes 10 Payroll taxes 11 Fees for services (non-employees): 11 Advantagement 12 Legal 12 Legal 13 Caccounting 14 Lobbying 15 Legal 16 Lobbying 17 Investment management fees 19 Other, (if the 11g amount exceeds 10% of ine 25, cutrum (a) amount, it is the 11g expenses of schedule 0.) 13 Office expenses 13 Office expenses 14 Information technology 15 Royalities 16 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any effectal, state, or local public officials 19 Conferences, conventions, and meetings 11 Payments to tarfillaises 20 Depreciation, depletion, and amonitization 21 Payments to tarfillaises 22 Depreciation, depletion, and amonitization 23 Insurance 24 RESEARCH REVENSES 25 L0,983 26 All other expenses in time 24e II line 4e amount excess 10% of line 25, cuturn (a) amount, list line 24e expenses in time 24e II line 4e amount excess 10% of line 25, cuturn (a) amount, list line 24e expenses in the 24e II line 4e amount excess 10% of line 25, cuturn (a) amount, list line 24e expenses in the 24e II line 4e amount excess 10% of line 25, cuturn (a) amount, list line 24e expenses in the 24e II line 4e amount excess 10% of line 25, cuturn (a) amount, list line 24e expenses in the 24e II line 4e amount excess 10% of line 25, cuturn (a) amount, list line 24e expenses in the 24e II line 4e amount excess 10% of line 25, cuturn (a) amount, list line 24e expenses in the 24e II line 4e expenses in the 24e II line 24e	2		20 000	20 000		
organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included attore, to disqualified persons (as defined under section 49580(0)8) 7 Other salaries and weges Person pin acruals and contributions (include section 4018) and 4030) employee contributions) Other amployee benefits Payroll toxes 6,088 2,374 3,044 670 Payroll toxes 6,088 2,374 3,044 670 Payroll toxes 6,088 2,374 3,044 670 It ress for services (non-employees): a Management b Legal c Accounting 5,998 5,998 G Lobbying e Professional fundiasing services. See Part IV. Ine 17 Investment management fees g Other, (line 1tg process created life of the 25; cutum Marrout in 1tg process or shorted or) 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000			20,000	20,000		
U.S. 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 of included above, to disqualled persons (as defined under section 4958(10)) and persons described in section 4958(10)) and persons described in section 4958(10) and 400(b) employer contributions (include section 4010) and 400(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 6 C, 0.88 2 , 3.74 3 , 0.44 670 11 Fises for services (non-employees): a Management b Legal c Accounting 6 Professional fundability services See Part IV, line 17 1 Investment management frees 9 Other (If the 11g amont descels 10% of the 25 cutum (a) amont is the 11g segence on Schedule 0) 13 Office expenses 13 Office expenses 14 Adventising and promotion 15 Royalities 16 Cocupancy 17 Travel 16 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any feefant, state, or local public officials or local publ	3	9				
## Senefits 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 4768(0)) and persons described in section 4768(0) and wages 7 Other salaries and wages 8 Pension plan acruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 10 Payroll taxes 10 Agrantian and the properties of th						
### Compensation not included above, to disqualified persons (as defined under section 4958(())) and persons described in section 4958(())) and 403(()) employer contributions (include section 401(()) employer contribution 401(()) employer contribution (include section						
6 Compensation not included above, in disqualified persons (as defined under section 4958()(3)(8) 7 Other salaries and wages 8 Pensoin plan accrusis and confributions (include section 491(x) and 403(x)) employer contributions) 9 Other employee benefits 10 Payroll taxes 6 , 0.88 2 , 3.74 3 , 0.44 6.70 11 Fees for services (non-employees): a Management b Legal c Accounting 6 Poticsstand Indications services. See Part IV, line 17 f Investment management fees 9 Other (filthe 11g around excess 10% of line 2s, column (x) arround its lite 11g expenses on Schodule 0) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royaltes 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Interest 21 Payments of travel or entertainment expenses for any federal, state, or local public officials 22 Depreciation, depletion, and amortization linerest 23 Insurance 24 Other sepanses. Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (x) amount, list line 24e expenses on Schodule 0) 2 RESEARCH EXPENSES 2 10 Office expenses 3 1,736 3 1,736 4 MERSITTE EXPENSE 4 Al Other sepanses 5 11,811 8 28 8 10,983	5	-				
persons (as defined under section 4958(0(1)) and persons described in section 4958(0(3)8) 7 Other salaries and vages 8 Pension plan accrusis and contributions (include section 401(k) and 403(k) employer contributions) 9 Other employee benefits 10 Payroll taxes 6 , 0.88 2 , 3.74 3 , 0.44 670 11 Fees for services (non-employees): a Management b Legal c Accounting 5 , 9.98 5 , 9.98 d Lobbying e Professional fundraising services. See Part IV. Ilire 17 f Investment management fees g Oths: (filter 11g amount exceeds 10% of filer 25 column (A) amount, list line 17g express on Schedule 0) 10 Advertising and promotion 11 Office expenses 12 Advertising and promotion 13 Office expenses 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 21 Payments of affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses in line 24e. If line 24e amount, expenses in Express son Schedule 0) a RESEARCH EXPENSES 1	•					
persons described in section 4958(c)(3)(8) 7 Other salaries and wages 7 8 , 9 8 8 30 , 5 7 0 39 , 3 2 8 9 , 0 9 0 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 6 , 0 8 8 2 , 3 7 4 3 , 0 4 4 6 7 0 11 Fees for services (non-employees): 1	О	· ·				
7 Other salaries and wages 78,988 30,570 39,328 9,090 8 Pension plan accruals and contributions (include section 401(4) and 405(4) employer contributions) 9 Other employee benefits 9						
8 Pension plan accruals and contributions (include section 401(it) and 401(it) employee contributions) 9 Other employee benefits 10 Payroll taxes	_		70 000	20 570	20 220	0 000
section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroff taxes 6,088 2,374 3,044 670 11 Fees for services (non-employees): a Management b Legal c Accounting 5,998 5,998 5,998 d Lobbying e Professional fundralising services. See Part IV, line 17 f Investment management fees 9 Other, of the 11g amount exceeds 10% of the 25 cutume (A) amount list line 11g sepsess on Schedule 0) 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 12 Advertising and promotion 31 Office expenses 8,165 4,311 3,854 14 Information technology 15 Royalties 0 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 20 Depreciation, depletion, and amortization 10 RESEARCH EXPENSES 10 MEMBERSHIP EXPENSES 46,438 46,438 50 JUNNAL EXPENSES 11,811 828 10,983			10,908	30,570	39,328	9,090
9 Other employee benefits 10 Payroll taxes 6,088 2,374 3,044 670 11 Fees for services (non-employees): a Management b Legal c Accounting 5,998 5,998 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) 20,000 20,000 21 Advertising and promotion 13 Office expenses 8,165 4,311 3,854 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 21 Payments to affiliates 22 Depreciation, depletion, and amontization 23 Insurance 24 Other expenses limize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 124e expenses on Schedule 0) a RESEARCH EXPENSES 46,438 46,438 5 10,634 6 WEBSITE EXPENSE 5 120,452 7 10,634 6 All other expenses 6 List ITS EXPENSE 7 10,634 7 10,634 7 10,634 7 10,634 7 10,634 7 10,634	ð	·				
10 Payroll taxes 6 , 0.88 2 , 374 3 , 0.44 670 11 Fees for services (non-employees): a Management b Legal	0					
11 Fees for services (non-employees): a Management b Legal c Accounting 5,998 5,998 d Lobbying e Professional fundralsing services. See Part IV, line 17 f Investment management fees g Other, (ff line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule (b) 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,		Payroll taxes	ร บรร	2 274	3 044	670
a Management b Legal c Accounting 5,998 5,998 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (if line 11g amount accoseds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) 20,000 212 Advertising and promotion 31 Office expenses 3 8,165 4,311 3,854 14 Information technology 15 Royalties 6 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Payments to affiliates 20 Depreciation, depletion, and amortization 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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) 3 RESEARCH EXPENSES 46,438 46,438 5,998 5,998 5,998 5,998 5,998 5,998 5,998 5,998 5,998 6,998 6,498 6,498 6,498 6,498 6,498 6,498 6,498 6,498 6,498 6,498 6,498 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7,998 7		Face for services (non-employees)	0,000	4,314	3,044	070
b Legal						
c Accounting 5,998 5,998		I a mal				
d Lobbying e Professional fundraising services. See Part IV. line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20			5 998		5 998	
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 2	4	Lobbying	3,770		3,770	
F Investment management fees G Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 20,000 20,000 20,000						
Gother, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)		· · · · · · · · · · · · · · · · · · ·				
(A) amount, list line 11g expenses on Schedule 0.) 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20						
12 Advertising and promotion 13 Office expenses	9	·	20.000		20.000	
13 Office expenses 8,165 4,311 3,854 14 Information technology	12		20,000		20,000	
14 Information technology 15 Royalties 16 Occupancy 17 Travel 14,106 14,106 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 8,336 8,336 20 Interest 21 Payments to affiliates 106 106 21 Payments to affiliates 1,527 1,527 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.) 120,452 120,452 a RESEARCH EXPENSES 120,452 120,452 46,438 c JOURNAL EXPENSE 31,738 46,438 d WEBSITE EXPENSE 10,634 10,634 e All other expenses 11,811 828 10,983			8.165	4.311	3.854	
15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 O.) 28 RESEARCH EXPENSES 29 Depreciation, depletion, and amortization 20 Insurance 21 106 22 106 23 Insurance 24 Other expenses in line 24e. If line 24e expenses on Schedule O.) 25 A RESEARCH EXPENSES 26 A G WEBSTTE EXPENSE 27 A G WEBSTTE EXPENSE 38 A G G A G A G A G A G A G A G A G A G		Information technology	0,103	1,011	3,031	
16 Occupancy 17 Travel 14,106 14,106 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 8,336 8,336 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 106 106 23 Insurance 1,527 1,527 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 O.) 120,452 120,452 a RESEARCH EXPENSES 46,438 46,438 c JOURNAL EXPENSE 31,756 31,758 d WEBSTTE EXPENSE 10,634 10,634 e All other expenses 11,811 828 10,983						
17 Travel 14,106 14,106 14,106 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 Payments to affiliates 10 Interest 10 Insurance 10 Insurance 11,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,52		Occupancy				
Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.) a RESEARCH EXPENSES 21 120,452 22 Depreciation, depletion, and amortization 23 Insurance 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.) a RESEARCH EXPENSES 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,452 21 120,45			14,106	14,106		
Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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.) RESEARCH EXPENSES MEMBERSHIP EXPENSE MEMBERSHIP EXPENSE JOURNAL EXPENSE MEBSITE EXPENSE MEBSITE EXPENSE MEBSITE EXPENSE All other expenses 11,811 828 10,983			,	,		
Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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.) RESEARCH EXPENSES MEMBERSHIP EXPENSE MEMBERSHIP EXPENSE JOURNAL EXPENSE MEBSITE EXPENSE MEBSITE EXPENSE MEBSITE EXPENSE All other expenses 11,811 828 10,983		for any federal, state, or local public officials				
20 Interest	19	· · · · · · · · · · · · · · · · · · ·	8,336	8,336		
21 Payments to affiliates 106 22 Depreciation, depletion, and amortization 106 23 Insurance 1,527 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.) a RESEARCH EXPENSES 120,452 b MEMBERSHIP EXPENSE 46,438 c JOURNAL EXPENSE 31,756 d WEBSITE EXPENSE 10,634 e All other expenses 11,811	20	Internal	·	·		
Depreciation, depletion, and amortization Insurance 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.) RESEARCH EXPENSES MEMBERSHIP EXPENSE JOURNAL EXPENSE MEBSITE EXPENSE MEBSITE EXPENSE All other expenses 106 106 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,527 1,52	21					
1,527 1,527 1,527 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.) a RESEARCH EXPENSES 120,452 120,452 b MEMBERSHIP EXPENSE 46,438 46,438 c JOURNAL EXPENSE 31,756 756 758 10,634 d WEBSITE EXPENSE 10,634 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,983 10,98	22	Depreciation, depletion, and amortization	106			
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 O.) a RESEARCH EXPENSES b MEMBERSHIP EXPENSE c JOURNAL EXPENSE d WEBSITE EXPENSE e All other expenses 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452 120,452	23		1,527		1,527	
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a RESEARCH EXPENSES b MEMBERSHIP EXPENSE c JOURNAL EXPENSE d WEBSITE EXPENSE 10,634 e All other expenses 11,811 828 10,983	24	Other expenses. Itemize expenses not covered				
(A) amount, list line 24e expenses on Schedule O.) a RESEARCH EXPENSES b MEMBERSHIP EXPENSE c JOURNAL EXPENSE d WEBSITE EXPENSE 10,634 e All other expenses 11,811 828 10,983		above (List miscellaneous expenses in line 24e. If				
a RESEARCH EXPENSES 120,452 b MEMBERSHIP EXPENSE 46,438 46,438 c JOURNAL EXPENSE 31,758 d WEBSITE EXPENSE 10,634 e All other expenses 11,811 828 10,983		line 24e amount exceeds 10% of line 25, column				
b MEMBERSHIP EXPENSE 46,438 46,438 c JOURNAL EXPENSE 31,756 756 758 10,634 e All other expenses 11,811 828 10,983		· · · · · · · · · · · · · · · · · · ·				
c JOURNAL EXPENSE 31,758 d WEBSITE EXPENSE 10,634 e All other expenses 11,811 828 10,983	а	· · · · · · · · · · · · · · · · · · ·				
d WEBSITE EXPENSE 10,634 e All other expenses 11,811 828 10,983	b					
e All other expenses 11,811 828 10,983	С	· · · · · · · · · · · · · · · · · · ·	31 (758)	1 Y 31,758		
	d	*				
25 Total functional expenses. Add lines 1 through 24e 831.690 737.090 84.840 9.760	е					
	25	Total functional expenses. Add lines 1 through 24e	831,690	737,090	84,840	9,760
Joint costs. Complete this line only if the organization reported in column (B) joint costs	26					
from a combined educational campaign <u>and</u>		from a combined educational campaign and				
fundraising solicitation. Check here u if						
following SOP 98-2 (ASC 958-720)	DAA	TUTIONING SUP 48-2 (ASC 458-120)				Form 990 (2012)

Pa	art)	Ralance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	1,937	1	397
	2	Savings and temporary cash investments	675,789	2	787,738
	3	Pledges and grants receivable, net	,	3	,
	4	Accounts receivable, net	34,822	4	32,220
	5	Loans and other receivables from current and former officers, directors,	,		
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
s		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	5,156	8	5,156
	9	Prepaid expenses and deferred charges	9,457	9	33,080
	10a	Land, buildings, and equipment: cost or	- , -		
		other basis. Complete Part VI of Schedule D 10a 1,830			
	b	Less: accumulated depreciation 10b 1,311	885	10c	519
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	728,046	16	859,110
	17	Accounts payable and accrued expenses	12,545	17	70,902
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iabi		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	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 D	21	25	20
	26	Total liabilities. Add lines 17 through 25	12,566	26	70,922
"		Organizations that follow SFAS 117 (ASC 958), check here u X and			
ce		complete lines 27 through 29, and lines 33 and 34.	602.000		E00 100
alar	27	Unrestricted net assets	693,998	27	788,188
d B	28	Temporarily restricted net assets	21,482	28	
Fund Balances	29	Permanently restricted net assets		29	
or F		Organizations that do not follow SFAS 117 (ASC 958), check here u			
ts c		complete lines 30 through 34.			
sse	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ne	32	Retained earnings, endowment, accumulated income, or other funds	715,480	32	788,188
	33	Total net assets or fund balances	715,480	33	859,110
	34	Total liabilities and net assets/fund balances	140,040	34	859,110

Form **990** (2012)

Form	990 (2012) BONEFISH & TARPON UNLIMITED, INC. 65-0988321		Pag	ge 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	9()4,6	<u> 558</u>
2	Total expenses (must equal Part IX, column (A), line 25)	83	31,6	<u> 590</u>
3	Revenue less expenses. Subtract line 2 from line 1	-	72,5	<u>968</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	71	_{-5,4}	<u> 480</u>
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)		- :	260
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B)) 10	78	38,3	188
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
			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 O.			
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 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	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	X 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 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			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
	· · · · · · · · · · · · · · · · · · ·	Forr	990	(2012)



SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

BONEFISH & TARPON UNLIMITED, INC. c/o THOMAS N. DAVIDSON

Employer identification number 65-0988321

P	art I	Reas	on for Public Charity	Status (All organizations	must co	mpiete	this p	art.) S	ee ins	truction	ns.			
The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 11,	check only	one box	.)							
1		A church, co	nvention of churches, or ass	sociation of churches described	in section	170(b)(1	1)(A)(i).							
2		A school des	cribed in section 170(b)(1)((A)(ii). (Attach Schedule E.)										
3	П	A hospital or	a cooperative hospital servi-	ce organization described in se	ection 170	(b)(1)(A)(iii).							
4	П	A medical re	search organization operated	d in conjunction with a hospital	described	in sectio	n 170(k)(1)(A)(iii). Ent	er the h	ospital's	name	٠,	
		city, and stat	e:											
5	П	An organizati		of a college or university owned				ental uni	t descri	bed in				
	_	J	(b)(1)(A)(iv). (Complete Part	,	•	, ,								
6	П			governmental unit described in	section 17	70(b)(1)(A)(v).							
7	X			substantial part of its support fr				from the	gener	al public				
•	لخشا	ŭ	section 170(b)(1)(A)(vi). (C		om a gove	ornino mai	ariit or		gonon	ai public				
8	П			170(b)(1)(A)(vi). (Complete Par	+ II \									
9	H			I) more than 33 1/3% of its sup		contribution	one ma	mharchi	n faas	and are	ee			
,	ш	-	•	npt functions—subject to certain	•					-	33			
		•		nd unrelated business taxable in										
		• •	•	0, 1975. See section 509(a)(2)	•			() 110111 1	Jusiiies	363				
10	П		-	exclusively to test for public saf										
10	Н								, out th	_				
11	ш	· ·	•	exclusively for the benefit of, to	•									
				ted organizations described in s						Section				
				the type of supporting organizat		•	1	ー ・「		6			41	
_	\Box	a Type		c Type III–Function	, ,		d			on-funct	,	ntegra	tea	
е	Ш	, ,		ganization is not controlled direct	•				•	•				
			· ·	er than one or more publicly su	pported of	gariizatioi	is desci	ibea in	section	509(a)(1)			
		or section 50	` ` ` ` `	rmination from the IDC that it is	o Tuno I	Tuno II a	or Tuno	III aunn	ortina					
T				rmination from the IRS that it is	га турет,	rype II, (or Type	III supp	orung					
		-	check this box											. Ш
g		_	•	tion accepted any gift or contrib	ution from	any or tr	ie							
		following pe			***								r	Ι
			•	ontrols, either alone or together	-			•				44 15	Yes	No
				supported organization?								11g(i)		
			member of a person describ									11g(ii)		
				described in (i) or (ii) above?								11g(iii)		
h			_	the supported organization(s).	1		() = ()		l ,,					
(i	-	e of supported panization	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		ou notify nization in		Is the on in col.	(vii) A	Amount		tary
	Oig	jai iizauoi i		above or IRC section	governing		col. (i)	of your	(i) organi	zed in the		supp	Jit	
				(see instructions))				oort?	 	S.?				
					Yes	No	Yes	No	Yes	No				
(A)														
(B)														
(C)														
(D)					L									
					PY									
(E)					•			1	1					
										1 1				

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	tion A. Public Support				•		
Caler	ndar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	410,025	402,818	690,419	890,717	977,335	3,371,314
2	Tax revenues levied for the organization'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 5	Total. Add lines 1 through 3 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	410,025	402,818	690,419	890,717	977,335	3,371,314
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						300,610 3,070,704
	etion B. Total Support						3,070,704
	ndar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	` ,	402,818	690,419	890,717	` '	3,371,314
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	410,025	1,880	1,805	761	977,335	9,785
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.)				45,533	24,070	69,603
11	Total support. Add lines 7 through 10						3,450,702
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first	, second, third, fou	ırth, or fifth tax yea	er as a section 501	(c)(3)	
	organization, check this box and stop her						▶
Sec	tion C. Computation of Public Su	• •					
14	Public support percentage for 2012 (line 6	, column (f) divided	l by line 11, colum	n (f))		14	88.99 %
15	Public support percentage from 2011 School						87.51 %
16a	33 1/3% support test—2012. If the organ				33 1/3% or more, o	check this	. =
	box and stop here. The organization qual						► X
b	3						
	check this box and stop here. The organi						▶ ∟
17a	10%-facts-and-circumstances test—201	-					
	10% or more, and if the organization mee						
	Part IV how the organization meets the "fa organization					oorted	▶ [
b	10%-facts-and-circumstances test—201	-					
	15 is 10% or more, and if the organization			•	•		
	Explain in Part IV how the organization m		-circumstances" te	st. The organization	n qualifies as a pu	ublicly	. –
	supported organization		(;()⊢				▶ ∟
18	Private foundation. If the organization did instructions						▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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.)

500	tion A. Public Support	quality arraor to	no tooto notou i	ocion, piodoc c	ompioto i are i	'''/	
	ndar year (or fiscal year beginning in) u	(a) 2000	(h) 2000	(-) 2010	(4) 2044	(2) 2012	(f) Total
		(a) 2008	(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	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
<u> </u>	line 6.)						
	tion B. Total Support			I	(n	I I	
	ndar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	-		urth, or fifth tax ye			▶□
Sec	tion C. Computation of Public Su	upport Percen					
15	Public support percentage for 2012 (line 8	, column (f) divide	d by line 13, colum	nn (f))		15	%
16	Public support percentage from 2011 Sche	edule A, Part III, lin	ne 15			16	%
Sec	tion D. Computation of Investme	nt Income Pe	rcentage				
17	Investment income percentage for 2012 (I	ine 10c, column (f) divided by line 13	column (f))		17	%
18	Investment income percentage from 2011	Schedule A, Part	III, line 17			18	%
19a	33 1/3% support tests—2012. If the orga	nization did not ch	eck the box on line	e 14, and line 15 is	more than 33 1/3	%, and line	
	17 is not more than 33 1/3%, check this be	-	-				▶ ∐
b	33 1/3% support tests—2011. If the orga						. 🗂
	line 18 is not more than 33 1/3%, check th						▶ ∐
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruct	tions	

Part II, Line 10 - Other Income	Schedule A (F Part IV	Suppleme	ntal Info 17a or 1	rmation.	Complete th	is part to p	orovide the	e explana	tions requi	65-09883 red by Part II onal informat	, line 10;	Page 4
Other income \$ 69,603	Part T	T. Line	10 -	Other	Income	Detail						
			+ .Ÿ		.+				_			
COPY	Other	income				Ş		69,60	3			
COPY												
COPY												
СОРҮ	•											
COPY												
COPY												
COPY												
COPY	• • • • • • • • • • • • • • • • • • • •											
COPY	•											
COPY												
COPY												
COPY												
COPY	• • • • • • • • • • • • • • • • • • • •											
COPY												
COPY												
COPY												
COPY												
COPY	•											
COPY												
COPY												
COPY												
COPY												
COPY	•											
COPY												
COPY												
COPY												
COPY												
COPY												
COPY												
						CC	PY					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization Employer identification number BONEFISH & TARPON UNLIMITED, INC. 65-0988321 c/o THOMAS N. DAVIDSON Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u Number of states where property subject to conservation easement is located \boldsymbol{u} Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for rublic exhibitor, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 u \$ (ii) Assets included in Form 990, Part X u \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2012 BONEFISH	<u> TARPON</u>	UNLIM	ITED,	INC.	65-098	8321		Page	2
Pa	rt III Organizations Maintaining	Collections of	Art, His	storical	Treasures,	or Other S	imilar Assets	(contin	ued)	
3	Using the organization's acquisition, accession collection items (check all that apply):	, and other records	s, check a	iny of the f	following that a	re a significan	it use of its			
а	Public exhibition	d 🗌	Loan or e	exchange p	orograms					
b	Scholarly research	е 🗍	Other							
С	Preservation for future generations	_								
4	Provide a description of the organization's coll	ections and explair	n how the	y further th	e organization'	s exempt purp	oose in Part			
	XIII.									
5	During the year, did the organization solicit or	receive donations	of art, his	torical trea	sures, or other	similar				
	assets to be sold to raise funds rather than to	be maintained as	part of the	organizat	ion's collection	?		🗌 Ye	s 🗌 N	lo
Pa	rt IV Escrow and Custodial Arra	angements. Co	mplete i	f the org	anization an	swered "Ye	s" to Form 99	0, Part I	V,	
	line 9, or reported an amount	on Form 990,	Part X, I	ine 21.						
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?		•					☐ Ye	s N	lo
b	If "Yes," explain the arrangement in Part XIII a								_	
		•	-					Amoun	t	-
С	Beginning balance						1c			-
d	Additions during the year						1d			-
	Distributions during the year									-
	Ending balance									-
2a	Did the organization include an amount on Fo	rm 990. Part X. line	- 4 -					Υe	s N	- lo
	If "Yes," explain the arrangement in Part XIII.							🗀		
	rt V Endowment Funds. Comple									
		(a) Current year		Prior year	(c) Two ye		(d) Three years back	(e) Fou	r years back	
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and									_
	losses									
d	Grants or scholarships									_
	Other expenditures for facilities and									_
·										
f	Administrative expenses									_
	End of year balance									_
2	Provide the estimated percentage of the curre	nt vear end halanc	e (line 1a	column (s	a)) held as:	<u> </u>				_
	Board designated or quasi-endowment u	•	e (iiile 19,	COIGITIT (E	i)) ricia as.					
	Permanent endowment u %									
	Temporarily restricted endowment u	%								
C										
20	The percentages in lines 2a, 2b, and 2c shoul	•	ation that	ara hald a	ad administers	d for the				
Ja	Are there endowment funds not in the posses	Sion of the organiza	alion mai	are neid a	ia administered	a for the		1	Yes No	_
	organization by: (i) unrelated organizations							20(i)	Tes IN	<u> </u>
	(ii) related approximations							3a(i)		_
	• • • • • • • • • • • • • • • • • • • •							3a(ii)		_
	If "Yes" to 3a(ii), are the related organizations							3b		_
<u>4</u>	Describe in Part XIII the intended uses of the				no 10					_
<u> Pa</u>	rt VI Land, Buildings, and Equipole Description of property	(a) Cost or other			ne 10. or other basis	(c) Accu	mulated	(d) Book	value	_
	Description of property	(investment)	Dasis	. ,	or other basis other)	deprec		(a) Book	value	
	Land	(IIIVestillelli)		(1	Julio1 j	depred	iduo!!			_
1a	Land									
b	Buildings									
	Leasehold improvements									
	Equipment				1 020		1 211		F-1	_
	Other			۲ کار	1,830		1,311		<u>51</u>	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, colum	n (B), line	10(c).)		u		51	9

Schedule D (Form 990) 2012 BONEFISH & TARPON UNI		65-0988321	Page 3
Part VII Investments—Other Securities. See Form 99		1	
(a) Description of security or category	(b) Book value	(c) Method of valu	
(including name of security)		Cost or end-of-year ma	rket value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
<u>(l)</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 99	90, Part X, line 13.	_	
(a) Description of investment type	(b) Book value	(c) Method of valu	
		Cost or end-of-year ma	rket value
(1)			
_(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description			(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 15.)		u	
Part X Other Liabilities. See Form 990, Part X, line 25	5		
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) ACCRUED PAYROLL TAXES	20		
(3)			
(4)			
(5)			
(6)			
(7)	NDV		
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	20		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote		al statements that reports the ord	ganization's

Sche	dule D (Form 990) 2012 BONEFISH & TARPON UNLIMITED, INC. 65-098832		Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re		010 501
1	Total revenue, gains, and other support per audited financial statements	1	910,521
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments 2a		
	Donated services and use of facilities 2b Recoveries of prior year grants 2c		
c C	, , , , , , , , , , , , , , , , , , , ,		
d	` '	2e	5,863
е 3	Add lines 2a through 2d Subtract line 2a from line 1	3	904,658
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	704,030
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	904,658
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Return	,
1	Total expenses and losses per audited financial statements	1	837,813
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 6,123		
е	Add lines 2a through 2d	2e	6,123
3	Subtract line 2e from line 1	3	831,690
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information	5	831,690
inforr Pa	V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add nation. art XI, Line 2d – Revenue Amounts Included in Financials – OST OF MERCHANDISE SALES	Othe	
	SOI OI PARCEMANDION DIAMED		
P.	art XII, Line 2d - Expense Amounts Included in Financials -	Oth	er
C	OSTS OF MERCHANDISE SOLD \$		5,863
. В	ook / Tax Depreciation Difference \$		260
	COPY		

Schedule D (Form 990) 2012

Schedule D	(Form 99	90) 2012	BONEFISH	. &	TARPON	UNLIMITED,	INC.	65-0988321	Page 5
Part XII	I Sup	plementa	al Informatio	n (c	continued)	UNLIMITED,			
		•			,				
•									
							,		
						COPY	•		
•									

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding **Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

Department of the Treasury organization entered more than \$15,000 on Form 990-EZ, line 6a. u Attach to Form 990 or Form 990-EZ. u See separate instructions. Open to Public Internal Revenue Service . Inspection TARPON UNLIMITED, INC. BONEFISH & Employer identification number Name of the organization 65-0988321 c/o THOMAS N. DAVIDSON Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 2 3 5 7 8 10 Total List all states in which the organization is registered or licensed to solidit con ibutions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2012 BONEFISH & TARPON UNLIMITED, INC. Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events FUNDRAISING EXP (add col. (a) through None col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 254,662 254,662 2 Less: Contributions 230,592 230,592 3 Gross income (line 1 minus 24,070 24,070 line 2) 4 Cash prizes 6,941 5 Noncash prizes 6,941 16,058 16,058 6 Rent/facility costs Expenses 7 Food and beverages 1,071 1,071 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 24,07011 Net income summary. Combine line 3, column (d), and line 10. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2012	BONEFISH	.3	TARPON	UNLIMIT	CED,	INC.	65-0	0988321	L	Pa	age 3
11	Does the organization operate gaming										Yes	No
12	Is the organization a grantor, beneficial	ry or trustee of a tr	rust or	a member of	a partnership o	or other	entity			_	_	_
	formed to administer charitable gaming	g?									Yes	No
13	Indicate the percentage of gaming acti	• •										
а	The organization's facility								13a			<u>%</u>
b	An outside facility								13b			%_
14	Enter the name and address of the perecords:	rson who prepares	s the c	organization's (gaming/special (events	books and					
	Name u											
	Address u											
15a	Does the organization have a contract revenue?			-		-	-				Yes	No
b	If "Yes," enter the amount of gaming re	evenue received by	y the o	organization u	\$			and the		ш		_ `
	amount of gaming revenue retained by	the third party u	\$	ŭ								
С	If "Yes," enter name and address of th											
	Name u											
	Address u											
16	Gaming manager information:											
	Name u											
	Gaming manager compensation u \$											
	Description of services provided $\boldsymbol{u}_{\ \dots}$											
	Director/officer Em	ployee	In	ndependent co	ontractor							
17	Mandatory distributions:											
а	Is the organization required under state	e law to make cha	ritable	distributions f	rom the gaming	g procee	eds to			_	_	
	retain the state gaming license?										Yes	No
b	Enter the amount of distributions requi	red under state lav	v to be	e distributed to								
Dar	spent in the organization's own exemp t IV Supplemental Informa				ride the evel	lanatio	ne roqui	rod by Dar	t L ling 2h			—
ı aı	columns (iii) and (v), and	d Part III, lines	9, 9b	, 10b, 15b,	15c, 16, and						;	
	part to provide any add	itional informati	on (s	see instructi	ons).							
• • • • •												
												
					Y							
					· · · · · · · · · · · · · · · · · · ·							



Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

2	Public tion
Ξ	bect 5
7	Open Insp

OMB No. 1545-0047

u Attach to Form 990.

§ FAGGING TARPON PROG 110-447/394 ST. BONEFISH RESEARCH Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, FUNDING (h) Purpose of grant or assistance BAHAMA ECONOMIC Employer identification number STUDY ⊠ Yes 65-0988321 RESEARCH PROJECT RESEARCH PERMIT Ħ Þ non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 86,535 125,000 56,396 35,000 25,000 48,000 71,352 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable \sim \sim \sim \sim \sim UNLIMITED, 59-0756643 59-0624458 59-6046500 54-2084125 13-1624102 59-0978739 37-6006007 General Information on Grants and Assistance (p) EIN Enter total number of other organizations listed in the line 1 table DAVIDSON TARPON (6) FLORIDA INSTITUTE OF TECHNOLOGY IL 61820 FL 34236 MA 01003 NY 10014 FL 32901 FL 32611 225 VARICK STREET, 7TH FLOOR z (7) FISHERIES CONSERVATION FUND (a) Name and address of organization 4600 RICKENBACKER CAUSEWAY 1600 KEN THOMPSON PARKWAY ಶ c/o THOMAS (1) MOTE MARINE LABORATORIES (3) UNIVERSITY OF MA AMHERST (4) NATIONAL AUDUBON SOCIETY 70 BUTTERFIELD TERRACE BONEFISH 150 W UNIVERSITY BLVD (5) UNIVERSITY OF FLORIDA or government (2) UNIVERSITY OF MIAMI 1816 S OAK ST. P.O. BOX 113001 Name of the organization GAINESVILLE MELBOURNE CHAMPAIGN NEW YORK SARASOTA AMHERST Part I Part | MIAMI 8 6

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{\rm DAA}$

Schedule I (Form 990) (2012)

	>
AM	6
8:16	냊
013	
05/08/2013	
_	

Schedule (Form 990) (2012) BONEFISH & TARPON UNLIMITED, INC. 65–0988321

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

(a) Type of grant or assistance	sistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
KEYS ECONOMIC ST	STUDY		20,000			
Part IV Supplemental In information.	Supplemental Information. Complete this par information.	plete this part to provi	de the information re	equired in Part I, line	rt to provide the information required in Part I, line 2, Part III, column (b), and any other additional	any other additional
		•				
		•				

Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 **2012**

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

Open to Public

TARPON BONEFISH & UNLIMITED, INC. Name of the organization Employer identification number 65-0988321 c/o THOMAS N. DAVIDSON Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Form 990 is reviewed by Executive Committee before signing and mailing. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation DOCUMENTS ARE HELD AT OFFICE AND ARE AVAILABLE UPON REQUEST. ALSO, INFORMATION IS POSTED ON WEBSITE. Form 990, Part XI, Line 9 - Reconciliation of Changes - Other COST OF MERCHANDISE SALES COSTS OF MERCHANDISE SOLD -5,863 Book / Tax Depreciation Difference

Form	990-T Exempt Organization Business Income Tax Return								OMB No. 1545-0687		
1 0111			(an	d proxy tax under s	ection	on 6033(e))			2012		
Depar	ment of the Treasury		-	ar 2012 or other tax year	-	nning	. , and		o Public Inspection for		
Interna	I Revenue Service					See separate instruct	ions.	501(c)(3) Organizations Only		
A	Check box if address changed			Check box if name change		·	D Employer idea (Employees' tru				
_	Exempt under section $X = 0.01$.		TARPON UNLII N. DAVIDSON	/IT.T.	ED, INC.	(Employees au	31, 300 1113	il delions.)		
ľ	- · · · · · · · · · · · · · · · · · · ·	Print	·	0023)1						
H	408(e) 220(e) 530(a)	or Type	i i	Number, street, and room or suite no. If a P.O. box, see instructions. $\#83$ $65-09$ E Unrelated bus							
H	529(a)	Турс	City or town, state, and ZIP				(see instruction		ivity codes		
			KEY LARGO		TT.	33037-5267	45411	0			
	Book value of all assets at end of year	F G	roup exemption numbe			0000, 020,	1 10111				
	•		heck organization type		ation	501(c) trust	401(a) trust		Other trust		
Н	Describe the organization										
ι	ı Sales of m	merch	nandise on :	internet.							
1 [During the tax year, was	s the cor	poration a subsidiary in	an affiliated group or a p	arent-	subsidiary controlled gro	oup?	u	Yes X No		
I	f "Yes," enter the name	and ide	ntifying number of the	parent corporation.							
	ı										
J T	The books are in care of					Teler	phone number u	305	<u>5-367-3416</u>		
_Pa			<u>e or Business Inc</u>	ome		(A) Income	(B) Expenses		(C) Net		
1a	Gross receipts or sale		12,475								
b				c Balance u	1c	12,475					
2	Cost of goods sold (Se	chedule	A, line 7)		2	5,863					
3	Gross profit. Subtract	line 2 fro	om line 1c		3	6,612			6,612		
4a	Capital gain net incom	ne (attacl	n Schedule D)	4707)	4a 4b						
b				orm 4797)	4D 4c						
C	Capital loss deduction	TOF Trust	(S		4C 5						
5 6					6						
7	Unrelated debt-finance	ed incom	ne (Schedule F)		7						
8	Interest annuities royaltie	es and re	ents from controlled organiz	rations (Schedule F)	8						
9				ation (Schedule G)	9						
10					10						
11	Advertising income (S	chedule	J)		11						
12	Other income (see ins	structions	s; attach statement)		12						
13					13	6,612			6,612		
Pa	rt II Deductio	ns Not	Taken Elsewher	e (see instructions fo	r limi	tations on deduction	ns.) (except f	or con	tributions,		
				cted with the unrelate							
14	Compensation of offic	ers, dire	ctors, and trustees (Sch	hedule K)				14			
15	Salaries and wages							15	6,130		
16	Repairs and maintena	ance						16			
17	Bad debts							17			
18	Interest (attach staten	nent)						18	400		
19	Charitable contribution		materialisms for limitation					19 20	482		
20	Depreciation (attach E	is (see ii	nstructions for ilmitation	n rules)		21		20			
21 22	Less depreciation clair	med on 9	Schedule A and elsewh	nere on return		222		22b	0		
23	B 1 11							23			
24								24			
25	Employee benefit prod	arams	periodileri pidrie					25			
26	Evenes ayampt aynan	cac (Sch	hadula I)					26			
27	Excess readership cos	sts (Sche	edule J)					27			
28	Other deductions (atta	ach state	ement)	COE		,		28			
29	Total deductions. Ad	ld lines 1	14 through 28	COF			· · · · · · · · · · · · · · · · · · ·	29	6,612		
30	Unrelated business tax	xable inc	come before net operati	ing loss deduction. Subtra	ct line	29 from line 13		30			
31	Net operating loss ded	duction (I	limited to the amount of	n line 30)				31			
32	Unrelated business tax	xable inc	come before specific de	eduction. Subtract line 31 f	rom li	ne 30		32			
33	Specific deduction (ge	nerally \$	31,000, but see line 33	instructions for exceptions)		L	33	1,000		
34				33 from line 32. If line 33 is	grea	ter than line 32,					
	antar the smaller of ze	aro or line	o 37					21	Λ		

Pai	rt III Tax C	omputation													
35	Organizations tax	able as corpora	tions (see	instructio	ons for tax	com	nputation). Contro	lled gro	up						
	members (sections	1561 and 1563)	check here	e u	See ins	struc	tions and:								
а	Enter your share of	f the \$50,000, \$2	5,000, and	\$9,925,0	000 taxabl	e inc	ome brackets (in	that ord	der):						
	(1) \$	(2)			(3)										
b	Enter organization	s share of: (1) Ad	ditional 5%	6 tax (not	more tha	ın \$1	1,750)		\$						
	(2) Additional 3%	tax (not more tha	n \$100,000	0)					\$						
С	Income tax on the	amount on line 3	4								•	35c			
36	Trusts taxable at														
	the amount on line	34 from:	Tax rate s	chedule (or	Scl	nedule D (Form 1	041)				36			
	Proxy tax (see ins										•	37			
38	Alternative minimu	m tax										38			
<u>39</u>	Total. Add lines 37	and 38 to line 3	5c or 36, w	hichever	applies .							39			
		d Payments													
	Foreign tax credit							40a							
b	Other credits (see	instructions)						40b							
С	General business	credit. Attach For	m 3800 (se	ee instruc	tions)			40c							
	Credit for prior year														
	Total credits. Add											40e			
	Subtract line 40e f	rom line 39		i								41			
							Other (att. st					42			C
43	Total tax. Add line	s 41 and 42										43			
	Payments: A 2011														
	2012 estimated tax	Form 9969						44b 44c							
c d	Tax deposited with Foreign organization	ne: Tay paid or v	withhold at	cource (s		ctions	· · · · · · · · · · · · · · · · · · ·	44d							
								44e							
f	Backup withholding Credit for small en	nlover health ins	urance nre	miume (A	ttach For	 m 80	/11)	44f							
	Other credits and				······································			17.							
9		paye.					Total u	44a							
45	Total payments.											45			
	Estimated tax pena			c if Form	2220 is a	ıttach	ed			u	\square	46			
47	Tax due. If line 45	is less than the t	otal of lines	s 43 and	46, enter	amou	int owed			••	u	47			
48	Overpayment. If li	ne 45 is larger th	an the total	l of lines	43 and 46	3, ent	er amount overpa	ıid			u	48			
	Enter the amount of li									funded	u	49			
	rt V Statem	ents Regard	ing Certa	ain Act	ivities a	and	Other Inform	ation	(see instru	ctions)					
1	At any time during	the 2012 calenda	ar year, did	the orga	nization h	ave a	an interest in or a	signatu	ire					Υe	es No
	or other authority of	over a financial ac	count (ban	ık, securit	ies, or oth	ner) ii	n a foreign countr	y?							
	If "Yes," the organi	•				•	•	and							
	Financial Accounts														X
2	During the tax yea							r of, or	transferor to,	a forei	gn tru	ıst?			X
	If "Yes," see instru			•	•										
	Enter the amount of	•								, ,					
	edule A – Cost			r metno			*		ost Met	<u>tnoa</u>					
	Inventory at beginn	ning of year	1		5,156		Inventory at end	,				6			5,156
	Coot of labor		2		5,863	7	Cost of goods					_			E 063
3 4a	Additional sec. 263A		3 4a			۰	line 5. Enter here Do the rules of s				l	7			5,863 s No
h	costs (attach stmt.)		4a 4b			8	property produce		•	•				16	es No
	(attach statement) Total. Add lines 1		5	1	1,019		to the organizati		equired for te	saic) a	Эріу				Х
<u> </u>	Under penalties of pe	rjury, I declare that I hav	e examined this	s return, inclu	uding accompa	anying :	schedules and statement	ts, and to t	he best of my kno	wledge an	d belief,	it is true,			A
Sign	correct and complete	. Declaration of preparer	(other than tax	kpayer) is bas	sed on all info	ormation	of which preparer has a	any knowle	edge.	-			May the II	RS discus	s this return
Her			ı		u p	67.0	TT-17-17-1/						with the process (see instri	reparer sh uctions)?	hown below
	Signature of officer			Date	- <u>a P</u>									Yes	No
	Print/Type prepa	rer's name			Preparer's		ure			Date		Check	if PTI	N	
Paid	JOHN H. CC	NN, CPA								05/08	/13	self-emp	loyed P0	04263	303
Prepa		} CONN 8	SHAF	RP, P	.A.						Firm's	EIN }			51981
Use (10 NE			ET										
	Firm's address	} HOMEST	TEAD,	FL	33030	<u> </u>	519				Phone	no.	305-2	<u> 245-</u>	0440

4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specifie payments made	included in the	e controlling	11. Deductions directly connected with income in column 10
1)					
2)					
3)					
4)					
Fotals			Add columns Enter here and Part I, line 8,	d on page 1,	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Form 990-T (2012) BONEFISH & TARPON UNLIMITED, INC. 65-0988321 Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income		2. Amount o	of income	3. Deductions directly connect (attach stateme	ted		et-asides statement)	5. Total deductions and set-asides (col. 3 plus col.4)	
(1) N/A									
(2)									
(3)									
(4)									
Totals	u	Enter here and Part I, line 9,	column (A).						r here and on page 1, I, line 9, column (B).
<u> Schedule I – Exploited Exe</u>	mpt Activity I	ncome, Ot	her Tha	n Advertising I	ncome	(see instru	uctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exp dire connect produc unre business	ctly ted with tion of lated	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from is no	oss income activity that t unrelated ess income	6. Expr attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A									
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, col. (A).	Enter her page 1 line 10,	, Part I,					Enter here and on page 1, Part II, line 26.	
Totals u	<u> </u>								
Schedule J - Advertising In									
Part I Income From P	'eriodicais Re	ported on	a Cons	olidated Basis	1		I		
1. Name of periodical	2. Gross 1. Name of periodical advertising income ad		irect ng costs	 Advertising gain or (loss) (col. minus col. 3). If a gain, compute cols. 5 through 7. 		irculation ncome	6. Readership costs		 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A									
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5)) u									
Part II Income From P	eriodicals Re	ported on	a Separ	ate Basis (For	each p	eriodical li	sted in F	Part II. fil	l in columns 2
through 7 on a l			и сори	ato 240.0 (1 0.	ouon p	onoulour n	0.00	art 11, 111	66.46 2
1. Name of periodical (1) ${ m N/A}$	2. Gross advertising income	3. D	irect ng costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.			7. Excess readership costs (column 6 minus column 5, but not more than column 4).		
(2)									
(3)									
(4)									
Totals from Part I									
	Enter here and on page 1, Part I, line 11, col. (A).	page 1	re and on Part I, col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) u	n of Officers	Directors	and t	(C) 20 (A) in the	untin n = 1				
Schedule K – Compensation of Officers, Directors 1. Name				2. Title	uctions	3. F time	Percent of devoted to usiness		ensation attributable to related business
(1) N/A							%		
(2)							——————————————————————————————————————		
(3)									
(4)							/° %		
Total. Enter here and on page 1, Pa	rt II. line 14		<u> </u>				u		
	, i r	<u></u>	<u></u>	· · · · · · · · · · · · · · · · · · ·			ч		