

Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2012

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,  
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000  
at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public  
Inspection**

**A** For the 2012 calendar year, or tax year beginning **08/01/12**, and ending **07/31/13**

**B** Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C** Name of organization

**FLORIDA SPORT FISHING ASSOCIATION  
INC.**

Number and street (or P O box, if mail is not delivered to street address)

**PO BOX 1216**

Room/suite

City or town, state or country, and ZIP + 4

**CAPE CANAVERAL**

**FL 32920-1216**

**D** Employer identification number

**59-1876272**

**E** Telephone number

**321-984-7160**

**F** Group Exemption

Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ **www.fsfaclub.org**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c)( 7 ) ◀ (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

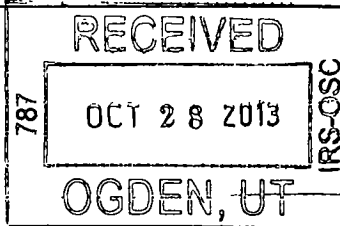
**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ **51,369**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

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

	Description		Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	4,550
	<b>3</b> Membership dues and assessments	<b>3</b>	6,225
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	29,541
<b>c</b> Less direct expenses from gaming and fundraising events	<b>6c</b>	26,595	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	2,946	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	11,053	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	24,774	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	1,000
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	2,029
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	32,852
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	35,881
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-11,107
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	42,450
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	31,343



13 p

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

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	42,450	22	31,343
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	42,450	25	31,343
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	42,450	27	31,343

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

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

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

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 CASH OF \$7,750 TO BREVARD COUNTY SCHOOLS TO AID IN MARINE PROJECTS BY HIGH SCHOOL STUDENTS. GRANT \$0, EXPENSES INCLUDING GRANT \$7,750.  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 APPROXIMATELY 200 MAN-HOURS OF LABOR TO CONDUCT A KID'S FISHING DAY AT PORT CANAVERAL FOR OVER 600 BREVARD COUNTY CHILDREN. GRANT \$0. EXPENSES INCLUDING GRANT \$ 5,405.  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOHN DURKEE DIRECTOR	1.00	0	0	0
DAMON PULLIAS DIRECTOR	1.00	0	0	0
ERIC GRIGGS TREASURER	3.00	0	0	0
RANDY ALOISE SECRETARY	2.00	0	0	0
SCOTT CHANDLER VICE-PRESIDENT	2.00	0	0	0
MICHAEL HUGHES DIRECTOR	1.00	0	0	0
STEVE GOFF PRESIDENT	2.00	0	0	0
GALE NELSON DIRECTOR	1.00	0	0	0
MICHAEL ROWLAND DIRECTOR	1.00	0	0	0



	Yes	No
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<b>X</b>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

	Yes	No
<b>47</b> 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	47	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	49a	
<b>b</b> If "Yes," was the related organization a section 527 organization?	49b	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

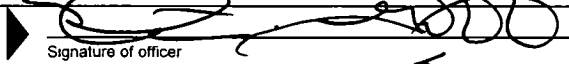
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

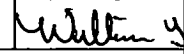
**d** Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information provided to the preparer.

**Sign Here**   
 Signature of officer  
**Scott Chandler** STEVE M  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature
William Bernhardt	
Firm's name ▶	HARRIS, MILLER & BERNHARDT
Firm's address ▶	976 BREVARD AVE SUITE A ROCKLEDGE, FL 32955

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2012**

Open to Public Inspection

Name of the organization

**FLORIDA SPORT FISHING ASSOCIATION  
INC.**

Employer identification number

**59-1876272**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>FISHING TOURNAM</b> (event type)	_____ (event type)	<b>None</b> (total number)	(add col (a) through col (c))
Revenue	<b>1</b> Gross receipts	29,541			29,541
	<b>2</b> Less Contributions				
	<b>3</b> Gross income (line 1 minus line 2)	29,541			29,541
Direct Expenses	<b>4</b> Cash prizes	12,000			12,000
	<b>5</b> Noncash prizes	2,920			2,920
	<b>6</b> Rent/facility costs				
	<b>7</b> Food and beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other direct expenses	11,675			11,675
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d)				26,595
<b>11</b> Net income summary Combine line 3, column (d), and line 10				2,946	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	<b>1</b> Gross revenue				
Direct Expenses	<b>2</b> Cash prizes				
	<b>3</b> Noncash prizes				
	<b>4</b> Rent/facility costs				
	<b>5</b> Other direct expenses				
	<b>6</b> Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d)				
	<b>8</b> 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?  Yes  No

**b** If "No," explain

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity operated in
 

<b>a</b>	The organization's facility	%
<b>b</b>	An outside facility	%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

**16** Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2012**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceComplete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

**FLORIDA SPORT FISHING ASSOCIATION  
INC.**

Employer identification number

**59-1876272****Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
MEETING INCOME RAFFLES	\$ 9,943
SALE OF FOOD/DRINK AT MEETING	\$ 700
SALE OF CLUB SWAG	\$ 410
<b>Total</b>	<b>\$ 11,053</b>

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

Description	Amount
<b>Expenses</b>	
POSTAGE	\$ 74
COMPUTER EXPENSES	\$ 712
INSURANCE	\$ 2,001
KID'S DAY EXPENSE	\$ 5,405
FOOD & BEVERAGE- MEETINGS	\$ 1,713
COST OF MEMBER GOODS	\$ 639
OFFICE SUPPLIES	\$ 159
TAXES & LICENSES	\$ 62
BANK SERVICE CHARGES	\$ 301
CHARITABLE DONATION	\$ 7,750
MEMBERSHIPS	\$ 100
FACILITIES- MEETINGS	\$ 965
BANQUET COSTS	\$ 1,749
BANQUET AWARDS	\$ 6,207
PICNIC COSTS	\$ 2,663



Name of the organization

FLORIDA SPORT FISHING ASSOCIATION

Employer identification number

59-1876272

DONATION	\$	1,000
SPEAKER FEE	\$	750
RAFFLE EXPENSE	\$	602
Total	\$	32,852

## Form 990-EZ, Part III - Primary Exempt Purpose

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

## Form 990-EZ, Part III, Line 31 - All Other Accomplishment

ALL OTHER EXEMPT PURPOSES.