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132001 01-23-12

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)

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

OMB No 1545-0047 Open to Public

A	Fo	r the 2	2011 calendar year, or tax year beginning and endin	g		
В	Che	eck if	C Name of organization		D Employer identi	ification number
			BIRCHWOOD RECREATION ISAAC WALTON LEAGUE			
یا		Address change	ISAAC WALTON LEAGUE			
یا		Name change	Doing Business As		92-	6004399
یا	!	Initial return -	Number and street (or P.O. box if mail is not delivered to street address)  Room.	/suite	E Telephone numb	
یا	;	Termin- ated Amende	PO BOX 670650		(90	
Ļ		Amendei return Applica-	City or town, state or country, and ZIP + 4		G Gross receipts \$	1,557,700.
L	1	tion pending	CHUGIAK, AK 99567		H(a) Is this a group	
			F Name and address of principal officer: GARY PETERS		for affiliates?	Yes X No
_			PO BOX 670650, CHUGIAK, AK 99567	1	H(b) Are all affiliates i	
<u>_</u>			npt status: 501(c)(3)	527		a list. (see instructions)
					H(c) Group exempt	
	ar		Summary	Year c	or formation: 1937	M State of legal domicile: AK
Ľ			riefly describe the organization's mission or most significant activities. RECREAT	TON	AT. TAPCET	TRAP, AND
- action of	2	1 B	KEET SHOOTING	T OIV.	AL TARGET,	IRAF, AND
Š			heck this box I if the organization discontinued its operations or disposed of	more	than 25% of the not	
Ì	<u> </u>		umber of voting members of the governing body (Part VI, line 1a)	more	1	6
ď	5		umber of independent voting members of the governing body (Part VI, line 1b)		<b>;</b> −	6
oi u	2		otal number of individuals employed in calendar year 2011 (Part V, line 2a)		-	
1			otal number of volunteers (estimate if necessary)		ا ا	
į	Activities &		otal unrelated business revenue from Part VIII, column (C), line 12		7	116 100
<	1		et unrelated business taxable income from Form 990-T, line 34		7	
_	Т				Prior Year	Current Year
4	ايو	<b>8</b> C	ontributions and grants (Part VIII, line 1h)		0	
ž	훒	9 P	rogram service revenue (Part VIII, line 2g)		336,105	
Ž	Hevenue	<b>10</b> In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,046	
U	١.	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		488,483	
_	$\bot$	12 T	otal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		825,634	
			rants and similar amounts paid (Part IX, column (A), lines 1-3)	_	0	
		14 B	enefits paid to or for members (Part IX, column (A) line 4)		0	- I
> 8	Se	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	366,614	<del></del>
5	Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e).	-	0	0.
, ;	<u> </u>	b 14	otal fundraising expenses (PartilX) Column (D) Nin (25)	$\vdash$	354,661	483,185.
, - !		1/ U	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses Add lines 13-17 (must equal Rart IX, column (A), line 25)	-	721,275	
:		18 T	evenue less expenses. Subtract ine 18 from line 92	$\vdash$	104,359	
<u> </u>	ड	19 R	evenue less expenses. Subtraceline to nomine 12	- Ba	ginning of Current Yea	
ets c	Fund Balances	<b>20</b> T	otal assets (Part X, line 16)	De.	862,151	
Ass	Ba		otal liabilities (Part X, line 16)	<b>-</b>	78,912	
Net	Ę		let assets or fund balances Subtract line 21 from line 20	<b> </b>	783,239	
F	Par		Signature Block			
Ur	nder	penalti	ies of perjury, I declare theta have examined this return, including accompanying schedules and	statem	ents, and to the best of	my knowledge and belief, it is
tru	ue, c	orrect,	and complete. Declaration of preparer (attler than officer) is based on all information of which pr	ерагег	has any knowledge.	<i>†</i>
			Xary een		11//2	1/2
Si	ign		Signature et officer		Date/ /	, ,
Н	ere	l l	GARY PETERS, PRESIDENT			
			Type or print name and title		Note: The second	T I DT(II
			Print/Type preparer's name Preparer's signature		Date Check	PTIN
	aid	-	OSEPH L. NEWHOUSE, CPA JOSEPH L. NEWHOUSE	, ,	1//2//C self-emp	0.0 04.004.70
	repa o		Firm's name NEWHOUSE & VOGLER, CPA'S, APC		Firm's EIN	92-0133179
U	se O	ון עוחי ו	Firm's address 237 E. FIREWEED LANE, SUITE 200			0072507555
_		- L	ANCHORAGE, AK 99503 Subscript of the preparer shown above? (see instructions)		Phone no.	9072587555 X Yes No.
M	121V ]	irie im:	a discuss this return with the preparer shown above? (see instructions)			I AN I PAGE I INO

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)

# BIRCHWOOD RECREATION ISAAC WALTON LEAGUE ISAAC WALTON LEAGUE

Form	990 (2011) ISAAC WALTON LEAGUE	92-6004399 Page 2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: PROVIDE A SAFE RECREATIONAL EXPERIENCE FOR RECREATIONAL	TARGET, TRAP
	AND SKEET SHOOTERS OF ALASKA.	
	Did the organization undertake any significant program services during the year which were not listed on	
2	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	<b></b>
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 Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	
	others, the total expenses, and revenue, if any, for each program service reported.	
<b>4</b> a	(Code	e\$)
	OT BIGHT THO OVERHALE	
		7
		<del></del>
	(Code) (Expenses \$ including grants of \$) (Revenue	ue \$
••-	/ (cook galaxies ) (cooking galaxies )	,
4c	(Code) (Expenses \$ including grants of \$) (Revenue	ıe\$)
<b>4</b> d	Other program services (Describe in Schedule O.)	
40	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses ► 1,045,971.	
<u>4e</u>	Total program service expenses = 1,040,7714	2000

Form 990 (2011) ISAAC WALTON LEAGUE
Part IV Checklist of Required Schedules

			Yes	<u>No</u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	ا ہ		х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		η,	
	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	445		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Ì
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		<del></del>
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			İ
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<b>.</b>
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
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Part IV	Checklis	t of Re	quired	Sche	dules (	continued)

•	Did the assessment as seed made than \$5,000 of assets and other assets as a second as a second as a second as the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			X
22	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod 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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	( ·		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			۱,,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		A
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	$\vdash$	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			<del></del>
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		ŀ	l
	Schedule N, Part II	32	<b>_</b>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ľ		٠
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			x
05-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	├	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35a		
b	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?	330	├─	<del>                                     </del>
55	If "Yes," complete Schedule R, Part V, line 2	36		Į
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>	╁	t
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		T	1
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2011)

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Fai	Check if Schedule O contains a response to any question in this Part V			
	Chicken Conductor Contract a respondent of any question in the Cart V	T	Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	$\dashv$	ies	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  1b	Ì	Ì	1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l
·	(gambling) winnings to prize winners?	1c		1
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<del>"</del>	_	<del></del>
<b>_</b> u	filed for the calendar year ending with or within the year covered by this return	1		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1
-	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	1
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
ь	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	1		ŀ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
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 goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		
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 contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Ь—
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			1
a	Did the organization make any taxable distributions under section 4966?	9a		├
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		├
10	Section 501(c)(7) organizations. Enter.  Initiation fees and capital contributions included on Part VIII. line 12			İ
a		-		l
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b U  Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against			
U	amounts due or received from them.)			į .
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		├──
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		t
_	Note. See the instructions for additional information the organization must report on Schedule O.			$\vdash$
ь			1	
_	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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Form 990 (2011)

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 6			
	If there are material differences in voting rights among members of the governing body, or if the governing	Ì	Ì	
	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 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	L
	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 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 Internal Revenue Code)			
			Yes	No
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, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
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?	l		v
a	The organization's CEO, Executive Director, or top management official	15a		X
ь	Other officers or key employees of the organization	15b		
16	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		x
L	taxable entity during the year?  If "Yes," did the engagization follows written nellow or precedure requiring the engagization to evaluate its participation.	16a	-	<u> </u>
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		İ	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	106		
Sac	exempt status with respect to such arrangements? tion C. Disclosure	_16b		Ь
17	List the states with which a copy of this Form 990 is required to be filed ▶AK	_		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	Je	
.5	for public inspection. Indicate how you made these available. Check all that apply	-vali <b>a</b> L	,,,,	
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	ıd fınai	ncial	
	statements available to the public during the tax year.	midi	·	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion:	•	
,,,	JIM MCCORMICK - 907-688-2809			
	PO BOX 670650 CHIIGTAK AK 99567			

Form 990 (2011) ISAAC WALTON LEAGUE 92-6004399

[Part VIII Compensation of Officers Directors Trustees Key Employees Highest Compensated

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	

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

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

Name and Title  Average hours per week (describe hours for related organizations in Schedule O)  (1) WERNER WAAK  DIRECTOR  (2) DENNIS GEARY  DIRECTOR  (3) NORMAN MEANS  DIRECTOR  (4) THOMAS FAULKENBERRY  DIRECTOR  (5) GARY PETERS  Reportable compensation from related organizations in School and officer and a director /rustee)  Reportable compensation from related organizations (W-2/1099-MISC)  Reportable compensation from related organizations (W-2/1099-MISC)  Reportable compensation from related organizations (W-2/1099-MISC)  O. O. O. O.  O. O.  O. O.  O. O.  O.	Check this box if neither the organi		orga T	iniza			mpe	nsat			<del></del>
hours per week (describe hours for related organizations in Schedule O)  (1) WERNER WAAK  DIRECTOR  (2) DENNIS GEARY  DIRECTOR  (3) NORMAN MEANS  DIRECTOR  (4) THOMAS FAULKENBERRY  DIRECTOR  (5) GARY PETERS  PRESIDENT  (6) Individual a director/rustee)  (6) Individual a director/rustee)  (6) Individual a director/rustee)  (6) Individual a director/rustee)  (6) Individual a director/rustee)  (6) Individual a director/rustee)  (6) Individual a director/rustee)  (7) WERNER WAAK  DIRECTOR  (8) July July July July July July July July	(A)	(B)			(C	2) :tic:			(D)	(E)	(F)
Week (describe hours for related organizations in Schedule O)   Page 1   Page 1   Page 2   Page 2   Page 3	Name and Title		(do	not c	heck	more	than	one	1		
(describe hours for related organizations in Schedule O)  (1) WERNER WAAK  DIRECTOR  (3) NORMAN MEANS  DIRECTOR  (4) THOMAS FAULKENBERRY  DIRECTOR  (5) GARY PETERS  PRESIDENT  (6) DAVE RAISER  VICE PRESIDENT  (7) DAVE ARIENO  (W-2/1099-MISC)  (W-2/109-MISC)  (W-2/109-MISC)  (W-2/109-MISC)  (W-2/109-MISC)  (W-2/		1 '								1	
DIRECTOR			ē			Γ	Π				
DIRECTOR		1 '	drec				<u>.</u>				•
DIRECTOR		related	tee or	ustee		l	ansate			, ,	organization
DIRECTOR			i i	튵		loyee	E E		1		
DIRECTOR		l l	ap Marga	tituto	Je J	y emp	thest (	igi.			organizations
DIRECTOR	(1) WERNER WAAK		Ĕ	Ĕ	₹	<u> </u>	불흡	훈			
DIRECTOR		5.00	$ _{\mathbf{X}}$			ļ		ļ	0.	0.	0.
DIRECTOR			<del> </del>		$t^-$	$\vdash$		$\vdash$			
(3) NORMAN MEANS DIRECTOR (4) THOMAS FAULKENBERRY DIRECTOR (5) GARY PETERS PRESIDENT (6) DAVE KAISER VICE PRESIDENT (7) DAVE ARIENO  5.00 X  0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		5.00	X	1					0.	0.	0.
(4) THOMAS FAULKENBERRY         DIRECTOR       5.00 X       0.0.0.         (5) GARY PETERS         PRESIDENT       5.00 X       0.0.0.         (6) DAVE KAISER       0.0.0.0.         VICE PRESIDENT       5.00 X       0.0.0.         (7) DAVE ARIENO       0.0.0.0.	(3) NORMAN MEANS					一	1				
DIRECTOR	DIRECTOR	5.00	X	L	1				0.	0.	0.
(5) GARY PETERS  PRESIDENT (6) DAVE KAISER  VICE PRESIDENT (7) DAVE ARIENO  (8) GARY PETERS  (9) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(4) THOMAS FAULKENBERRY		Π								
PRESIDENT         5.00         X         0.         0.         0.           (6) DAVE KAISER         VICE PRESIDENT         5.00         X         0.         0.         0.           (7) DAVE ARIENO         0.         0.         0.         0.         0.	DIRECTOR	5.00	X						0.	0.	0.
(6) DAVE KAISER VICE PRESIDENT (7) DAVE ARIENO  5.00 X 0. 0.	(5) GARY PETERS						İ		-		
VICE PRESIDENT 5.00 X 0. 0. 0. (7) DAVE ARIENO	PRESIDENT	5.00			X	L			0.	0.	0.
(7) DAVE ARIENO	• •									_	
		5.00		L	X	L	_	<u> </u>	0.	0.	0.
SECRETARY/TREASURER 5.00 X 0. 0. 0.			1	1	l	1	}	<b> </b>			
	SECRETARY/TREASURER	5.00		<u> </u>	X	$ldsymbol{oxed}$	<u> </u>		0.	0.	0.
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Page 7

<u>Pa</u> r	t VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	oyee	s, a	nd i	High	est	Compensated Employ	rees (continued)	
	. (A)	(B)			(0	C)			(D)	(E)	(F)
	Name and title	Average	(de	not c	Pos			nne	Reportable	Reportable	Estimated
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
		week		cer an	oao	recto	y/uus	(ee)	from	from related	other
		(describe hours for	Individual trustee or director						the	organizations	compensation
		related	p .0	25			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
		organizations	ruste	Institutional trustee		8	преп		(44-271099-14113C)		organization and related
		ın Schedule	dualt	notr	_	n glo	st col	<b>5</b>			organizations
		O)	N pu	Instit	Officer	Key employee	Highest compensated employee	Former			
			l								
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	- V - V V - V V - V V - V V - V V - V - V V - V			П		<del>                                     </del>	<del>                                     </del>				+
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1h	Sub-total	<u> </u>	L	L		!	┪	_	0.	0	. 0.
	Total from continuation sheets to Part V	I Continu A							0.	0	
		ii, Section A							0.	0	
2	Total (add lines 1b and 1c) Total number of individuals (including but r	ot limited to th		lioto	d a	bov	2) 44		<del></del>	l .	•1 0•
_	compensation from the organization	iot minted to tr	1056	HSLE	a a	DOV	e) wi	10 11	eceived more than \$100	,000 or reportable	0
	compensation from the organization										Yes No
3	Did the organization list any former officer	director or to	into	ماده					highest semmenested a	mmlavaa aa	r <del>"      </del>
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s			e, Ke	y er	npic	yee	, or	nignest compensated e	mpioyee on	3 X
4	•							المما	h	<b>4</b> la a	3 X
*	For any individual listed on line 1a, is the standard related organizations greater than \$15									the organization	4 X
5		-		•							4 X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							elat	ted organization or indiv	idual for services	5 X
Sec	tion B. Independent Contractors	ipiete Scriedui	e J i	OI S	ICH	pers	SOII				5 X
1		mpopost-d :	do-	0 E C -	nt -		ro - 1		that recovered many 4th and	\$100,000 of	noation from
'	Complete this table for your five highest co the organization. Report compensation for									•	nsation from
	(A)	trie Caleridar y	eai	enai	ng v	WILLI	OI W	101111	(B)	year	(0)
	Name and business	address	N	ONI	2			ŀ	Description of s	services	(C) Compensation
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	Total number of independent parties (	المسامر والمسا					<u> </u>		d =1===================================		
2	Total number of independent contractors (		iOt II	ımıte	a to		se li O	stec	a above) who received r	nore than	
	\$100,000 of compensation from the organ	zation 📂					<u> </u>			<u> </u>	Form <b>990</b> (2011)

	•	•	,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	ts, and ve <b>1f</b>					
Program Service Revenue	2 a b c d			Business Code 713990	492,467.	492,467.		
-	f		enue		492,467.			
	3	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of ta		•	1,000.	1,000.		
	5	Royalties	() 5 1	() Daniel				
ļ	6 a	Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
		Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(II) Other				
		and sales expenses Gain or (loss) Net gain or (loss)		<b>D</b>				
Other Revenue		Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of			-		
٦		: Net income or (loss) from fund	-	<b></b>				
		Part IV, line 19 Less: direct expenses	ctivities. See a b					
		: Net income or (loss) from gan			1			
	10 a	Gross sales of inventory, less     and allowances     Less cost of goods sold	returns a	948,041. 362,289.				
		<ul> <li>Less: cost of goods sold</li> <li>Net income or (loss) from sale</li> </ul>		DUZ, ZUJ.	585,752.	585,752.		
ŀ		Miscellaneous Revenu		Business Code		200,.020		-
ļ	11 a	LANDFILL INCOME	3	900099	102,195.		102,195.	
-	b		NTRIBUTI	900099	9,317.	9,317.		
- 1	c	OTHER		900099	4,680.	4,680.		
l	c			L	116 100	ļ		ļ
		Total Add lines 11a-11d			116,192.	1,093,216.	102 105	0.
ı	12	Total revenue. See instructions.		▶	14 , エフン , せエエ・	H , U J J , 4 I O •	<b>エ</b> ひム,エラJ・	

#### Part IX Statement of Functional Expenses

Section 501(c)(3),and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

_	Check if Schedule O contains a respon	(Å)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	514,100.	514,100.		
7	Other salaries and wages	274,100.	514,100.		
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				-
9	Other employee benefits	48,686.	48,686.		
10	Payroll taxes Fees for services (non-employees):	40,000.	40,000.		-
11	` ' ' '				
a b	Management Legal	1,047.	1,047.		
6	Accounting	1,017.	1,0474		
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			_	
g	Other				
12	Advertising and promotion	5,174.	5,174.		
13	Office expenses	10,462.	10,462.		<del></del>
14	Information technology			T T	
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	5,395.	5,395.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	42,894.	42,894.		
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.)				
а	FACILITY REPAIR AND MAI	173,084.	173,084.		
b	OFFICE SUPPLIES	38,339.	38,339.		
С	UTILITIES	36,369.	36,369.	_	
d	LIABILITY INSURANCE	34,927.	34,927.		
е	All other expenses SEE SCH O	135,494.	135,494.		<del> </del>
25	Total functional expenses. Add lines 1 through 24e	1,045,971.	1,045,971.	0.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	į			
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet			
	•	•	(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	214,791.	1	364,768.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	20,354.	4	9,022.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II		ľ	
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			<u> </u>
		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 organizations (see instructions)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	70,295.	8	76,873
•	9	Prepaid expenses and deferred charges		9	896
	1	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 1,640,54	12.		
	Ь	Less: accumulated depreciation 10b 1,089,60		10c	550,936
	11	Investments - publicly traded securities	, , , , , , , , , , , , , , , , , , , ,	11	
	12	Investments - other secunties See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	<del></del>
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	862,151.	16	1,002,495
	17	Accounts payable and accrued expenses	926.	17	17,580
	18	Grants payable		18	
	19	Deferred revenue	13,734.	19	3,830
	20	Tax-exempt bond liabilities		20	
۰.	21	Escrow or custodial account liability. Complete Part IV of Schedule D	<u> </u>	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
₫		highest compensated employees, and disqualified persons. Complete Part	1		
<u>=</u>		of Schedule L	"	22	
	23	Secured mortgages and notes payable to unrelated third parties	63,643.	23	48,406
	24	Unsecured notes and loans payable to unrelated third parties	03,013.	24	10,100
	25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	609.	25	0 .
	26	Total liabilities. Add lines 17 through 25	78,912.		69,816
	20	Organizations that follow SFAS 117, check here   X and complete		20	05,010
<b>'</b> A		lines 27 through 29, and lines 33 and 34.	ie		
ë	27	Unrestricted net assets	763,738.	27	913,178
lan I	28	Temporanly restricted net assets	19,501.	28	19,501
29	29	Permanently restricted net assets	15,301.	29	
Ĕ	29			29	
Ī		Organizations that do not follow SFAS 117, check here  and			
Ö S		complete lines 30 through 34.	ļ		
set	30	Capital stock or trust principal, or current funds		30	<del>-</del>
As	31	Paid in or capital surplus, or land, building, or equipment fund	<del></del>	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	702 220	32	022 670
_	33	Total net assets or fund balances	783,239.	33	932,679
	34	Total liabilities and net assets/fund balances	862,151.	34	1,002,495

-	1990 (2011) ISAAC WALTON LEAGUE	92-600	14399	Pac	ge <b>12</b>
Ŗa	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)	1	1,195		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,049		
3	Revenue less expenses Subtract line 2 from line 1	3			40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	783	3,2	39.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	932	2,6	79.
Pa	다셨네 Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990. X Cash — Accrual — Other				<u>:</u> ·
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_ 2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	,-1		*
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both				- <del></del>
	Separate basis Consolidated basis Both consolidated and separate basis				-
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			į
	Act and OMB Circular A-133?		_3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		l

Form **990** (2011)

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

BIRCHWOOD RECREATION ISAAC WALTON LEAGUE ISAAC WALTON LEAGUE

Employer identification number 92-6004399

Pai	t I Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	· ·	
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	,	Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organizat	·	·
	Preservation of land for public use (e.g., recreation or		ally important land area
	Protection of natural habitat	Preservation of a certified	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	* *	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	anization during the tax
	year ▶		-
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements during	the year >
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year ▶ \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)	)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense stat	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes the d	organization's accounting for
_	conservation easements		
Pai	t III Organizations Maintaining Collections of	•	r Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	·	> \$ > \$
2	If the organization received or held works of art, historical tre		n, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$

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Schedule D (Form 990) 2011

Sche		LTON LEAG		•				92-60	04399	Page 2
Pai	t III Organizations Maintaining Co	llections of A	rt, Hist	torical Tr	easures, d	or Othe	r Simil	ar Asse	<b>ts</b> (contin	ued)
3	Using the organization's acquisition, accession (check all that apply):	, and other record	is, checl	k any of the	following tha	t are a siç	gnificant	use of its	collection	items
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	e	$\overline{}$	Other	······································					
С	Preservation for future generations	_								
4	Provide a description of the organization's colle	ections and explai	n how th	nev further t	he organizati	on's exen	not nuro	se in Par	t XIV.	
5	During the year, did the organization solicit or re									
_	to be sold to raise funds rather than to be main		-		•				Yes	☐ No
Pai	t IV Escrow and Custodial Arrange					"Yes" to F	orm 990	, Part IV,	ine 9, or	
	reported an amount on Form 990, Part )			•				,	·	
1a	Is the organization an agent, trustee, custodian	or other intermed	lary for	contribution	ns or other as	sets not i	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV an	nd complete the fo	llowing t	table <sup>.</sup>						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
	Did the organization include an amount on Form	m 990, Part X, line	217					L	」 Yes	└─ No
_	If "Yes," explain the arrangement in Part XIV.							<del></del>		
Par										
	_	(a) Current year	(b) P	rior year	(c) Two year	s back (	<b>d)</b> Three y	ears back	<b>(e)</b> Four y	ears back
1a	Beginning of year balance									
b	Contributions	<del></del>								
C	Net investment earnings, gains, and losses					-				
d	Grants or scholarships							<del></del>		
е	Other expenditures for facilities				ļ	j				į.
	and programs									
	Administrative expenses			-						<del></del>
9 2	End of year balance	at year and balance	o (line 1	a aaluma (s	-\\ bold					
a	Provide the estimated percentage of the currer Board designated or quasi-endowment	it year end balanc	e (ime i %	g, column (a	a)) neid as					
	Permanent endowment	%	_70							
	Temporarily restricted endowment	^ %								
•	The percentages in lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the possess	•	ation tha	at are held a	ind administe	red for th	e organi	zation		
	by:			a. a.o			o organiz	anon	F.	res No
	(i) unrelated organizations								3a(i)	100 110
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations li	sted as required o	n Sched	dule R?					3b	
4	Describe in Part XIV the intended uses of the o						-		<u> </u>	
Par	t VI Land, Buildings, and Equipme	<b>nt.</b> See Form 990	), Part X	, line 10.		•				
	Description of property	(a) Cost or o			or other	(c) Ac	cumulate	ed	(d) Book	value
		basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land			-						
b	Buildings		_							
С	Leasehold improvements									
d	Equipment		,							
	Other				0,542.	1,0	89,6	06.		<u>,936.</u>
T-4-1	Add lines to through to (Column (d) must see	IN COURS ORD DOM	V	(0) ( 4	(0/-11			<b>N</b>	- L L N	036

Schedule D (Form 990) 2011

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FIN 48 (ASC 740)

(11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

FIN 48 (ASC 740) FOOMORE In Part XIV. provide the text of the organization's financial statements that reports the organization's financial tax positions under

Sche	dule D (Form 990) 2011 ISAAC WALTON LEAGUE			92-600439	9 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Au	udited Financi	al State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	1,19	5,411.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		5,971.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-	3		9,440.
4	Net unrealized gains (losses) on investments	ļ <del>-</del>	4		
5	Donated services and use of facilities	ļ	5		<del></del>
6		-	6		
_	Investment expenses	-			
7	Prior period adjustments  Other (Pagerba in Part VIV)	-	7		<del></del>
8	Other (Describe in Part XIV.)	F	8		<del></del>
9	Total adjustments (net). Add lines 4 through 8	ļ	9	1 /	0 440
10 ID21	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	n With Daven	10		9,440.
	t XII   Reconciliation of Revenue per Audited Financial Statements	s with nevent	te bet u		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	4			
а	Net unrealized gains on investments	2a		1 1	
b	Donated services and use of facilities	<b>2</b> b		1	
C	Recovenes of prior year grants	2c		<b>!</b>	
q	Other (Describe in Part XIV)	2d		<b>.</b> .	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		]	
С	Add lines 4a and 4b	•		4c	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pai	t XIII Reconciliation of Expenses per Audited Financial Statement	ts With Expen	ses per	Return	
1	Total expenses and losses per audited financial statements			1	
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			
C	Other losses	2c		] ]	
d	Other (Describe in Part XIV.)	2d		]	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
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	4a			
b	Other (Describe in Part XIV)	4b		]	
С	Add lines 4a and 4b			4c	
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Pa	t XIV Supplemental Information			· · · · · · · · · · · · · · · · · · ·	
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lin	nes 1a and 4; Part	IV, lines 1	b and 2b; Part V, I	ne 4; Part
	e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete				
			·		
				<u> </u>	
		<del></del>		<del></del>	
		<del></del>			

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

BIRCHWOOD RECREATION ISAAC WALTON LEAGUE

**Employer identification number** 92-6004399

ISAAC WALTON LEAGUE FORM 990, PART VI, SECTION A, LINE 6: MEMBERS ARE MADE UP OF INDIVDUALS THAT HAVE PURCHASED AT LEAST A GENERAL MEMBERSHIP IN THE PARK. FORM 990, PART VI, SECTION A, LINE 7A: BOARD MEMBERS ARE ELECTED BY THE A VOTE OF THE GENERAL CLUB MEMBERS. FORM 990, PART VI, SECTION B, LINE 11: MANAGEMENT AND THE PRESIDENT REVIEW AND SIGN THE FORM 990. FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE ENITIES BUSINESS OFFICE. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: **VEHICLE EXPENSE:** PROGRAM SERVICE EXPENSES 27,130. MANAGEMENT AND GENERAL EXPENSES 0. 0. FUNDRAISING EXPENSES TOTAL EXPENSES 27,130. SPECIAL EVENTS: PROGRAM SERVICE EXPENSES 25,326. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 25,326.

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Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011)  Name of the organization BIRCHWOOD RECREATION ISAAC WALTON LEAGUE ISAAC WALTON LEAGUE	Page 2 Employer identification number 92-6004399
BANK FEES :	, , , , , , , , , , , , , , , , , , , ,
PROGRAM SERVICE EXPENSES	23,393.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	23,393.
SMALL EQUIPMENT & TOOLS :	
PROGRAM SERVICE EXPENSES	20,935.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,935.
LANDFILL EXPENSES :	
PROGRAM SERVICE EXPENSES	13,340.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,340.
WORKERS COMPENSATION :	
PROGRAM SERVICE EXPENSES	12,561.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,561.
OTHER :	
PROGRAM SERVICE EXPENSES	7,600.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES  132212 01-23-12 Sct	0 . nedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011)  Name of the organization BIRCHWOOD RECREATION ISAAC WALTON LEAGUE  ISAAC WALTON LEAGUE	Employer identification number 92-6004399
TOTAL EXPENSES	7,600.
COMPUTER/NETWORK :	
PROGRAM SERVICE EXPENSES	3,005.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,005.
LICENSES AND FEES :	· · ·
PROGRAM SERVICE EXPENSES	1,174.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,174.
DUES AND SUBSCRIPTIONS :	
PROGRAM SERVICE EXPENSES	1,030.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,030.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, CO	DL A 135,494.

# 2011 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

Asset No	Description	Date Acquired	Method	Lıfe	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
-	PROGRAM SERVICES					-						
_ 1	BUILDINGS AND EQUIP	VARIES	200DB	5.00	17	1156464.			1156464.	1061747.		26,76 <u>9</u> .
_ 2	LAND	VARIES	_	.000	16	361 <u>,702</u> .	-	-	361,702.			0.
3	EQUIPMENT	063008	200DB	5.00	17_	38,639.			38,639.	13,755.		2,226.
4	EQUIPMENT	063009	200DB	7.00	17	41,974.	-	-	41,974.	8,138.	-	3,671.
.5	EQUIPMENT * 990 PAGE 10 TOTAL	063010	200DB	7.00	17	41,763.		-	41,763.	5,966.		10,228.
	PROGRAM SERVICES * GRAND TOTAL 990					1640542.		0.	1640542.	1089606.	0.	42,894.
	PAGE 10 DEPR					1640542.		0.	1640542.	1089606.	Ō.	42,894.
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<sup>(</sup>D) Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction