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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

Open to Public Inspection

A F	or the	e 2012 calendar year, or tax year beginning and end	ding		
B c	heck if	C Name of organization		D Employer identific	cation number
a	pplicabl	BIRCHWOOD RECREATION ISAAC WALTON LEAGU	JE		
	_Addre _chang	S ISAAC WALTON LEAGUE			
	Name chang			92-6	004399
=]Initial]return		om/suite	E Telephone number	
_	Termin		JOHN Suite	(907	
-	-Jated ∃Amen				
<u> </u>	⊥return ∏Applic	City, town, or post office, state, and ZIP code		G Gross receipts \$	1,494,049.
L	Ltion pendii	CHOGIAK, AK 33307		H(a) Is this a group re	
		F Name and address of principal officer GARY PETERS		for affiliates?	Yes X No
		PO BOX 670650, CHUGIAK, AK 99567		H(b) Are all affiliates inc	
		empt status 501(c)(3)X 501(c)(7) ◀ (insert no.) 4947(a)(1) or	527	1	list (see instructions)
		te: ► WWW.BRSPCLUB.COM	· · · · · · · · · · · · · · · · · · ·	H(c) Group exemption	
K F	orm of	organization X Corporation Trust Association Other ▶	L Year	of formation: 1957 N	State of legal domicile: AK
Pa	ırt I	Summary			
4	1	Briefly describe the organization's mission or most significant activities RECREA	MOITA	AL TARGET,	TRAP, AND
& Governance		SKEET SHOOTING			
Пa	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net as	sets
ķ		Number of voting members of the governing body (Part VI, line 1a)		3	7
တ္				4	7
∞ ŏ		Number of independent voting members of the governing body (Part VI, line 1b)		 	
Activities		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0
₹		Total number of volunteers (estimate if necessary)		6	0
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	-15,006.
				Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		492,467.	501,034.
š	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,000.	650.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	701,944.	611,065.
	ŀ			1,195,411.	1,112,749.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
		Grants and similar amounts paid (Part IX, column (A), lines 1 3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	ł	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	562,786.	632,242.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
χ	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>). L</u>		
úì	17	Other expenses (Part IX, column (A), Junes 11a-11d, 11f-24e)		483,185.	545,764.
		Total expenses Add lines 13-17 (must equal Red (இற்றிரிட்டு) line 25		1,045,971.	1,178,006.
	19	Revenue less expenses Subtract line 18 from line 12		149,440.	-65,257.
ts or inces	1.0	P None a construction	P.o.	ginning of Current Year	End of Year
anc anc	200	Total assets (Part X, line 16)	De	1,002,495.	
SSE	Į.	Total assets (Part X, Illie 10)	<u> </u>		946,822.
Net Assets Fund Balan		Total liabilities (Part X, line 26)	-	69,815.	79,399.
	22	Net assets or fund balances Subtract line 20 from 1220, U		932,680.	867,423.
; Pa	art II	Signature Block			
J1		alties of perjury, I declare that I have exampled this return, including accompanying schedules at			y knowledge and belief, it is
rue,	, correc	ct, and complete Declaration of prepare street than officer) is based on all information of which	h preparer	has any knowledge.	
, . Sıgı		LANING CLUN		11/12	113
Sıgı	n	Signature of officer		Date	
Her		► GARY PETERS, PRESIDENT			
	•	Type or print name and title			······································
		Print/Type preparer's name Preparer's signature	1	Date , / Check	PTIN
Paid			Į.	- /-//2	
		JOSEPH L. NEWHOUSE, CPA JOSEPH L. NEWHOUS	self-employ	 _	
	oarer	Firm's name NEWHOUSE & VOGLER, CPA'S, APC		Firm's EIN	92-0133179
Use	Only	Firm's address 237 E. FIREWEED LANE, SUITE 200			
		ANCHORAGE, AK 99503		Phone no 9	<u>072587555</u>
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
2320	01 12-	10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions	s.		Form 990 (2012)

	990 (2012)
Pai	t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission
	PROVIDE A SAFE RECREATIONAL EXPERIENCE FOR RECREATIONAL TARGET, TRAP
	AND SKEET SHOOTERS OF ALASKA.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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
4a	revenue, if any, for each program service reported (Code) (Expenses \$ 1,178,006 · including grants of \$) (Revenue \$)
74	OPERATING OVERHEAD
41-	
4b	(Code) (Expenses \$) (Revenue \$)
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,178,006.
	Form 990 (2012)

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Form 990 (2012) ISAAC WALTON LEAGUE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
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		İ	
	public office? If "Yes," complete Schedule C, Part I	3		_X_
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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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, for escrow or custodial account liability, serve as a custodian for			1
	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, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
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			
	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 and XII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
4-	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,			1,7
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	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u> _
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2012)
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Part IV Checklist of Required Schedules (continued)

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		Ì	ł
	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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		_X_
	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	ا ا		l
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		
b		25a		
b	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, highest compensated employee, or disqualified			
	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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	•	х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С				
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
00	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	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	<u> </u>
		Form	990	(2012)

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Par	·			
	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	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	1	
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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	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
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	-		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	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	r? 7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0	? 7h	ļ	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	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) .		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities) .		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	<u> </u>
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			
С	Enter the amount of reserves on hand		ļ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u></u>
		Forr	n 990	(2012)

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Form 990 (2012)

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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 1a 7									
	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 7									
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	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
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, 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	Х							
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 the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
			Yes							
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		<u>X</u>						
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		X						
	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		i							
	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?		i							
	The organization's CEO, Executive Director, or top management official	15a		X						
þ	Other officers or key employees of the organization	15b		X						
	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		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		i							
	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		L						
	tion C. Disclosure									
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) a	ıvaılab	ne							
	for public inspection. Indicate how you made these available. Check all that apply 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 interest policy, an	d finar	ncial							
	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	tion 🕨	-							
	JIM MCCORMICK - 907-688-2809 PO BOX 670650, CHUGIAK, AK 99567									
23200		Eor	gan	(2012)						
12-10-	IZ	i Oill	, 555	(2012)						

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

Clist any hours for related organizations below line) Figure 1 Figure 2 Figure 2	(A) Name and Title	(B) Average hours per week	(do box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
S		hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	organizations	compensation from the organization and related
Solution (1) WERNER WAAK	5.00										
DIRECTOR	DIRECTOR		X						0.	0.	0.
Sample S	(2) DENNIS GEARY	5.00		ĺ							
DIRECTOR	DIRECTOR		X						0.	0.	0 .
(4) THOMAS FALKENBERRY 5.00 DIRECTOR X (5) GARY PETERS 5.00 PRESIDENT X (6) DAVID KAISER 5.00 VICE PRESIDENT X (7) DAVID ARIENO 5.00	(3) NORMAN MEANS	5.00									
(4) THOMAS FALKENBERRY 5.00 DIRECTOR X (5) GARY PETERS 5.00 PRESIDENT X (6) DAVID KAISER 5.00 VICE PRESIDENT X (7) DAVID ARIENO 5.00	DIRECTOR		X						0.	0.	0.
(5) GARY PETERS 5.00 PRESIDENT X (6) DAVID KAISER 5.00 VICE PRESIDENT X (7) DAVID ARIENO 5.00	(4) THOMAS FALKENBERRY	5.00						ŀ			
PRESIDENT X 0. 0. 0 0 0 (6) DAVID KAISER 5.00 X 0. 0. 0 0 0 0 0 0 0 0	DIRECTOR		X						0.	0.	0.
(6) DAVID KAISER VICE PRESIDENT (7) DAVID ARIENO 5.00 X 0. 0	(5) GARY PETERS	5.00									
(6) DAVID KAISER VICE PRESIDENT (7) DAVID ARIENO 5.00 X 0. 0	PRESIDENT				X	L_			0.	0.	0.
(7) DAVID ARIENO 5.00	(6) DAVID KAISER	5.00									
	VICE PRESIDENT				X				0.	0.	0 .
SECRETARY X 0. 0. 0. 0	(7) DAVID ARIENO	5.00									
	SECRETARY				X				0.	0.	0.
			$\frac{1}{2}$								
			 				<u></u>				
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$^{\prime}C$ $^{\prime\prime}$	VALTON	LEAGUE		9

	Name and title	(B) Average hours per week	(do box offic	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				one n an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compensation from the organization and related organization		e ion ed
													<u> </u>	
	· · · · · · · · · · · · · · · · · · ·													
			_											
												-		
	Sub-total Total from continuation sheets to Part V	II, Section A					>		0.		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wh	o re	0. eceived more than \$100	,000 of reportable	0.			0.
	compensation from the organization	<u> </u>											Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	such individual					_		-			3		<u>x</u>
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual	_		4		Х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							elat	ed organization or indiv	dual for services		5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	rs t	hat received more than	\$100,000 of com	pensa	ation f	rom	
	the organization Report compensation for (A)	the calendar y	ear	endı	ng v	vith	or w	ithir	n the organization's tax (B)	year		(C	;)	
	Name and business	address	N	INC	3				Description of s	ervices	C	ompei		n
								_				· · · · · · ·		
												-		
2	Total number of independent contractors (\$100,000 of compensation from the organ		ot li	mite 	d to		se l:: 0	stec	d above) who received n	nore than				
												Form !	990 t	2012

Page 8

···	VIII	, Check if Schedule O cont		to any duestion i	n this Part VIII			
		, Check ii Schedule O Cont	anis a response	to any question	(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	1 a	Federated campaigns	1a					
e a	b	Membership dues	1b					
s, C	С	Fundraising events	1c					
ar t	d	Related organizations	1d					
s,E	е	Government grants (contribut	ions) 1e					
P S	f	All other contributions, gifts, gran	ts, and					
t E		similar amounts not included abo	ve 1f					
돌임	g	Noncash contributions included in lines	1a-1f \$					
<u>ම</u> ල	h	Total. Add lines 1a-1f			·			
				Business Code				
မွ	2 a	MEMBERSHIP DUES	<u> </u>	713990	501,034.	501,034.	···	
ě Š	b							
Se enu	С				···	<u> </u>		
ran Sev	d		·		·			
Program Service Revenue	е							
٩	f	All other program service reve	enue					,
	g	Total. Add lines 2a-2f		> _	501,034.			
	3	Investment income (including	dividends, intere	est, and				
		other sımılar amounts)		▶	650.	650.		
	4	Income from investment of ta	x-exempt bond p	oroceeds >				
	5	Royalties						 -
			(i) Real	(II) Personal				
		Gross rents						
	b	,						
	С	• •	L	L				
		Net rental income or (loss)		D				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)	a avanta (nat					
ne	8 a	Gross income from fundraisin including \$	-					
Other Revenue	Ì	contributions reported on line	of	1				
Be		Part IV, line 18	•					
her	_ h	Less direct expenses	a b					
ŏ	1	Net income or (loss) from fund						
	1	Gross income from gaming ac						
	" "	Part IV, line 19	а					
	_h	Less direct expenses	b					
		Net income or (loss) from gam	_	•				
	1	Gross sales of inventory, less	-					
	' -	and allowances		953,326.				
	b b	Less cost of goods sold		381,300.				
	l .	Net income or (loss) from sale		•	572,026.	572,026.		
		Miscellaneous Revenu		Business Code				
	11 a	LANDFILL INCOME		900099	36,599.	36,599.		
		DONATIONS & CON		900099	1,495.			
	С	OTHER		900099	945.	945.		
	d	All other revenue						
	е	Total. Add lines 11a-11d		•	39,039.			
	12	Total revenue See instructions.		>	1,112,749.	1,112,749.	0.	0.
23200 12-10)9 - 12							Form 990 (2012)

Form 990 (2012) ISAAC WALTON LEAGUE
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respon			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	l I			
	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)	582,626.	F02 626		
7	Other salaries and wages	502,020.	582,626.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions) Other employee benefits				
9 10	Payroll taxes	49,616.	49,616.		
11	Fees for services (non-employees)	45,010.	45,010.		
a	Management	•			
b	Legal	6,070.	6,070.		
c	Accounting				
d	Lobbying				
е	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 Sch O.)				
12	Advertising and promotion	7,920.	7,920.		
13	Office expenses	8,879.	8,879.		
14	Information technology				
15	Royalties				<u> </u>
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses			Ĭ	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,263.	3,263.		
20	Interest	3,203.	3,203.		
21 22	Payments to affiliates Depreciation, depletion, and amortization	90,229.	90,229.		
23	Insurance	68,284.	68,284.		
24	Other expenses. Itemize expenses not covered	00/2011	00,201.		
	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	122,418.	122,418.		
b	OFFICE SUPPLIES	44,142.	44,142.		
С	UTILITIES	43,019.	43,019.		
d	LANDFILL EXPENSES	36,875.	36,875.		
е	All other expenses	114,665.	114,665.		
25	Total functional expenses Add lines 1 through 24e	1,178,006.	1,178,006.	0.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2012) 92-6004399 Page 11 ISAAC WALTON LEAGUE Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X Beginning of year End of year 364,768. 303,259. Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 9,022. 23,633. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net 7 76.873. 102,482. Inventories for sale or use 8 896. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other 1,697,283. basis Complete Part VI of Schedule D 10a 1,179,835. b Less accumulated depreciation 10b 550,936. 10c 517,448. 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 13 Investments · program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 1,002,495. <u>946,822.</u> 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17,580. 46,522. Accounts payable and accrued expenses 17 17 18 Grants payable 18 3,829. 19,032. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 labilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 48,406. 23 Secured mortgages and notes payable to unrelated third parties 23 13,845. Unsecured notes and loans payable to unrelated third parties 24 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 25 69,815. 79,399. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ \(\textstyle \te complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 913,179. 847,922. Unrestricted net assets 27 19,501. 19,501. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

> 946,822. Form 990 (2012)

867,423.

30

31

32

33

34

932,680.

002,495.

32

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2012) ISAAC WALTON LEAGUE	92-6	004399	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)	1	1,112		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,178	3,0	<u>06.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		, 2	<u>57.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	932	2,6	80.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	867	7,4	23.
Pa	rt 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 X Cash Accrual Other		_		ı
	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
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			ı
	separate basis, consolidated basis, or both				ı
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,			ı
	consolidated basis, or both				ı
	Separate basis Consolidated basis Both consolidated and separate basis				ı
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			ı
	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				ı
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		ĺ	ı
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt			ı
	an analisa annalana mbon na Caba abula Canad alabamba anno akana kalona ka madanna annala annalisa.		1 61		

Form **990** (2012)

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. 2012
Open to Public Inspection

Name of the organization

BIRCHWOOD RECREATION ISAAC WALTON LEAGUE

Employer identification number 92-6004399

	ISAAC WALTON LEAGU		92-6004399
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or a	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
	10	(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 fu	nds
Ŭ	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
Ū	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or deficit advisor, or for any other purpose confe	Yes No
Pai		ganization answered "Ves" to Form 990. Part IV	
L			, line i
1	Purpose(s) of conservation easements held by the organization		ally compared and area
	Preservation of land for public use (e.g., recreation or e	. —	• ,
	Protection of natural habitat	Preservation of a certified i	historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	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	2b	
C	Number of conservation easements on a certified historic str	• •	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		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the orga	inization during the tax
_	year >		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		<u> </u>
_	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	
7	Amount of expenses incurred in monitoring, inspecting, and		<u>-</u>
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(n)(4)(
^	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	·	
	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describes the o	rganization's accounting for
Pai	conservation easements rt III Organizations Maintaining Collections o	f Art Historical Treasures or Other	Similar Assets
	Complete if the organization answered "Yes" to Form		Olimai Assets.
	If the organization elected, as permitted under SFAS 116 (AS		and balance shoot works of art
Id	historical treasures, or other similar assets held for public ext		
	•		public service, provide, in Fart Airi,
h	the text of the footnote to its financial statements that describe the organization elected as permitted under SEAS 116 (AS		balance shoot works of out biotograph
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items (i) Power was included in Form 200. Part VIII. Inc. 1		• •
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X	annuran or other similar assets for financial asset	
2	If the organization received or held works of art, historical tre	_	i, provide
_	the following amounts required to be reported under SFAS 1	TO (MOC 908) relating to these items	▶ ¢
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		*

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

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		ALTON LEAG							<u>04399</u>		
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, e	or Other	Simil	ar Asse	ts (continue	∍d)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following tha	at are a sig	nıfıcant ı	use of its	collection it	.ems	
	(check all that apply)										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizati	on's exem	pt purpo	se in Par	t XIII		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar a	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?				Yes	☐ No	
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" to F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not ir	ncluded				
	on Form 990, Part X?										
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	212						Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	kplanatio	n has been	provided in	Part XIII					
Par	t V Endowment Funds. Complete it	f the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 10					
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (c	I) Three y	ears back	(e) Four ye	ars back	
1a	Beginning of year balance										
b	Contributions			 							
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities								i		
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (a	a)) held as						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c should										
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ind administe	ered for the	e organiz	ation			
	by									es No	
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3a(iı)		
b	If "Yes" to 3a(ii), are the related organizations	•							3b_		
4	Describe in Part XIII the intended uses of the				-					<u>.</u>	
Pai	t VI Land, Buildings, and Equipm				· · · · · · · · · · · · · · · · · · ·	l					
	Description of property	(a) Cost or o basis (investr			or other (other)	1	eciation	ed	(d) Book v	alue	
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
e	Other			1,69	7,283.	1,1	79,8	35.		448.	
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10(c))				517	448.	

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See (a) Description of security or category (including name of security)	(b) Book value		lation Cost or end-of-year market value
Financial derivatives	(D) DOOK VAIDE	(c) Motriod or Valu	action Cost of Cha of year market value
Closely held equity interests			
Other	.		
(A)			
(B)	· - · · · · · · · · · · · · · · · · · ·		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
al (Col (b) must equal Form 990, Part X, col. (B) line 12)			
art VIII Investments - Program Related. Se	e Form 990, Part X, line 1	3	
(a) Description of investment type	(b) Book value	(c) Method of valu	lation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
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tal (Col (b) must equal Form 990, Part X, col. (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line	·		
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
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tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. See Form 990, Part X, li			<u> </u>
art X Other Liabilities. See Form 990, Part X, II (a) Description of liability	ne 25	(b) Book value	
• • • • • • • • • • • • • • • • • • • •		(b) BOOK Value	
(1) Federal income taxes			
(2)			
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tal. (Column (b) must equal Form 990, Part X, col. (B) line	051	1	

232053 12-10-12

BIRCHWOOD RECREATION ISAAC WALTON LEAGUE Schedule D (Form 990) 2012 ISAAC WALTON LEAGUE 92-6004399 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments 2a Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII) 2d Add lines 2a through 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 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 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

Name of the organization

BIRCHWOOD RECREATION ISAAC WALTON LEAGUE

Employer identification number 92-6004399

ISAAC WALTON LEAGUE	92-6004399
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 DOCU	MENTS, POLICIES
AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON	REQUEST AT THE
ENITIES BUSINESS OFFICE.	
	· · —

∃ 10
PAGE
990
FORM

Current Year Deduction	•	27,179.	0	15,105.	8,619.	7,305.	1,143.	13,663.	10,330.	6,834.	51.	90,229.	90,229.		tion Deduction
Current Sec 179								•				•	0		ercial Revitaliza
Accumulated Depreciation		1088516.		15,981.	11,809.	16,194.						1132500.	1132500.		TC Section 179 Salvage Bonus Commercial Revitalization Deduction
Basis For Depreciation		1156464.	361,702.	38,639.	41,974.	41,763.	1,000.	11,955.	9,391.	5,980.	44.	1668912.	1668912.		Section 179 Salva
Reduction In Basis							1,000.	11,955.	9,391.	5,980.	45.	28,371.	28,371.		·
Bus % Excl														2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
Unadjusted Cost Or Basis		1156464.	361,702.	38,639.	41,974.	41,763.	2,000.	23,910.	18,782.	11,960.	. 68	1697283.	1697283.		(D) - Asset disposed
L'ne No		17	16	17	17	17	190	19G	0019D	19G	19C				
Lıfe		5.00	.000	5.00	7.00	7.00	7.00	7.00		7.00	7.00				
Method		200DB		200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB				
Date Acquired		EQUIPVARIES200DB5.00	VARIES	063008200DB5.00	063009200DB7.00	063010200DB7.00	092612200DB7.00	052312200DB7.00	062912200DB10.	060612200DB7.00	022912200DB7.00				
Description	PROGRAM SERVICES	1BUILDINGS AND EQUIF	ZLAND	3EQUIPMENT	4EQUIPMENT	SEQUIPMENT	6DRY WELL	PAT TRAP MACHINES 7WITH CONNEX	8CONCRETE WORK	9NEW SPORTER 400 IT	HICLE ITEMS	SOGRAM SERVIC	* GRAND TOTAL 990 PAGE 10 DEPR		
Asset No			.,		4,	<u>u)</u>			ω ——		10				228102 05-01-12

Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

			· · · · · · · · · · · · · · · · · · ·			
• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			▶ □
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II (on page 2 of	this form)		
	omplete Part II unless you have already been granted				rm 8868	
Electron	ic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tir	ne to file (6	6 months for a	a corporation
required	to file Form 990·T), or an additional (not automatic) 3-mo	onth extens	sion of time. You can electronically f	ile Form 8	868 to reques	st an extension
of time to	ofile any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers /	Associated W	ith Certain
Personal	Benefit Contracts, which must be sent to the IRS in page	oer format	(see instructions) For more details	on the elec	ctronic filing o	of this form,
visit www	virs gov/efile and click on e-file for Charities & Nonprofits	s				
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).		
A corpor	ation required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and	complete		
Part I on	у					ightharpoons X
	corporations (including 1120-C filers), partnerships, REN ome tax returns	IICs, and t	rusts must use Form 7004 to reques	st an exten	ision of time	
Type or	Name of exempt organization or other filer, see instru	ıctıons		Employe	r identification	n number (EIN) or
print	BIRCHWOOD RECREATION ISAAC	WALT	ON LEAGUE	, ,		, ,
	ISAAC WALTON LEAGUE				92-600)4399
File by the due date foi	Number, street, and room or suite no If a PO box, s	see instruc	tions	Social se	curity numbe	
filing your return See	PO BOX 670650		_		•	, ,
instructions	City, town or post office, state, and ZIP code For a f	oreign add	dress, see instructions		<u>-</u> _	
	CHUGIAK, AK 99567					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 7
Applicat	ion	Return	Application			Return
ls For		Code	Is For		Code	
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	D-BL	02	Form 1041-A			08
Form 47	20 (ındıvıdual)	03	Form 4720	09		
Form 990)-PF	04	Form 5227	10		
Form 990	O-T (sec 401(a) or 408(a) trust)	05	Form 6069	11		
	OT (trust other than above)	06	Form 8870		<u> </u>	12
	JIM MCCORMICK				**	
The b	ooks are in the care of PO_BOX 670650	- CHU	GIAK, AK 99567			
Telep	none No ▶ 907-688-2809		FAX No ▶			
If the	organization does not have an office or place of busines	s in the Ur	nited States, check this box			
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is fo	r the whole gi	roup, check this
box 🕨	If it is for part of the group, check this box					
1 re	equest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until		
	NOVEMBER 15, 2013 , to file the exemp	ot organiza	ition return for the organization name	ed above	The extension	n
	or the organization's return for					
>	X calendar year 2012 or					
>	tax year beginning	, ar	nd ending			
2 If t	he tax year entered in line 1 is for less than 12 months, o	check reas	on Initial return	Final retur	n	
	Change in accounting period					
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
<u>no</u>	nrefundable credits. See instructions			3a	\$	0.
b If t	his application is for Form 990-PF, 990-T, 4720, or 6069,	, enter any	refundable credits and			
<u>es</u>	imated tax payments made. Include any prior year over	payment a	llowed as a credit	3b	\$	0.
c Ba	lance due. Subtract line 3b from line 3a Include your pa	ayment wit	th this form, if required,			
by	using EFTPS (Electronic Federal Tax Payment System)	See instru	ictions	Зс	\$	0.
					EO for payme	
c Ba	lance due. Subtract line 3b from line 3a Include your pa	ayment with See instru With this F	th this form, if required, ictions orm 8868, see Form 8453-EO and F	3c	\$	ent instru

223841 01-21-13

Form 8868 (Rev 1-2013)					Page 2				
 If you are filing for an Additional (Not Automatic) 3-Month E 	xtension, d	complete only Part II and check this	box		$ ightharpoons \overline{\mathbf{X}}$				
Note. Only complete Part II if you have already been granted an	automatic	3-month extension on a previously f	led Form	8868					
 If you are filing for an Automatic 3-Month Extension, comple 									
Part II Additional (Not Automatic) 3-Month E	Extension	n of Time. Only file the origin	al (no c	opies nee	eded).				
		Enter filer's	identıfyir	ng number,	see instructions				
Type or Name of exempt organization or other filer, see instructions Employer identification numbers									
print BIRCHWOOD RECREATION ISAAC	WALTO	N LEAGUE							
File by the ISAAC WALTON LEAGUE				92-60	004399				
due date for filing your return See PO BOX 670650	Social se	curity numb	per (SSN)						
CHUGIAK, AK 99567	foreign add	lress, see instructions							
Enter the Return code for the return that this application is for (fi	ile a separa	te application for each return)			0 1				
Application	Return	Application			Return				
ls For	Code	Is For			Code				
Form 990 or Form 990-EZ	01								
Form 990-BL	02	Form 1041-A			08				
Form 4720 (ındıvıdual)	03	Form 4720			09				
Form 990-PF	04	Form 5227			10				
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069							
Form 990-T (trust other than above)	06	Form 8870			12				
STOP! Do not complete Part II if you were not already grante JIM MCCORMICK The books are in the care of ▶ PO BOX 670650 Telephone No ▶ 907-688-2809			iousiy tile	ed Form 88	68.				
If the organization does not have an office or place of business	ee in tha l lr				▶ □				
 If this is for a Group Return, enter the organization's four digit 			f this is fo	r the whole	group check this				
box ► If it is for part of the group, check this box ►	_								
4 I request an additional 3-month extension of time until			anmonie	CIO LIIC CAL	2113101113101				
5 For calendar year 2012, or other tax year beginning			a						
6 If the tax year entered in line 5 is for less than 12 months,			Fınal ı	eturn					
Change in accounting period									
7 State in detail why you need the extension									
	ORDER	TO COMPLETE AN AC	CURAT	E RETU	JRN.				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720	, or 6069, e	enter the tentative tax, less any			0.				
nonrefundable credits See instructions									
b If this application is for Form 990-PF, 990-T, 4720, or 6069									
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid								
previously with Form 8868			8b	\$	0.				
c Balance due. Subtract line 8b from line 8a Include your p	=	th this form, if required, by using			•				
EFTPS (Electronic Federal Tax Payment System) See inst		at he completed for De 1.0	8c	\$	0.				
Under penalties of perjury, I declare that I have examined this form, incluit is true, correct, and complete, and that I am authorized to prepare this	iding accomi	st be completed for Part II of panying schedules and statements, and t	-	f my knowled	dge and belief,				
				_					
Signature ► Title ►	CPA		Date						