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## EXTENDED TO NOVEMBER 15, 2016

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 private foundations)

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

Form **990** (2015)

A	For the	2015 calendar year, or tax year beginning and ending		
В	Check if applicable	C Name of organization	D Employer identific	cation number
_		BIRCHWOOD RECREATION AND SHOOTING PARK,		
느	Addres change	INC., IZAAK WALTON LEAGUE		
Ļ	Name change			004399
L.	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/si	lite E Telephone numbei	•
	∏Fınal return/	PO BOX 670650	907-	<u>688-2809</u>
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,719,696.
	Amend return	ed CHUGIAK, AK 99567	H(a) Is this a group re	tum
	Application	F Name and address of principal officer: DAVID RAISER	for subordinates	? Yes X No
	pendin	C/O BRSP PO BOX 670650, CHUGIAK, AK 99567	H(b) Are all subordinates in	cluded? Yes No
1	Tax-e <u>xe</u>	mpt status: 501(c)(3) 501(c) ( 7 ) ◀ (insert no.) 4947(a)(1) or	527 If "No," attach a	list. (see instructions)
J	Websit	e: ► HTTP://WWW.BRSPCLUB.COM/	H(c) Group exemption	
			ear of formation: 1988 M	
		Summary		
1 <b>.</b>	1	Briefly describe the organization's mission or most significant activities: PROMOTE	MEMBER SOCIAL	
Governance		EDUCATIONAL AND GROUP SHOOTING OPPORTUNITIES		
₹E		Check this box   if the organization discontinued its operations or disposed of n		
, §		Number of voting members of the governing body (Part VI, line 1a)	3	7
	1	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
ຸ ຜ	1 -	Fotal number of individuals employed in calendar year 2015 (Part V, line 2a)		48
<b>3 3 3 3 3 3 3 3 3 3</b>	1	Total number of volunteers (estimate if necessary)	6	0
Activities	1	•••		36,488.
<b>F</b>	1	Total unrelated business revenue from Part VIII, column (C), line 12	· · · <del>-  </del>	
<u> </u>	р	Net unrelated business taxable income from Form 990-T, line 34		0.
المالية في			Prior Year	Current Year
ွဲမွ	1	Contributions and grants (Part VIII, line 1h)	0.	0.
ē	1	Program service revenue (Part VIII, line 2g)	583,296.	899,434.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	519.	688.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	747,859.	<u>427,106.</u>
	12_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,331,674.	1,327,228.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	671,063.	711,604.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ĝ	Ь.	Total fundraising expenses (Part IX, column (D), line 25)		
<u> </u>	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	569,724.	596,541.
(S) (S)		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,240,787.	1,308,145.
	1	Revenue less expenses. Subtract line 18 from line 12	90,887.	19,083.
Net Assets or	3		Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	1,063,298.	1,075,031.
Se	21		58,001.	50,651.
و الم	22	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20	1,005,297.	1,024,380.
ď	art II	Signature Block	1,003,431.	1,024,300.
		thes of perjuty, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	v knowledge and helief it in
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		y kilowieuge aliu bellel, it is
~ <u>uruc</u>	5, 601166	t, and complete the contain of preparer (other trial officer) is based on all information of which prep	arer rias arry knowledge.	17
ž.		Signature of Officer	Date	16
Sig		•	Daig	
He	re	DAVID KAISER, PRESIDENT Type or print name and title		
			Doto To T	
_		Print/Type preparer's name  MTCHAET, HANRAHAN CPA  Preparer's signature	Date Check	PTIN
Pai		THE TABLE THE THE TABLE TO THE TABLE TO THE TABLE THE TA	11/14/16 self-employ	
	parer	Firm's name HANRAHAN & ASSOCIATES, LLC.	Firm's EIN	20-2708715
Use	Only	Firm's address P.O. BOX 92843		
		ANCHORAGE, AK 99509	Phone no. 9 0	7-276-0457
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

INC., IZAAK 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			
	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			
	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 temporanly 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,		v	
	Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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		116		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	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		х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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			
	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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,.
4-	or for foreign individuals? 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,			
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,"	40		х
	complete Schedule G, Part III	19	000	(001E)

INC., IZAAK WALTON LEAGUE

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Form 990 (2015) INC., IZAAK WALTON
Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government 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 or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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 25a	24a		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	274		<b>—</b>
200	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	254		
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	OFL		
œ		25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	00		v
07		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			v
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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	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		A
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	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			- T-
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	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			7,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301.7701-3? 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		7.5	
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<del> </del>
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		<u> </u>
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?			ļ
	Note. All Form 990 filers are required to complete Schedule O	38_	X	<u> </u>

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Form 990 (2015)

INC., IZAAK WALTON LEAGUE

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	ļ		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	}	l	
	(gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 48			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	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?	3a	x	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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	l	X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		i	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter 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	ĺ		
	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	ŀ		
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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		ļ
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-C?	7h		_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<del></del>
10	Section 501(c)(7) organizations. Enter:	İ		
a	Initiation fees and capital contributions included on Part VIII, line 12			l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ļ	- 1	ì
11	Section 501(c)(12) organizations. Enter:	İ		
a	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against			ĺ
b			ļ	
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-		
		12a		<b> </b>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.	·		ĺ
13	Is the organization licensed to issue qualified health plans in more than one state?	120		
a	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	ı		İ
U	organization is licensed to issue qualified health plans			l
С	Enter the amount of reserves on hand			l
	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		
			990	/004E

INC., IZAAK WALTON LEAGUE

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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 or note to any line 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 customanly performed by or under the direct supervision		1	
	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		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>
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	_X_	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
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> </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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	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			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 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)	availab	le	
	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 finan	cıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	BIRCHWOOD RECREATION & SHOOTING PARK, INC 907-688-2809			
	PO BOX 670650, CHUGIAK, AK 99567	r.	000	(0015)

Form 990 (2015) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII

**Employees, and Independent Contractors** 

### Check if Schedule O contains a response or note to any line 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.

Check this box if neither the organization r	Ti control of the con						nsat				
(A)	(B)	1		(C Pos	C) Ition			(D)	(E)	(F)	
Name and Title	Average	(do	not c	Position heck more than on			one	Reportable	Reportable	Estimated	
	hours per	box	, unle cer ar	ss pe d a d	rson irecto	is bot or/trus	han tee)	compensation	compensation	amount of	
	week		_			T	100,	from the	from related organizations	other compensation	
	(list any hours for					L			(W-2/1099-MISC)	from the	
	related	90.0	寶		İ	155 156		(W-2/1099-MISC)	(VV-2/1099-IVIIGO)	organization	
	organizations	l se	置		93			(44-2/1099-141130)		and related	
	below	<u>s</u>	log l		lg g	is s	_			organizations	
	liue)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			organizations	
(1) JON HAYES	2.00										
DIRECTOR		X	<u> </u>					0.	0.	0.	
(2) ED JACKSON	2.00	l									
DIRECTOR		X				ļ		0.	0.	0.	
(3) NORMAN MEANS	2.00	I									
DIRECTOR		X	┝-			<u> </u>		0.	0.	0.	
(4) WERNER WAAK	2.00										
DIRECTOR	10 00	X	-				-	0.	0.	0.	
(5) GARY PETERS	10.00	x		x				0.	0.	0.	
PRESIDENT	E 00	^		^	╁	-		0.	<u> </u>	0.	
(6) DAVID KAISER	5.00	X		x				0.	0.	0.	
VICE PRESIDENT	3.00			^	├	+-	<del> </del>	· · · · · · · · · · · · · · · · · · ·	0.		
(7) DAVID ARIENO	3.00	X		x				0.	0.	0.	
SECRETARY/TREASURER		<b>↑</b>	1			+	$\vdash$			<u> </u>	
		1									
		+			$\vdash$		┢				
		1									
						<u></u>					
						<u> </u>	L.				
			$oldsymbol{ol}}}}}}}}}}}}}}}}}$	<u> </u>	ļ		<u> </u>				
	<del> </del>	1	1		-	<del> </del>	<u> </u>				
		-									
		+	+	-	-	+-	┼				
		1									
						T	T				
							$\perp$				

Page 8

Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and trtle	(B) Average hours per week (list any hours for related organizations below line)	ites or director (po xoq)	not c	Pos heck ss pe	c) rtion more rson		one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	ble Estimat amount other compens			
							<del> </del>	<u> </u>						
			_	<u> </u>							ļ			
			-	_										
			-	-							<u> </u>			
						_	ļ	_						
					<u> </u>									
	Sub-total Total from continuation sheets to Part V	I Section A			•			<b>&gt;</b>	0.	0.		0.		
<u>d</u>	Total (add lines 1b and 1c)			•	•	·			0.	0 .		<u>0.</u>		
	Total number of individuals (including but r compensation from the organization	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportable		C		
											7	es No		
	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			ө, к	ey er	mpic	руөө	, or 	nignest compensated e	mployee on	3	х		
	For any individual listed on line 1a, is the si and related organizations greater than \$15									the organization	4	х		
5	Did any person listed on line 1a receive or	accrue compe	nsat	tion	from	any	y uni			idual for services				
	rendered to the organization? If "Yes," con ion B. Independent Contractors	nplete Schedul	e J	for s	uch	per	son		<u> </u>	<u> </u>	5	X		
	Complete this table for your five highest co	•	-							-	sation fro	om		
	the organization. Report compensation for (A)					WITT	or w	/ILNI	(B)		(C)			
	Name and business	address	N	ON:	<u>E</u>				Description of s	services	Compens	sation		
		···									· . <del></del>			
			_			_								
	Total number of independent contractors	includes but		ımı+		, +h-		0+0	d above) who received	nore than				
	Total number of independent contractors ( \$100,000 of compensation from the organ				<b>3</b> 0 (C		0	3100	u abovej wno received r	nore than				
											Form 9	<b>90</b> (2015		

	I VIII	Check if Schedule O conf		or note to any li	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	þ	Membership dues .	1b					
A,	C	Fundraising events	1c					
흝	d	Related organizations	1d					
S.E	е	Government grants (contribut	tions) 1e					
흕	f	All other contributions, gifts, gran	nts, and					
들취		similar amounts not included abo	ve 1f					
E 5	g	Noncash contributions included in lines	s 1a-1f \$					
<u>0</u> #	<u>h</u>	Total. Add lines 1a-1f		▶				
				Business Code	3			
<u>8</u>	2 a			713990	899,302.	899,302.	<del></del>	
<b>≥</b> e	b					,		
E S	C							
Program Service Revenue	d							
ဦ	е	AU 11		712000	120	111		
-	f	All other program service reve			132.	132.	<del></del>	
					899,434.			
	3	Investment income (including other similar amounts)			688.		688.	
		Income from investment of ta			000.		000.	
	4 5	Royalties	x-exempt bond	proceeds >				
	5	noyaliles	(ı) Real	(ıi) Personal			<del></del>	<del></del>
1	6 a	Gross rents	(l) ribai	(ii) i ersonai	1			
	_	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
İ		assets other than inventory	(7,0000	(.,/ 0				
	b	Less. cost or other basis		·				
	_	and sales expenses	-					
ı	c	Gain or (loss)						
		Net gain or (loss)		. •				
nue		Gross income from fundraisin including \$	•					
eve		contributions reported on line						
Other Revenue		Part IV, line 18		<b>,</b>				
ŧ.	b	Less. direct expenses	. t					
0	С	Net income or (loss) from fund	draising events	▶				
	9 a	Gross income from gaming ad	ctivities. See					
		Part IV, line 19		ı				
	b	Less direct expenses	t	o				
	c	Net income or (loss) from gan	ning activities				····	
l	10 a	Gross sales of inventory, less						
1		and allowances		782,074.				
	b	Less: cost of goods sold	t	392,468.				
- 1	c	Net income or (loss) from sale		<u>,</u>	389,606.	389,606.	<del></del>	
		Miscellaneous Revenu		Business Code				
		LAND FILL INCOM		900099	35,800.		35,800.	
	þ	MEMBER DONATION	<u>15</u>	713990	1,700.	1,700.		
	C							
	d	All other revenue		<u>L</u>				
	е	Total. Add lines 11a-11d		<b>&gt;</b>	37,500.	4 44 = 11		<u> </u>
	12	Total revenue. See instructions.			1,327,228.	1,290,740.	<u>36,488.</u>	0.

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
	Check if Schedule O contains a respon				· · · · · ·
	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 domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				!
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. 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		į		
	persons described in section 4958(c)(3)(B)				<u> </u>
7	Other salaries and wages	612,507.	612,507.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			——————————————————————————————————————	
9	Other employee benefits	42,700.	42,700.		
10	Payroll taxes .	56,397.	56,397.		<u></u>
11	Fees for services (non-employees):				
а	Management .				
b	Legal				
C	Accounting	27,185.	27,185.	·· <del></del>	<del></del>
d	Lobbying				 
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	0.000			<u> </u>
12	Advertising and promotion	2,929.	2,929.		
13	Office expenses	40,527.	40,527.		
14	Information technology	36,020.	36,020.	<del></del>	
15	Royalties	76 077	76 077		
16	Occupancy	76,077. 2,773.	76,077.		
17	Travel	2,113.	2,773.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	<del></del>			
19					
20	Interest Payments to affiliates			<del></del>	<del> </del>
21 22	Depreciation, depletion, and amortization	53,750.		·	
23	Insurance	77,016.	77,016.		<del> </del>
24	Other expenses. Itemize expenses not covered	.,,,,,,	7770201		
2.7	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS & MAINTENANCE	156,427.	156,427.		<del> </del>
b	VEHICLE COSTS	35,959.	35,959.		<u> </u>
C	BANK & CC FEES	27,129.	27,129.		
d	LEAGUE AWARDS	22,966.	22,966.		
е	•	37,783.	37,783.		
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,308,145.	1,254,395.	0.	0.
26	Joint costs. Complete this line only if the organization	ľ			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				<u></u>

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 109,129 82,603. 1 Cash · non-interest-bearing 276,385. 2 328,673. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 8,852. 1,618. 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 7 121,099 113,750. 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 1,967,043. 1,418,656. 547,833. 10b 548,387. Less: accumulated depreciation 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 1,063,298 1,075,031. Total assets. Add lines 1 through 15 (must equal line 34) 16 48,661. 31,886. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 18,765. Deferred revenue 9,340. 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 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 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 58,001. 50,651. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 0. 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 0. 31 0. 32 Retained earnings, endowment, accumulated income, or other funds 1,005,297. 32 1,024,380. 33 Total net assets or fund balances 1,005,297. 1,024,380.

> 1,075,031. Form **990** (2015)

Total liabilities and net assets/fund balances

063,298

		<u>92-6004</u>	<u> 399</u>	Page <b>12</b>
Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
		ĺ		
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	, 327	7,228.
2	Total expenses (must equal Part IX, column (A), line 25)	2 1		3,145.
3	Revenue less expenses. Subtract line 2 from line 1	3		0,083.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 1	,005	5,297.
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,			
		10 1	,024	1,380.
Pa	t XII Financial Statements and Reporting			parameter
	Check if Schedule O contains a response or note to any line in this Part XII	•	<sub>-</sub>	
	·	,		Yes No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	).	Į	
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 of	on a	l	
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both:	Ì	)	
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	1	
	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 Sched	dule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	jle Audit		
	Act and OMB Circular A-133?	ĺ	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2015)

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

► Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990. BIRCHWOOD RECREATION AND SHOOTING PARK, INC., IZAAK WALTON LEAGUE

**Employer identification number** 92-6004399

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (dunng year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 ... Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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532051 11-02-15

Schedule D (Form 990) 2015

		ZAAK WALIC				OUL		00439		age Z
3	Using the organization's acquisition, accessi	ion, and other recor	ds, checi	k any of the	following tha	t are a s	significant use of	ts collectio	n item	S
	(check all that apply):									
а	Public exhibition	•			change progra	ıms				
b	Scholarly research	•	e	Other	<del></del>					
С	Preservation for future generations									
4	Provide a description of the organization's co							art XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	stoncal trea	asures, or othe	ər sımıla	r assets			_
	to be sold to raise funds rather than to be ma							Yes		<u>No</u>
Par	t IV Escrow and Custodial Arran		lete if the	organizatio	on answered '	Yes" or	Form 990, Part	V, line 9, oi	:	
	reported an amount on Form 990, Pa	· · · · · · · · · · · · · · · · · · ·								
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other as	sets no	t included			_
	on Form 990, Part X?		•					Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	table:			_ <del> </del>			<del></del>
								Amoun	<u>t</u>	
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 F	orm 990, Part X, line	e 21, for e	escrow or c	ustodial acco	unt liab	lity?	Yes		] No
b_	If "Yes," explain the arrangement in Part XIII.									]
Par	t V Endowment Funds. Complete	f the organization a	nswered	"Yes" on Fo	orm 990, Part	IV, line	10.			
		(a) Current year	i .	nor year	(c) Two year		(d) Three years ba	ck (e) Four	r years	back
1a	Beginning of year balance									
b	Contributions									
G	Net investment earnings, gains, and losses						····			
4	Grants or scholarships		<del> </del>	· · · · · · · · · · · · · · · · · · ·						
•	Other expenditures for facilities	<del> </del>			<del>                                     </del>			<u> </u>		
e			İ							
	and programs		-							
T	Administrative expenses		ļ		<u> </u>			_		
g	End of year balance		<u> </u>		<u> </u>					
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
<b>3</b> a	Are there endowment funds not in the posse	ssion of the organiz	zation tha	at are held a	and administe	red for t	he organization			
	by <sup>.</sup>						-		Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations				•		•	3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requ	red on S	chedule R?	,		•	3b		
4	Describe in Part XIII the intended uses of the				• •	•			1	
Par	t VI Land, Buildings, and Equipm		OWINGING	unus.						
	Complete if the organization answere		n Part IV	/ line 11= 9	See Form QQA	Port Y	line 10			
	Description of property								le velve	
	pescribuoti of brobarry	(a) Cost or o			t or other (other)		ccumulated preciation	( <b>d</b> ) Boo	k valu	Ð
	l and	Dasis (iiivest	onij		<u> </u>	ue	Piaciation		1 -	
_	Land				51,702.		162 565		<u>1,7</u>	
b	Buildings			28	88,478.		163,587.	12	4,8	<u>91.</u>
C	Leasehold improvements .									
	Equipment									
	Other				<u> 16,863.</u>	1,	<u>255,069.</u>		<u>1,7</u>	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pan	t X, colun	nn (B), line	10c.)			54	8,3	87.

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Schedule D (Form 990) 2015

92-6004399 Page 3 INC., IZAAK WALTON LEAGUE Schedule D (Form 990) 2015 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation. Cost or end-of-year market value (b) Book value (a) Description of security or category (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value (a) Description of investment (b) Book value (1) (2) (3) (4)(5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)(3)(4) (5) (6) (7)(8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3)(4)(5) (6)(7) (8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

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### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public

OMB No 1545-0047

Inspection

Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

BIRCHWOOD RECREATION AND SHOOTING PARK, INC. IZAAK WALTON LEAGUE

**Employer identification number** 92-6004399

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RESOURCES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  (ADULT AND YOUTH) EDUCATION, RESOURCES AND OPPORTUNITIES.
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS 4 CLASSES OF MEMBERSHIP, TWO OF WHICH ARE VOTING.
FORM 990, PART VI, SECTION A, LINE 7A:  INDIVIDUAL GENERAL AND EXCLUSIVE PARK MEMBERS VOTE FOR BOARD MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B:  MEMBER APPROVAL IS REQUIRED FOR AMENDING THE ARTICLES OF INCORPORATION,  REMOVAL OF DIRECTORS, AND ELECTION OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11:  A DRAFT COPY IS PROVIDED TO THE BOARD MEMBERS, OFFICE MANAGER AND GENERAL
MANAGER FOR REVIEW BEFORE FILING. A COPY OF THE FILED VERSION IS AVAILABLE AT THE OFFICE FOR OTHER DIRECTORS AND MEMBERS TO REVIEW.
FORM 990, PART VI, SECTION C, LINE 18:  ALL GOVERNING DOCUMENTS, TAX RETURNS AND FINANCIAL STATEMENTS ARE AVAILABLE TO MEMBERS AT THE MAIN OFFICE UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization	BIRCHWOOD INC., IZA				OOTING	PARI	ζ,	Employer 92-	identi 6004	ication number
ALL GOVERNING	DOCUMENTS	, TAX	RETURNS	AND	FINANCI	[AL S	STATEM	ENTS A	RE A	VAILABLE
TO MEMBERS AT	THE MAIN	OFFICE	UPON R	EQUES	ST.	-				
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SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Open to Public Inspection 2015

OMB No 1545-0047

► Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.

BIRCHWOOD RECREATION AND SHOOTING PARK,

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

INC., IZAAK WALTON LEAGUE

Name of the organization Department of the Treasury Internal Revenue Service

Parti

Employer identification number 92-6004399

<b>(a)</b> Name, address, and EIN (if applicable)	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-vear assets		(f)	
of disregarded entity		foreign country)				entity	
						<b>i</b>	
777							
7.2							
			-	· · · · ·			
Part II Identification of Related Tax-Exempt Organizations Complete organizations during the tax year.	zations Complete if the organization ar	f the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	, Part IV, line 34 be	cause it had one c	r more related tax-exer	mpt	
(a)	(q)	(0)	ව	(e)	6	(5)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	Section 512(b)(13) controlled entity?	(b)(13)
	The state of the s			501(c)(3))	•	Yes	9
FRIENDS OF BRSP - 27-0258373	OFFER SUPPORT, EDUCATIONAL					-	
PO BOX 670650	SERVICES AND ASSISTANCE TO						
CHUGIAK, AK 99567	BRSP (BIRCHWOOD)	ALASKA	501(C)(3)	LINE 9			×
-							
	1						

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

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Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 INC., IZAAK WALTON LEAGUE

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part

Page 2

92-6004399

General or Percentage managing ownership 3 Code V-UBI General or Plant of the code V-UBI Constant or Destruct 20 of Schedule Partner? K-1 (Form 1065) Yes/No Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income  $\boldsymbol{arepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) e (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV. line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

	1		ı	اہ	]		ĺ		ı		ı		ı	
	()	512(b)(13)	ntity?	S No				 				_		
	,	<u>•</u> •		Yes				 	_		 _			
	(H)	Percentage											 	
		Share of												
	<b>(</b> J)	Share of total	5											
	(e)	/pe of entity	or trust)	,										
	( <del>Q</del> )	Direct controlling	control											
	(2)	Legal domicile	foreign	country)										
ווווט נוווס נמע אפון יי	(p)	Primary activity												
organizations treated as a colporation of trust during the tax year.	(a)	Name, address, and EIN								**************************************				

Schedule R (Form 990) 2015

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# BIRCHWOOD RECREATION AND SHOOTING PARK,

Schedule R (Form 990) 2015 INC., IZAAK WALTON LEAGUE

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule					Yes	ž
Note: Compress the firming shared in a same at a same and the following transactions with one or more related organizations listed in Parts II-IV?	ons with one or more r	elated organizations listed	ın Parts II-IV?		+	2
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Â:			19		×
b Gift. grant, or capital contribution to related organization(s)				9		×
				5		×
				9		×
				<b>1</b>		×
					12-	1
f Dividends from related organization(s)				+	-	×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)	٠			Ŧ		×
j Lease of facilities, equipment, or other assets to related organization(s)				<b>=</b>	=	×
k Lease of facilities, equipment, or other assets from related organization(s)			:	¥	=-	×
	ganization(s)			7		×
m Performance of services or membership or fundraising solicitations by related organization(s)	danization(s)			Ę		×
	ation(s)	•		Ę		×
				9		×
				5	===	×
				1		×
	•			+	==	🖂
				15		×
	who must complete t	ns line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	pevlovui		l
(1)						ŀ
(2)						- 1
(3)						
(4)						
(5)						- 1
(9)						l
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Schedule R (Form 990) 2015 INC., IZAAK WALTON LEAGUE

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

	(h)	(9)	(6)	[0]	9	(5)	3	9	5	(8)
(a) Name, address, and EIN	(5) Primary activity	micile	Predominant income par	Are all thers sec	Share of	Share of	Dispropor-	Code V-UBI	General o	Percentage
of entity		(state or foreign country)	excluded from tax under sections 512-514)	501(c)(3) Jer 0105?	total	end-of-year assets	allocations?	tonate amount in box 20 managing ownership oldications? of Schedule K-1 partner?	managing partner?	ownership
				+					$\frac{1}{2}$	
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			-							
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		-								
				-						
				+			-		$\frac{1}{1}$	
								Schedule	R (For	Schedule R (Form 990) 2015