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EXTENDED TO NOVEMBER 15, 2017

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

Department of the Treasury Internal Revenue Service

▶ 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

<u>A</u>	For the	2016 calendar year, or tax year beginning and	ending		
В	Check if	C Name of organization		D Employer identific	cation number
	applicable	BIRCHWOOD RECREATION AND SHOOTING PAR	K,		
	Addres change	§ TATO TERRAR TATA COM	•		
	Name change			92-6	004399
Ē	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
Ē	Final	PO BOX 670650		· ·	688-2809
_	Ireturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,634,899.
Г	Amend				
F	return Applica			H(a) Is this a group re	
_	tiòn pendin	F Name and address of principal officer:DAVID RAISER	0565	for subordinates	· — . · —
_			<u>9567 </u>	H(b) Are all subordinates in	
_		mpt status: 501(c)(3)X 501(c)(7) ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		e: ► HTTP://WWW.BRSPCLUB.COM/		H(c) Group exemptio	
		organization; X Corporation Trust Association Other	L Year	of formation: 1988 N	State of legal domicile: AK
Р	art I	Summary			
61	1	Briefly describe the organization's mission or most significant activities: PROM	OTE ME	MBER SOCIAL	
ຣ∀ ພ⊿ Governance		EDUCATIONAL AND SHOOTING OPPORTUNITIES;			
֓֞֞֞֓֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֡֡֓֓֓֓֡֓֡֡֡֡֓֡֓֡	2	Check this box if the organization discontinued its operations or dispo			
3 5	3	Number of voting members of the governing body (Part VI, line 1a)	000 01 111010	3	7
3 6	4			· · · · · · · · · · · · · · · · · · ·	7
•	' 1				37
Activities	5	Fotal number of individuals employed in calendar year 2016 (Part V, line 2a)		<u>5</u>	37
· [6	Total number of volunteers (estimate if necessary)		<u>6</u>	0
\ \frac{1}{2}	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<mark>7a</mark>	482.
		Net unrelated business taxable income from Form 990-T, line 34.			0.
	1			Prior Year	Current Year
. do	. В	Contributions and grants (Part VIII, line 1h)	/En	0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		899,604.	879,807.
. Š	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d) co	· · · · H	g 688.	12,016.
Š	1 44	Others are (Dat) (III) as here (A) lies 5, 4, and 7d)	2017		
•	11	Street 104 Street 4 111, Schatter (-3), in 103 3, 50, 50, 50, 100, 100, 100	· ·		333,927.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>š</u> 1,327,398.	1,225,750.
	13	Grants and similar amounts paid (Part IX, column (A), lines 13)	LUL	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
U.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	L	711,604.	781,678.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	. [0.	0.
9	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		597,687.	483,177.
		Table and an annual Add by a 40.47 (much annual Park IV and an a (A) (i) a 05)	•	1,309,291.	1,264,855.
	- 1		· · · ·	18,107.	<39,105·>
<u>_</u> 9	<u> 19</u>	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or	≧		Be	ginning of Current Year	End of Year
SSe	[20	Total assets (Part X, line 16)	· ·	1,076,938.	1,059,059.
¥	21	Total liabilities (Part X, line 26)		50,651.	<u>71,877.</u>
		Net assets or fund balances. Subtract line 21 from line 20		1,026,287.	987,182.
F	art II	Signature Block			
Un	der pena	ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	nents, and to the best of m	y knowledge and belief, it is
		t, and complete. Declaration of greparer (other than officer) is based on all information of w			
Si		Signature of officer		Date , 1	1
	_			1111	レラ
He	ere	DAVID KAISER, PRESIDENT Type or print name and title			
_				Data III F	
		Print/Type preparer's name Preparer's signature		if -	X PTIN
Pa	id	MICHAEL HANRAHAN CPA	1	1/01/17 self-employ	ed P00460549
Pro	eparer	Firm's name HANRAHAN & ASSOCIATES, LLC.		Firm's EIN	20-2708715
Us	e Only	Firm's address P.O. BOX 92843			
	-	ANCHORAGE, AK 99509		Phone no an	7-276-0457
	av the I	RS discuss this return with the preparer shown above? (see instructions)		Tr Holle Ho. 2 O	
			·		
632	2001 11-1	1-16 LHA For Paperwork Reduction Act Notice, see the separate instructi	ons.		Form 990 (2016)

BIRCHWOOD RECREATION AND SHOOTING PARK, 92-6004399 INC., IZAAK WALTON LEAGUE Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: CONSERVE, MAINTAIN AND RESTORE NATURAL RESOURCES; FOSTER THE SOCIAL, EDUCATIONAL AND BUSINESS RELATIONS OF THE MEMBERS; PROVIDE, PROMOTE AND OFFER RECREATIONAL AND COMPETITIVE ARCHERY, RIFLE, PISTOL AND SHOTGUN SHOOTING FACILITIES, RESOURCES, EDUCATION AND OPPORTUNITIES. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code) (Expenses \$ including grants of \$) (Revenue \$ PROVIDED SHOOTING FACILITIES, EQUIPMENT, AMMUNITION AND TARGETS TO MEMBERS AND THEIR GUESTS, FOR RECREATIONAL, LEAGUE AND COMPETITION SHOOTING EVENTS. including grants of \$ _) (Revenue \$ including grants of \$ 4d Other program services (Describe in Schedule O.) (Expenses \$ 4e Total program service expenses Form **990** (2016)

			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	public office? If "Yes," complete Schedule C, Part I			_ _
•	during the tax year? If "Yes," complete Schedule C, Part II	4		ĺ
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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	۱.,		
	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	x
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	115		
·	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	ļ	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	ļ	X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	-	<u> </u>
15	toward and the O. M. North Committee Only and the C. Donto Hand H.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
.5	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,			T
	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			T
	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,"			
	complete Schedule G, Part III	19		X
		Eam	. aan	(2016)

			Yes	No
20a	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		<u> </u>
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
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		ļ.—
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				!
	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	ŀ		
	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	ļ—	-
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,"	000		x
07	complete Schedule L, Part II	26		_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		i	
	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	1	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		-22
20	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		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	Į.		
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
35a	, , , , , , , , , , , , , , , , , , , ,	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		—
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	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		7.5	1
	Note. All Form 990 filers are required to complete Schedule O	38	X 000	(2016
		Form	ששנו	(2016)

orm	990	(2016)	

	990 (2016) INC., IZAAK WALTON LEAGUE 92-6004: t V Statements Regarding Other IRS Filings and Tax Compliance	<u> 399</u>	P	age 5
	Check if Schedule O contains a response or note to any line in this Part V			
	Orieck if Octional Oction and a response of note to any line in this rail v			<u> </u>
۵.	Tatania	$-\!+$	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable]		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	<u> </u>	
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			
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)			47
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			7.5
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
Đ	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).	_		7.7
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
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
D	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).			
a	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			
_	to file Form 8282?	7с		
		7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		<u> </u>
1	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
9	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8''	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-/11		<u> </u>
0	sponsoring organization have excess business holdings at any time during the year?	8		Ì
9	Sponsoring organizations maintaining donor advised funds.	-		-
a	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		
o	Section 501(c)(7) organizations. Enter:			T -
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			ŀ
_	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the comment of the control of the	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			
c	Enter the amount of reserves on hand			

Form **990** (2016)

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

INC., IZAAK WALTON LEAGUE Form 990 (2016)

92-6004399

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		<u> </u>			X
<u>Sec</u>	tion A. Governing Body and Management					
		4			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7		l	
	If there are material differences in voting rights among members of the governing body, or if the governing	l ,		ļ	1	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				ŀ	
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 relationshi	p with	any other			
	officer, director, trustee, or key employee?			_2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		<u>_X</u> _
4	Did the organization make any significant changes to its governing documents since the pnor Form 9	990 wa	s filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		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 a	ppoint	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, s	stockho	olders, 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	ar by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<u> </u>	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u> _
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, 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 boo	ly befo	re filing the form?	11a	X	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		<u>X</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "1	res," de	escribe			
	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 approve		dependent			
	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				15b	L	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 arrange	ment v	vith a			
	taxable entity during the year?			16a	ļ	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	ınizatıo	n's			
	exempt status with respect to such arrangements?			16b		L
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 (Sect	ion 501(c)(3)s only) a	ivailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	f interest policy, and	l 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 bo					
	BIRCHWOOD RECREATION & SHOOTING PARK, INC 907-6	<u> 88-</u>	2809			
	PO BOX 670650, CHUGIAK, AK 99567				200	
63200	6 11-11-16			Form	1990	(2016)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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.

(A)	(B)			_ ((2)			(D)	(E)	(F)
Name and Title	Average	(do	not ci	hack	rtion more	than o	one l	Reportable	Reportable	Estimated
	hours per	box	unle	ss pe	rson	s bot r/trus	han tee\	compensation	compensation	amount of
,	week		4 4	uau	10010	#/Bus	.00)	from	from related	other
	(list any hours for		ļ			<u> </u>		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	Individual trustee or director	gg.			sated		(W-2/1099-MISC)	(44-2/1099-141130)	organization
·	organizations	Tuste	institutional trustee		95	mper		(11 2 1000 111100)		and related
	below	id uai	utton	. äs	, E	estco	Je.	1	ļ	organizations
	line)	를	la Str	, Jager O∰Cer	Key employee	Highest compensated employee	Рог пег			
(1) JON HAYES	2.00			•						
DIRECTOR	•	X			<u> </u>			0.	0.	0
(2) ED JACKSON	5.00								_	_
VICE PRESIDENT	ļ	X		X	<u> </u>	<u> </u>		0,	0.	0
(3) NORMAN MEANS	2.00				ĺ			_	_	_
DIRECTOR		X			<u> </u>	<u> </u>		0.	0.	0
(4) WERNER WAAK	2.00									
DIRECTOR		X	ļ		ļ	<u> </u>	_	0.	0.	0
(5) BEN OLSEN	2.00	l								•
DIRECTOR	1.2.2.2	X	<u> </u>	ļ		—	ļ	0.	0.	0
(6) DAVID KAISER	10.00									
PRESIDENT	<u> </u>	X		X	ļ	<u> </u>	<u> </u>	0.	0.	0
(7) DAVID ARIENO	3.00	{ }			ļ					•
SECRETARY	<u> </u>	X	ļ	X			 	0.	0.	0
		ł		İ		j				
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Form 990 (2016)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

0

Form **990** (2016)

Form 990 (2016) INC., IZAAK WALTON LEAGUE
Part VIII Statement of Revenue

		Check if Schedule O conta	eins a rasnonsa	or note to any line	in this Part VIII			. [
		ONDOKII OSIIOSGIO O OSIII	ans a rosponso	of those to drift into	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
율원	1 a	Federated campaigns	. 1a					
등등	b	Membership dues	. 1b		Ì			
S, E	С	Fundraising events	. 1c					
語言	d	Related organizations	1d		į			
S.E	е	Government grants (contributi	ons) 1e					
ion	f	All other contributions, gifts, grant	s, and					
클		similar amounts not included above	/e 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$		i			
<u>8 8</u>	h	Total. Add lines 1a-1f		▶				
l				Business Code	•		:	
8	2 a	MEMBER FEES		713990	878,214.	878,214.		
Program Service Revenue	b							
الع ق	C							
e a	d	<u> </u>		•				
§	е							
مَ	f	All other program service reve	nue	713990	1,593.	1,593.		
	g	Total. Add lines 2a-2f	·., ··. <u>.</u>		<u>879,807.</u>	,	_ 	
	3	Investment income (including	dividends, inte	rest, and				İ
		other similar amounts)		▶	482.		482.	<u> </u>
	4	Income from investment of tax	k-exempt bond	proceeds >				
	5	Royalties		<u>, ▶</u>				
)			(i) Real	(ii) Personal		,		
ļ	6 a	Gross rents				*, .		
		Less: rental expenses	ļ		^			
		Rental income or (loss)	L		*			
		Net rental income or (loss) .		· · · · · •		<u> </u>		
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	6			
		assets other than inventory	<u> </u>	11,534.	`			
	b	Less: cost or other basis						
		and sales expenses	<u> </u>	0.	*			
	l .	Gain or (loss)	L	11,534.	11 504	11 524		(
	d	• , ,		<u> </u>	11,534.	11,534.		
e	8 a	Gross income from fundraisin	•	1				
Other Revenu		including \$	of	1				
Re	ł	contributions reported on line	•	1 1				
ē		Part IV, line 18		a				
ŏ		Less: direct expenses		b	6	1		
	l	Net income or (loss) from fund						
	9 a	Gross income from gaming at		_				
		Part IV, line 19		b	Ÿ.			
	ł	: Net income or (loss) from garr		"				1
	l	Gross sales of inventory, less	_	·····				
	10 a	and allowances		738,476.				
		Less: cost of goods sold		409,149.				
	J	Net income or (loss) from sale		5 200, 120.	329,327.	329,327.		
	<u>c</u>	Miscellaneous Revenu		Business Code	327,327.	323,327.		
	11 ~	LAND FILL INCOM		713990	4,600.	4,600.	•	
	l i a			, 13330	= 1,000.			
		·						
	ء ا	All other revenue						<u> </u>
					4,600.			
	12	Total revenue. See instructions.		·· ·· · · · · · · [1,225,268.	482.	0.
63200	09 11-1		<u> </u>	· _ · · · · · · · · · · · · · · · · · ·				Form 990 (2016)

Form 990 (2016)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service Do not include amounts reported on lines 6b, Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ... 663,131. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ... 60,114. 58,433. Payroll taxes Fees for services (non-employees): Management 1,750. Legal 19,136. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 45,310. 13 Office expenses Information technology 14 15 76,720. Occupancy . . 16 3,030. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Payments to affiliates . . . 21 60,774. 22 Depreciation, depletion, and amortization 74,860. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 88,734. REPAIRS & MAINTENANCE 28,713. VEHICLE COSTS c BANK & CC FEES 26,406. d LEAGUE AWARDS 22,158. 35,586. e All other expenses Total functional expenses. Add lines 1 through 24e 1,264,855. 25 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 (2016)

INC., IZAAK WALTON LEAGUE 92-6004399 Page 11 Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 82,602. 40,105. 1 311,370. Savings and temporary cash investments <u>328,673.</u> 2 2 3 Pledges and grants receivable, net <3,712.> Accounts receivable, net 1,618. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 126,994. 115,658. Inventories for sale or use 8 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . 10a 2,016,100. 10b <u>1,465,85</u>7. 548,387. 550,24<u>3.</u> b Less: accumulated depreciation 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 34,059. 15 15 1,076,938. 1,059,059. Total assets, Add lines 1 through 15 (must equal line 34) 16 31,886. 67,689. Accounts payable and accrued expenses 17 17 Grants payable . . . 18 18 18,765. 0. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties 23 4,188. 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 25 71.877. 50,651. Total liabilities. Add lines 17 through 25 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 27 Temporanly restricted net assets 28 28 Organizations that do not follow SFAS 117 (ASC 958), check here

> 1,059,059. Form **990** (2016)

987,182.

987,182.

0.

30

32

О. 31

1,026,287.

1,026,287.

076,938.

30

31

32

33

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

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

Retained earnings, endowment, accumulated income, or other funds

Form 990 (20		92-600	<u>4399</u>	Page 12
Part XI	Reconciliation of Net Assets			
,(Check if Schedule O contains a response or note to any line in this Part XI	· · · · · · · · · · · · · · · · · · ·		
1 Total r	evenue (must equal Part VIII, column (A), line 12)	1	1,225	,750.
	xpenses (must equal Part IX, column (A), line 25)			,855.
	ue less expenses. Subtract line 2 from line 1	3		,105.
	sets or fund balances at beginning of year (must equal Part X, line 33, column (A))			,287.
5 Net un	realized gains (losses) on investments	5	-	
6 Donate	ed services and use of facilities	6		
7 Investi	ment expenses	7		
8 Prior p	eriod adjustments	8		
	changes in net assets or fund balances (explain in Schedule O)	9		0.
10 Net as	sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
columi		10	987	,182.
Part XII	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. \square
_			•	res No
1 Accou	nting method used to prepare the Form 990: Cash X Accrual Other			
If the o	organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	i i	
	he organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	te basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b Were t	he 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 separat	e basis,		
conso	idated basis, or both:			
	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 th	e audit,		- 1
			2c	
If the c	organization changed either its oversight process or selection process during the tax year, explain in Scho			
3a Asare	sult of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt		
	d OMB Circular A-133?		3a	X
b If "Yes	did the organization undergo the required audit or audits? If the organization did not undergo the required,	ired audıt		
or aud	tts, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2016

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 16 Open to Public Inspection

Name of the organization

BIRCHWOOD RECREATION AND SHOOTING PARK, INC., IZAAK WALTON LEAGUE

Employer identification number 92-6004399

Par	t I	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Ac	counts. Complete if the
		organization answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year			
2	Aggre	gate value of contributions to (during year)			
3	Aggre	gate value of grants from (dunng year)			
4	Aggre	gate value at end of year			
5	Did th	e organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed fund	8
	are th	e organization's property, subject to the organization's	exclusive legal control?		LYes
6	Did th	ne organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used or	nly
	for ch	antable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	confern	ing
		missible private benefit?			Yes No
Par		Conservation Easements. Complete if the or		Part IV, I	line 7.
1	Purpo	ose(s) of conservation easements held by the organizat	ion (check all that apply).		
		Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	oncally i	important land area
		Protection of natural habitat	Preservation of a certi	fied his	tonc structure
		Preservation of open space	* • • • • • • • • • • • • • • • • • • •		
2	Comp	plete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a cor	
	day o	f the tax year.	. , s	 	Held at the End of the Tax Year
а	Total	number of conservation easements,			2a
b		acreage restricted by conservation easements			2b
C		per of conservation easements on a certified histonic st			2c
d	Numl	per of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ure	
		in the National Register		. L	2d
3	Numl	per of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organi	zation during the tax
	year				
4		per of states where property subject to conservation ea			
5		the organization have a written policy regarding the pe			
		ions, and enforcement of the conservation easements			Yes L No
6	Staff	and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servatio	n easements during the year
	▶ _				
7	Amo	unt of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion eas	sements during the year
	▶\$				
8		each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B)	
		section 170(h)(4)(B)(ii)?			Yes No
9		rt XIII, describe how the organization reports conservat			
		de, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	the org	anization's accounting for
Da		ervation easements. Organizations Maintaining Collections of	of Art. Historical Transuma or O	thor S	Similar Assats
Га	rt III	Complete if the organization answered "Yes" on Forr		11101	Jilliai Assets.
	If the	organization elected, as permitted under SFAS 116 (A		nont on	d balance sheet works of art
la		rical treasures, or other similar assets held for public ex			
		•		iloe oi l	public service, provide, irr are xiii,
L		ext of the footnote to its financial statements that desci organization elected, as permitted under SFAS 116 (A		t and h	planes shoot works of art, historical
D		sures, or other similar assets held for public exhibition, e			
		•	education, or research in futilierance of pu	DIIC 301	vice, provide the following amounts
		ng to these items:			•
		Revenue included on Form 990, Part VIII, line 1		• • • •	▶ \$
_					
2		organization received or held works of art, historical tri		u yain,	DI GAIGE
_		ollowing amounts required to be reported under SFAS	, ,		L e
a					
D	∧sse	its included in Form 990, Part X			Ψ Ψ

Schedule D (Form 990) 2016

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

		ZAAK WALTO				<u>004399</u>	
Par	t III Organizations Maintaining C	ollections of A	rt, Historical T	reasures, or C	Other Similar Ass	ets(continue	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of th	e following that are	e a significant use of its	s collection it	ems
	(check all that apply):						
а	Public exhibition	d	Loan or ex	change programs			
b	Scholarly research	ε					
С	Preservation for future generations						
	Provide a description of the organization's co	oliections and explai	n how they further	the organization's	s exempt purpose in Pa	art XIII.	
	During the year, did the organization solicit of						
•	to be sold to raise funds rather than to be ma					Yes	□ No
Par	t IV Escrow and Custodial Arran						
	reported an amount on Form 990, Par		oto ii tilo organizat		5 C C	,	
10	Is the organization an agent, trustee, custodi		liany for contributy	one or other assets	s not included		
10			-	3113 OF OUT 61 6330 C	Tion monaged	Yes	□ No
L	•					165	
ь	If "Yes," explain the arrangement in Part XIII	and complete the id	mowing table.			Amount	
	Damana balana				40	Amount	
C	Beginning balance				1c		
d	Additions during the year						
e	Distributions during the year				<u>1e</u>		
f	Ending balance				1f	Yes	□ No
	Did the organization include an amount on Fo		-		-	i Yes	⊢ ™
	If "Yes," explain the arrangement in Part XIII.					· · · · · · · · · · · · · · · · · · ·	
Par	t V Endowment Funds. Complete r					le de l'Eque	nara book
	8	(a) Current year	(b) Prior year	(C) TWO years ba	ack (d) Three years bac	K (e) Four ye	Sais Dack
1a	Beginning of year balance						
b	Contributions						
C	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities	1					
	and programs					-	
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the cur	•	ce (line 1g, column	(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	ould equal 100%.					
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administered	for the organization	_	
	by.					Y	es No
	(i) unrelated organizations					3a(i)	
	(ii) related organizations					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	red on Schedule F	R?		. 3b	
4	Describe in Part XIII the intended uses of the	organization's end	owment funds.				
Pa	rt VI Land, Buildings, and Equipn	nent.					
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, line 11a	See Form 990, P	art X, line 10.		
	Description of property	(a) Cost or o	other (b) Co	st or other	(c) Accumulated	(d) Book v	value
		basis (invest	ment) bas	is (other)	depreciation		
1a	Land		3	61,702.		361	,702.
	Buildings			88,478.	170,984.		,494.
~	Leasehold improvements						
, ,	Equipment						
	Other		1.3	65,920.	1,294,873.	71	,047.
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990 Pan					$\frac{,017}{,243}$.
·vua	in de mico re unough 16. [Column (d) must e	-quarronni oco, ran	Ocidinin (D), line	 			<u>, </u>

Schedule D (Form 990) 2016

INC., IZAAK WALTON LEAGUE

92-6004399 Page 3

/ \ D			11b. See Form 990, I	
	On of security or category (including name of security)	(b) Book value	(c) Method of va	luation: Cost or end-of-year market value
) Financial	derivatives		<u> </u>	
	eld equity interests	~	<u> </u>	
(A)			 	
(B)			 	
(C)		- 		
(D)				
<u>(E)</u>			-	
<u>(F)</u>				
(G)				
(H)	must agust Form 000, Dort V, agl. (P) liga 12)		 	
	must equal Form 990, Part X, col. (B) line 12.)		<u> </u>	
	Complete if the organization answered "Yes" of	on Form 990 Part IV line	110 See Form 990 I	Part Y line 13
	(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end-of-year market value
(1)	(-)		1	<u> </u>
(2)				
(3)				1
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
otal. (Col. (b	Other Assets.	on Form 990. Part IV lin	e 11d. See Form 990.	Part X line 15.
otal. (Col. (b	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990,	Part X, line 15. (b) Book value
otal. (Col. (b Part IX	Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, lin Description	e 11d. See Form 990,	
ptal. (Col. (b Part IX	Other Assets. Complete if the organization answered "Yes" of			
otal. (Col. (b Part IX) (1) (2)	Other Assets. Complete if the organization answered "Yes" of			
(1) (2) (3)	Other Assets. Complete if the organization answered "Yes" of			
(1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" of			
(1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" of			
(1) (2) (3) (4) (6)	Other Assets. Complete if the organization answered "Yes" of			
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" of			
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" of			
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" of	Description		
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" (a) [Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) [(a) [(b) must equal Form 990, Part X, col. (B) line	Description	e 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colur	Other Assets. Complete if the organization answered "Yes" (a) [(a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colur Part X	Other Assets. Complete if the organization answered "Yes" (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description	e 11e or 11f. See Form	(b) Book value
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(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columpart X	Other Assets. Complete if the organization answered "Yes" (a) [Inn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colur Part X (1) Fede (2)	Other Assets. Complete if the organization answered "Yes" (a) [Inn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See Form	(b) Book value
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632053 08-29-16

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

INC., IZAAK WALTON LEAGUE

Par	t XI Recon	ciliation of Revenu	ie per Audit	ed Financial S	Statemen	ts with	i leveride per i	wium.	
	Complet	e if the organization answ	wered "Yes" on	Form 990, Part IV	, line 12a.				
1	Total revenue, g	gains, and other support	per audited fina	ancial statements				1	
2		led on line 1 but not on F	-	•		1 1			
а		gains (losses) on investm				2a		1 1	
b		es and use of facilities				_2b		4	
С		onor year grants				2c		4 1	
d		o in Part XIII)				2d		- 1	
е	Add lines 2a thi	• • • • • • • • • • • • • • • • • • • •					· · · · · · · · · · · · · · · · · · ·	2e	
3								3	
4		led on Form 990, Part VI	•			1 . 1		1	
a		enses not included on F	orm 990, Part V	III, line 7b		_4a		-	
Þ	Other (Describe	, , ,				4b		-	
C	Add lines 4a an							4c	
5 Par		Add lines 3 and 4c. <i>(This</i> iciliation of Expens				nte With	Evnenses ne	r Return	
		te if the organization ans					-	i Notain.	
1		and losses per audited t						1	
2		ded on line 1 but not on F		141		00			
a	Prior year adjus	es and use of facilities				2a 2b		\dashv \parallel	
b	Other losses					20 2c		┥	
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e	Add lines 2a th	•			• •			- _{2e}	
3	Subtract line 2	•						3	
4		ded on Form 990, Part IX							
a		penses not included on F				4a			
	•			,	•			-	
b	Other (Describe	9 IN Part XIII.)				4b		1 1	
_	Other (Describe Add lines 4a ar	, , , , , ,				4b		- 4c	
b	Add lines 4a ar	, , , , , ,							
b c 5	Add lines 4a ar	ndi 4b	is must equal F						
b c 5	Add lines 4a ar Total expenses rt XIII Supple	nd 4b s. Add lines 3 and 4c. <i>(Th</i>	is must equal Fo	orm 990, Part I, lin	e 18.) .			5	ine 2; Part XI,
b 5 Pa	Add lines 4a ar Total expenses TXIII Supple de the description	nd 4b s. Add lines 3 and 4c. (Th emental Informati c	is must equal Form. nes 3, 5, and 9,	orm 990, Part I, lin Part III, lines 1a a	ne 18.)	/, lines 1b	and 2b; Part V, line	5	ine 2; Part XI,
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b 5 Pa	Add lines 4a ar Total expenses TXIII Supple de the description	nd 4b a. Add lines 3 and 4c . (The emental Informatio ons required for Part II, II	is must equal Form. nes 3, 5, and 9,	orm 990, Part I, lin Part III, lines 1a a	ne 18.)	/, lines 1b	and 2b; Part V, line	5	ine 2; Part XI,
b 5 Pa	Add lines 4a ar Total expenses TXIII Supple de the description	nd 4b a. Add lines 3 and 4c . (The emental Informatio ons required for Part II, II	is must equal Form. nes 3, 5, and 9,	orm 990, Part I, lin Part III, lines 1a a	ne 18.)	/, lines 1b	and 2b; Part V, line	5	ine 2; Part XI,
b 5 Pa	Add lines 4a ar Total expenses TXIII Supple de the description	nd 4b a. Add lines 3 and 4c . (The emental Informatio ons required for Part II, II	is must equal Form. nes 3, 5, and 9,	orm 990, Part I, lin Part III, lines 1a a	ne 18.)	/, lines 1b	and 2b; Part V, line	5	ine 2; Part XI,

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Schedule D (Form 990) 2016

SCHEDULE O

Department of the Treasury

(Form 990 or 990-EZ)

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.

lh Open to Public

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. BIRCHWOOD RECREATION AND SHOOTING PARK,

Employer identification number 92-6004399

INC., IZAAK WALTON LEAGUE 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 11B: 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: ALL GOVERNING DOCUMENTS, TAX RETURNS AND FINANCIAL STATEMENTS ARE AVAILABLE TO MEMBERS AT THE MAIN OFFICE UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2016)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. BIRCHWOOD RECREATION AND SHOOTING PARK, Related Organizations and Unrelated Partnerships Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 ▶ Attach to Form 990. INC., IZAAK WALTON LEAGUE Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part

2016

OMB No 1545-0047

Open to Public Inspection.

Employer identification number

92-6004399

Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets Total income 9 Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

(g) Section 512(b)(13) controlled S × entity? Yes Direct controlling entity status (if section 501(c)(3)) Public charrty LINE 10 Exempt Code section 501(C)(3) Ð Legal domicile (state or foreign country) LASKA SERVICES AND ASSISTANCE TO OFFER SUPPORT, EDUCATIONAL Primary activity BRSP (BIRCHWOOD) Name, address, and EIN of related organization FRIENDS OF BRSP - 27-0258373 CHUGIAK, AK 99567 PO BOX 670650

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

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 INC., IZAAK WALTON LEAGUE

Part III 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.

Page 2

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				,		9	(1)	14	8	-	3
(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or	(a) Direct controlling entity	Predomina (related, u	Predominant income (related, unrelated,	(n) Share of total income	Share of end-of-year	Disproportionate allocations?	amoni 2 of 8	General or Managing Partner?	General or Percentage managing ownership
		foreign country)		sections	512-514)		010000	Yes No	- 1	5) Yes No	
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1	. aldeveT anoitetinen	Corn	ration or Trust Co	molete if th	e ornanization	answered "Yes	" on Form 99). Part IV. line	34 because it had	d one or mo	ore related
Part IV inclination of the part of the par	proporation or trust during	ig the tax)	/ear.		D						
(a)			(<u> </u>	ত	9		E	(B)	Ξ	(5)
Name, address, and EIN	Z.	Prim	Primary activity		Direct controlling	lling Type of entity		Share of total		Percentage	512(b)(13) controlled
טו ופומניט טושמיון ט	====			foreign country)	ć in in	or tr			assets))	
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Schedule R (Form 990) 2016 INC., IZAAK WALTON LEAGUE

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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 No
1 During the tax year, did the organization engage in any of 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?			•
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	itty				12	×
b Gift. grant, or capital contribution to related organization(s)					₽	×
Giff grant or cantal contribution from related organization(s)	:		•		ç	×
	•	:			;	>
d Loans or loan guarantees to or for felated organization(s)	:	•	•	: : :	P	4
 Loans or loan guarantees by related organization(s) 	:				ə	×
f Dividends from related organization(s)					*	×
	: : : :		•		Ş	>
	•	: :		::	37	4:
h Purchase of assets from related organization(s)			:		ŧ	×
i Exchange of assets with related organization(s)	:				;=	×
i Lease of facilities, equipment, or other assets to related organization(s)					7	×
	:	:		:		
k lease of facilities equipment or other assets from related organization(s)					-	×
		: : : : : : : : : : : : : : : : : : : :	:	:	=	\$
Periorniance of services of membership of fundraising solicitations for	ganization(s)		:	:	=	4 ;
m Performance of services or membership or fundraising solicitations by related org	related organization(s)		:		13	×
n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)		:	:	두	×
 Sharing of paid employees with related organization(s) 					9	×
						-
a Daimhi reamont noid to related organization(e) for expenses					- 4	>
	:			: : .	2 .	4 5
 d Heimbursement paid by related organization(s) for expenses 	:		:		-	4
 Other transfer of cash or property to related organization(s) 	: : :	•	:		=	×
s Other transfer of cash or property from related organization(s)					8	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	nis line, including covered	relationships and tr	ansaction thresholds.		
(a)	(Q)	(0)		9		
Name of related organization	Transaction	Amount involved	Metho	Method of determining amount involved	peyloxu	
	type (a·s)					
(1)			-			
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(5)						
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632163 09-06-16	20			Schedule	Schedule R (Form 990) 2016	90) 2016

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BIRCHWOOD RECREATION AND SHOOTING PARK,

Schedule R (Form 990) 2016 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.

ular was not a related organization, dee manufactoria regarding excusion to certain mountain particular and manufactoria regarding to the mountain mountain and manufactoria regarding to the mountain mountain and manufactoria regarding to the mountain mountain and manufactoria regarding to the mountain mountain and manufactoria regarding to the mountain mountain and manufactoria regarding to the mountain mountain and manufactoria regarding to the mountain mountain and manufactoria regarding to the mountain mount	Disco Silin again silonon no			13	9	[2]	3		5	3
(a)	((a)	Are all	(E) 10	(6)	Dispupor	(i)	3	(w)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	redominant income par (related, unrelated, scill from tax under sections 512-514)	partners sec 501(c)(3) orgs?	share of total income	share of end-of-year assets	tionate allocations?	Support Code V-DD General of Percentage allocations? of Schedule K-1 partner? ownership Yes No (Form 1065) Yes No	managing partner?	ownership
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