Use Only

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		000	Datum of Ourtanination Franct Franctic	 .	[OMB No. 15	45-8947
	Fδím	, 99 (Return of Organization Exempt From Inc	come la	X K		17)
			nder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce	pt private fo	indations)		
	Dana	urtment of the	Do not enter social security numbers on this form as it may be		7	Open to	
	Interr	nal Revenue	Service ► Go to www.irs.gov/Form990 for instructions and the latest in	nformation	110	Inspec	tion
	<u>A</u> _	For the 20	017 calendar year, or tax year beginning , 2017, and ending	<u> </u>		, 20	
	_	Check if ap			- •	identification r	number
		Address ch	A SP			16-6015165	
		Name chan		, ,	E Telephone		
	$\overline{}$	Initial return		-/	01	05-332-9527	
	_	Final return/t	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1.00	0 0	:_4_ ¢	
	_	Amended n		Liver services	G Gross rece	` 	s 🗸 No
3	ш.	Application	Jon Peterson 917 N Savannah Drive, Sioux Falls, SD 57103	, ,	•	ordinates? L. Ye:	= =
_		Tax-exemp		7		t. (see instructi	
,		Website:			exemption nu	•	3208
9			anization. ✓ Corporation ☐ Trust ☐ Association ☐ Other ►			legal domicile:	SD
	_		Summary		<u> </u>		
		1 B	riefly describe the organization's mission or most significant activities: Conser	ve, protect, ar	d restore th	e soil, forest,	
	- 8] w	ater, and other natural resources of SD and US				
	Zactivities & Governance						
	Ver	2 C	heck this box $ ightharpoonup$ if the organization discontinued its operations or disposed o	f more than	25% of its	net assets.	•
	8	3 N	umber of voting members of the governing body (Part VI, line 1a)		3		1
	્ર વર્ષ ્		umber of independent voting members of the governing body (Part VI, line 1b)		4		1
Š	Tipe I	5 T	otal number of individuals employed in calendar year 2017 (Part V, line 2a)		5		
	ı.		otal number of volunteers (estimate if necessary)		6		2
	7 ĕ		otal unrelated business revenue from Part VIII, column (C), line 12		7a		
	.=	b N	et unrelated business taxable income from Form 990-T, line 34	· · · · ·	7b		
3 ,	7			Prior Year Curre			
1	<u>ာ ရှာ</u>	8 C	ontributions and grants (Part VIII, line 1h)	130517			5159
V	Ne.	9 P	rogram service revenue (Part-VIII-line 29) FD		161		12874 16
ングでは、	.		vestment income (Part VIII, column (A)-lines 3.4, and 7d)		9607		1182
=			ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 963 0c, and 11e)		141401		19233
•		12 To	otal revenue—add lines Bittrough AV (must edial Part VIII, column (A), line 12)		6294		1378
		13 G	rants and similar amount spaid (Part IX, column (A)) (Fes 1-3)		0294		1370
÷		15 S	enefits paid to or for members (Part IX, column (4), line 4)	·	12000		2197
t	808		rofessional fundraising fees (Part IX, column (A), line 11e)		0		2137
Ŋ	Ехреп		otal fundraising expenses (Part IX, column (D), line 25)			are to the first	
リイルトつ	ă	ì	ther expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u> Landa aktif terdender</u>	123038	<u>adsianting di dat</u>	9162
ñ			otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		141332		12738
_			evenue less expenses. Subtract line 18 from line 12		69		6494
•	► 2	13 1		Seginning of Cur		End of Y	
	ets or lances	20 T	otal assets (Part X, line 16)		220306		28316
	(Assets of Balanc	1	otal liabilities (Part X, line 26)		0		
	. E.E.	i .	et assets or fund balances. Subtract line 21 from line 20		220306		28316
	P		Signature Block				
	-30		s of penury, I declare that I have examined this return, including accompanying schedules and stater	nents, and to th	e best of my	knowledge an	d belief. it
			nd complete. Declaration of preparer (other than officer) is based on all information of which preparer				
	٠	П	Did Walls		4-22	-/8	
	Sig	ın []	Signature of officer	Dat		 	
	He	, ,	Val Voeltz Treasurer				
	- 1] [Type or print name and title				
	Œ.	id	Print/Type preparer's name Preparer's signature Da	te	Check	PTIN	
			1 Topa of a signature			rt 1	
	Pa	eparer	This type property a name		self-employ		

For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address
May the IRS discuss this return with the preparer shown above? (see instructions)

Cat. No. 11282Y

Phone no.

Yes No Form **990** (2017)

01111 33	יט קבט ו	'/ Page
Part	Ш	Statement of Program Service Accomplishments
		Check if Schedule O contains a response or note to any line in this Part III
1		fly describe the organization's mission:
		conserve, restore, and promote the sustainable use and enjoyment of our natural resources, including soil, air, woods, water and
	wild	e.
2	Did	the organization undertake any significant program services during the year which were not listed on the
_		r Form 990 or 990-EZ?
		'es," describe these new services on Schedule O.
3		the organization cease conducting, or make significant changes in how it conducts, any program
	serv	rices?
	If "Y	es," describe these changes on Schedule O.
4	Des	cribe the organization's program service accomplishments for each of its three largest program services, as measured b
	exp	enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	the	total expenses, and revenue, if any, for each program service reported.
4a	(Cod	
		noting and educating various youth and organizations about the mission including sponsoring youth in outdoor activities and
	cont	inbuting to conservation awareness activities
		70004
4b		de:) (Expenses \$ 79834 including grants of \$ 0) (Revenue \$ 90093)
		ancing membership in the league by holding member meetings and socialization activities to join those with a common passion for loor and wildlife conservation.
	outo	oor and wilding conservation.
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4c	(Co	de:) (Expenses \$ 32059 including grants of \$ 0) (Revenue \$ 41588)
40	•	noting wildlife conservation by holding shooting leagues for members
4d	Oth	er program services (Describe in Schedule O.)
-		penses \$ 0 including grants of \$ 0) (Revenue \$ 0)
	(1-4)	



Part	Checklist of Required Schedules			,
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
-	complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		1
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		1
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		1
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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	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		1
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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
1	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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
þ	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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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	44		1
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	14b	<u></u>	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	"		
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
	If "Yes," complete Schedule G, Part III	19		1
		Con	- 000	10017

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
	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			,
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		<u> </u>
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	-		<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	1	✓
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		<u> </u>
	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?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		✓
26	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	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		1	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	1	1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
	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		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		✓
C	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		<u> </u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		<u> </u>
30	conservation contributions? If "Yes," complete Schedule M ,	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			<u> </u>
	Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
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	ا 🚛 ا		,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		1
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	338		
-	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,			
00	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.			
	13. 11000 Air Offi 330 fileis are required to complete schedule o.	38 For	. 990	(2017)
		CON		(2017)

Part				_
	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 1a 0			100
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	.		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	. !		1
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		/
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	İ	1
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	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			١.
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	. 1		
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?			-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		1
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		/
d	If "Yes," indicate the number of Forms 8282 filed during the year			Ť
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	71		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ň	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.			<u> </u>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	,		1
a	Initiation fees and capital contributions included on Part VIII, line 12	.	i	ł
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] Section 501(c)(12) organizations. Enter:	.	i	1
'' a	Gross income from members or shareholders	,		
b	Gross income from other sources (Do not net amounts due or paid to other sources			{
	against amounts due or received from them.)		ı	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. 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		İ	}
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		(2017

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	truct	ions.
Secti	ion A. Governing Body and Management		<u> </u>	<u>. </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь 2	Enter the number of voting members included in line 1a, above, who are independent. 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		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6 7a	Did the organization have members or stockholders?	6 7a	√	
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	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	√	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	1	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secu	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	-	1
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	>	
ь	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		1
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	-	
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
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?			
a	The organization's CEO, Executive Director, or top management official	15a		1
p	Other officers or key employees of the organization	15b	<u> </u>	/
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	160		1
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		
	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		ļ
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► SD Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Val Voeltz - 605-359-9516 24733 475th Ave., Dell Rapids, SD 57022	cords	:▶	

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Pan	A	•

Form 990 (2017)

Form 9	മവ	M	71

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one Name and Title Reportable Reportable Estimated Average box, unless person is both an hours per compensation compensation from amount of officer and a director/trustee) eek (list an related other Key employee Highest compensated employee compensation hours for ndividual nstitutional trustee organizations related organization (W-2/1099-MISC) from the (W-2/1099-MISC organization organization below dotted and related line) organizations (1) Greg Lorenzen 2 President 0 (2) Jon Peterson President Elect 1 0 n 0 (3) Pat McCart 1st Vice President 0 0 (4) Darwin Gilbertson 1 2nd Vice President 0 0 0 (5) Val Voeltz 2 Treasurer 0 0 0 (6) Chuck Schroeder 1 Secretary 0 0 (7) Mike Thuringer 1 Chairman of the Board 0 0 (8) John Monahan **Board Member** 0 0 0 (9) Gordy Honerman 1 **Board Member** 0 0 0 (10) Paul Honerman 0 O 0 Board member (11)Roger Voetiz **Board Member** 0 0 (12) Troy Balk **Board Member** 0 0 0 (13) Bob Peterson 1 **Board Member** 0 ٥ 0 (14) Ron Schauer **Board Member** 0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per week (list any	box, i	unles	Pos eck s pe	rson	than our than or the state of t	an	(D) Reportable compensation from	(E) Reportable compensation related	on from amount		mated ount of	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio organizatio (W-2/1099-N		comp fro orga and	ensation m the nization related nization	י ו
(15)	Sam Cummins	1												
	Member		1					_	0		0			0
(16)														
(17)														
(18)													-	
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)								ļ			_	- , , , -		
1b	Sub-total	<u> </u>	<u> </u>	لــا	_	L			0		- 0			0
C	Total from continuation sheets to Part	VII, Sectio					•	•	0		0			0
d	Total (add lines 1b and 1c)						above	<u>►</u> e) w	ho received m	ore than \$1	00,000	of		0
	reportable compensation from the organi	zation >							None				T	T
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est compe	nsated	3	Yes	No V
4	For any individual listed on line 1a, is the	sum of re	portal	ble (con	nper	nsatio					,		
	organization and related organizations individual	greater the	an \$1	150,	000)? h	"Ye.	s, "	complete Sch	edule J fo 	r such	4	 	1
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc	lividua			
Section	n B. Independent Contractors		,5.					-	,ao,, pordon	· · · ·	· · ·	1 3	<u> </u>	
1	Complete this table for your five highest compensation from the organization. Repyear.													ах
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens		
None					_	_	<u></u>							
								-						
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed ab	ove) who				

Form **990** (2017)

Par	VIII	Statement of Reve			n anu lina in thia	Dort VIII		m
		Check if Schedule C	Contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	s 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues .	1b	2065				
	С	Fundraising events .	1c	0		ļ		
	d	Related organizations	s 1d	0				
ě, Ĕ	е	Government grants (cor		0				+
P S	f	All other contributions, g				1		i
章		and similar amounts not inc	cluded above 1f	49531				
草	g	Noncash contributions include	• • • • • • • • • • • • • • • • • • • •	0		ļ		
<u>ठ</u> ह	h	Total. Add lines 1a-1	f		51596			
2				Business Code				
8	2a	Facility Usage		<u> </u>	89224	89224		<u>. </u>
Œ	Ь	Member Networking			708	708		
Ę.	C			ļ	37866	37866		
8	d							
重	e	All other programs of						
Program Service Revenue	f	All other program ser			127798	l		
	3	Total. Add lines 2a-2 Investment income	(including divid	lends interest	127796			
		and other similar amo			161	161		
	4	Income from investmen	-					
	5							
	•	rioyanioo	(i) Real	(ii) Personal				
	6a	Gross rents	0	0				
	b	Less: rental expenses	0	0				
	С	Rental income or (loss)	C	0				
	d	Net rental income or	(loss)	>				
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
	ĺ	assets other than inventory	0	0		[
	b	Less: cost or other basis				j		
	}	and sales expenses .	0			Ì		
	С	Gain or (loss)	0	0				
	d	Net gain or (loss) .		<u> ▶</u>				
enne	8a	Gross income from fuevents (not including \$	undraising 0					
Other Rev	<u> </u>	of contributions reporte		11359				
ş	ь	Less: direct expenses	_					
0		Net income or (loss) f		`L	9053			
		Gross income from ga						
	}	See Part IV, line 19 .		0		l		!
	ь	Less: direct expenses	_	·				l
	c	Net income or (loss) f			0	0		·
	10a	Gross sales of in						
	1	returns and allowance		12998		Ì		·
	ь	Less: cost of goods s	sold b	11366		}		
	c	Net income or (loss) f		entory >	1632	1632		
		Miscellaneous F	Revenue	Business Code				
	11a							
	b							
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-		•	0			
	12	Total revenue. See it	nstructions	•	190240	129591	0	0

	X Statement of Functional Expenses		<i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> - <i>u</i> -		(4)
Section	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon t include amounts reported on lines 6b, 7b, 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		u.pu.ioo	gorial a caparass	
	and domestic governments. See Part IV, line 21	13785	13785	ł	}
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	ol	0	ļ	
4 5	Benefits paid to or for members	0	0	o	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	21971	21971	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10 11	Payroll taxes	0	0	0	0
a	Management	. 0	0,	0	0
b	Legal	0	0	0	0
C	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
9	Professional fundraising services. See Part IV, line 17	0			0
9	Investment management fees	0	0	0	0
12	Advertising and promotion	5895	5895	0	0
13	Office expenses	1010	510	500	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	4826	0	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	96	0	96	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	12000	12000	0	0
23	Insurance	13109	12000	1109	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)			}	
а	Utilities	10685	10685	0	0
b	Food & Beverage	22246	22246	0	0
c	Maint, Repairs, Supplies	6946	0	0	0
d	Trap Expenses	10722	6946	O	0
е	All other expenses	4091	4091	0	0
25	Total functional expenses. Add lines 1 through 24e	127383	125678	1705	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	t X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	75801	1	57796
	2	Savings and temporary cash investments	32272	2	32433
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		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			
Ø		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
B	В	Inventories for sale or use		В	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 997935			
	ь	Less: accumulated depreciation 10b 805000	112233	10c	192935
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	220306	16	283163
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	·	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
g	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		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		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
_					
ĕ		complete lines 27 through 29, and lines 33 and 34.			
ā	27	Unrestricted net assets	220306	27	283163
Bal	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
₫		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □			
Net Assets or Fund Balances		complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
936	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž	32	Retained earnings, endowment, accumulated income, or other funds .		32	
2	33	Total net assets or fund balances	220306	33	283163
	34	Total liabilities and net assets/fund balances	220306	34	286163

	90 (2017)			Pa	ige 12
Par					
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	90240
2	Total expenses (must equal Part IX, column (A), line 25)	2		1:	27383
3	Revenue less expenses. Subtract line 2 from line 1	3			62857
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	20306
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		2	83163
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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," ex	plain in	Į		
	Schedule O.		L		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or	-		
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated 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 o	versight			
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant?	2c		}
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.		- 1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		За		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Izaak	Walto	n League of America Inc. Sloux I	alls Chapter				} 46-60	15165
Pai	t I	Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The o	organi	zation is not a private founda	tion because it i	s: (For lines 1 through	12, chec	k only or	ne box.)	
1		church, convention of churc						
2		school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	om 990	or 990-E	Z).)	
3		hospital or a cooperative hos						
4		medical research organization	-	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)((iii). Enter the `
_		ospital's name, city, and state		;				
5	Se	n organization operated for t ection 170(b)(1)(A)(iv). (Com	olete Part II.)			•		al unit described in
6		federal, state, or local govern						
7		n organization that normally			port from	a goven	nmental unit or from	n the general public
		escribed in section 170(b)(1)						
8		community trust described in						
9		n agricultural research organi						
		runiversity or a non-land-gra niversity:	nt college of agn	iculture (see instructio	ns). Ente	r the nan	ne, city, and state of	the college or
10		n organization that normally i	ecoives: /1\ mor	o than 331 nov of ite o	innort fro	m contri	hutions membershi	n face and groce
10	re	ceipts from activities related	to its exempt ful	nctions—subject to c	ertain exc	eptions.	and (2) no more that	n 33¹/3% of its
	SI	upport from gross investment	income and uni	related business taxal	ble incom	ne (less s	ection 511 tax) from	businesses
44		equired by the organization a n organization organized and						
11 12		n organization organized and	-	•	-			my out the numbers
12		one or more publicly suppo						
		heck the box in lines 12a thro	-		•			
а	_	Type I. A supporting organ	-	• • • •		_	•	-
_		the supported organization						
		supporting organization. Ye						
b		Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having
		control or management of	the supporting o	rganization vested in	the same	persons	that control or man	age the supported
		organization(s). You must	complete Part l	V, Sections A and C.				
C		Type III functionally integ						ally integrated with,
	_	its supported organization(•		-		
đ		Type ill non-functionally i						
		that is not functionally integ	•	•	-		•	d an attentiveness
	_	requirement (see instructio	•					
е	L	Check this box if the organ functionally integrated, or I						e II, Type III
f	Ent	er the number of supported (• •	donady integrated Su	sporting (Jigariizat	iori.	
g		vide the following information	=	orted organization(s)				• •
		me of supported organization	(II) EIN	(iii) Type of organization	T	rganization	(v) Amount of monetary	(vi) Amount of
	4,			(described on lines 1-10	listed in you	ur governing	support (see	other support (see
				above (see instructions))	Oocu	ment?	instructions)	instructions)
					Yes	No	1	
(A)		_ 						
~~·							<u> </u>	
(B)								
(C)			İ		}	}		
					ļ	ļ		
(D)			ĺ					
					 	 	 	
(E)					}	}		
Tota	1	······································				 		

Schedule A (Form 990 or 990-EZ) 2017

Part II

Part							
	(Complete only if you checked the				~	•	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support				T		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and			•		1	
	membership fees received. (Do not include any "unusual grants.")			'			
2	Tax revenues levied for the						
2	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities	<u> </u>			 		
•	furnished by a governmental unit to the					!)
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by				ghis de		
•	each person (other than a			نر	V		}
	governmental unit or publicly						<u>.</u>
	supported organization) included on			1			į
	line 1 that exceeds 2% of the amount						Ì
	shown on line 11, column (f)			<i>y</i>			
<u>6</u>	Public support. Subtract line 5 from line 4		L	ــــــــــــــــــــــــــــــــــــــ	<u>L</u> _		L
	on B. Total Support	(=) 0040	(1) 0044	(4-) 0045	4.0.040	(-) 0047	(A.T. I.)
	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2013	(b) 2014 /	(c) 2015	(d) 2016	(e) 2017	(f) Total
7			/				
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from				ł		1
	similar sources	ļ.		:	ļ		ł
9	Net income from unrelated business		1		 		
_	activities, whether or not the business	J.	ľ				
	is regularly carried on	/		ı			
10	Other income. Do not include gain or	/					
	loss from the sale of capital assets	/					
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10				<u> </u>		<u> </u>
12	Gross receipts from related activities, etc	4.*	•			12	
13	First five years. If the Form 990 is for the	_			-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Socti	organization, check this box and stop he on C. Computation of Public Suppor		<u></u>			· · · · · ·	•
14	Public support percentage for 2017 (line			1 column (ft)		14	%
15	Public support percentage from 2016 Sci			1, COIUII#1 (1))		15	
16a	331/3% support test—2017. If the organ						
	box and stop here. The organization qua						🕨 🗀
b	331/3% support test-2016. If the organi	zation did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or 17	
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizat	ion		🕨 📋
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization me						
	Part VI how the organization meets the "	facts-and-circ	umstances" te	st. The organi	zation qualifies	s as a publicly	supported
	organization/						🟲 📋
b	10%-facts-and-circumstances test-2						
	15 is 10% of more, and if the organiza						
	Explain in Part VI how the organization r	neets the "fac			The organizati	on qualifies as	a publicly
40	supported organization	d not obsets =					· · · • 📙
18	Private foundation. If the organization di						
	instructions	<u> </u>	· · · · ·	· · · · ·	<u> </u>		• • • • • • •

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	N/A	N/A	1248	1116	51596	53960
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	N/A	N/A	130882	130517	128748	390147
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	N/A	N/A	o	o	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	N/A	N/A	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the				ł	}	
	organization without charge	N/A	N/A	0	0	0	0
6	Total. Add lines 1 through 5	N/A	N/A	132130	131633	180344	444107
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	N/A	N/A	0	0	0	0
Ь	Amounts included on lines 2 and 3				ļ		
	received from other than disqualified				İ	1	
	persons that exceed the greater of \$5,000				_ [_
	or 1% of the amount on line 13 for the year	N/A	N/A	0	0	0	0
C	Add lines 7a and 7b	N/A	N/A	0	0	0	0
8	Public support. (Subtract line 7c from						
	line 6.)	Ll		L			444107
	on B. Total Support	(-) 0040	(h) 0044	(-) 0045	4.0040	(-) 0047 T	40 T-1-1
	dar year (or fiscal year beginning in)	(a) 2013 N/A	(b) 2014 N/A	(c) 2015 132130	(d) 2016 131633	(e) 2017 180344	(f) Total 444107
9	Amounts from line 6	IN/A	IN/A	132130	131033	160344	444107
10a	Gross income from interest, dividends, payments received on secunties loans, rents,					,	
	royalties, and income from similar sources.	N/A	N/A	160	161	161	482
_	Unrelated business taxable income (less	N. C.		100			402
Ь	section 511 taxes) from businesses	ļ		, i	İ		
	acquired after June 30, 1975	N/A	N/A	o	اه	اه	0
С	Add lines 10a and 10b	N/A	N/A	160	161	161	482
11	Net income from unrelated business						
•	activities not included in line 10b, whether						
	or not the business is regularly carried on	N/A	N/A	o	o	o	0
12	Other income. Do not include gain or						····
-	loss from the sale of capital assets						
	(Explain in Part VI.)	N/A	N/A	0	o	o	0
13	Total support. (Add lines 9, 10c, 11,					-	
	and 12.)	N/A	N/A	132290	131794	180505	444589
14	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
_	organization, check this box and stop he	re	<u> </u>				· · 🕨 🗆
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8		•	3, column (f))		15	99 %
16	Public support percentage from 2016 Sch			<u></u>	· · · · ·	16	99 %
	on D. Computation of Investment In						
17	Investment income percentage for 2017 (•	***	17	1 %
18	Investment income percentage from 2016					18	1 %
19a	331/s% support tests—2017. If the organ						
_	17 is not more than 331/3%, check this box		-				_
Ь	331/3% support tests—2016. If the organiz						
••	line 18 is not more than 33½%, check this l		-	="	•	• •	
20	Private foundation. If the organization di	a not check a l	oox on line 14.	. 198. OF 190. C	RIECK THIS DOX	and see instruc	ctions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

GC III	bit A. All Supporting Organizations			,	_
			Yes	No	_
1	Are all of the organization's supported organizations listed by name in the organization's governing			j	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		 	ļ	J
_		1_		 	ì
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			ļ	
	organization was described in section 509(a)(1) or (2).	2		 	Ì
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		 		1
-	(b) and (c) below.	3a	 		J
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		 		Ì
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	1	Ì		
	organization made the determination.	3b			,
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)				-
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c			•
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If				j
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a			_
þ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		j	1	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion				
	despite being controlled or supervised by or in connection with its supported organizations.	4b			ī
C	Did the organization support any foreign supported organization that does not have an IRS determination	1	<u> </u>	İ	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	İ			
	purposes.	4c			į
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	_~~	 		Ì
-	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN	ļ		ļ	
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	ĺ			į
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action				
	was accomplished (such as by amendment to the organizing document).	5a			•
b	Type I or Type II only. Was any added or substituted supported organization part of a class already				j
	designated in the organization's organizing document?	5b		L	_
¢	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>		7
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	1	}		ļ
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or	1	}		Ì
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.				1
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6			7
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	1		1	1
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	ļ	 	j
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?				1
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8			•
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more				1
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described				
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		L	
Ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			ļ	
_	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	 -	 	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	<u> </u>	ļ	ļ	,
10-	· · · · · · · · · · · · · · · · · · ·	9c	 		7
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	l			
	supporting organizations)? If "Yes," answer 10b below.	10a	 	 	
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1.00	 	 	Ţ
-	determine whether the organization had excess business holdings.)	10b		<u> </u>	j

Part	Supporting Organizations (continued)		,	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		⁻
h	A family member of a person described in (a) above?	11b	ļi	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
	on B. Type I Supporting Organizations	1		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	\		
	controlled the organization's activities. If the organization had more than one supported organization,	į		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	İ		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	{	-	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	L	
Secti	on C. Type II Supporting Organizations		1	
_	Management and the second control of the sec		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	{		
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			·
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1	}	1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		}	1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Sooti		3	L	L
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	S).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	see in	struct	ionel
_				·
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,	}		
	how the organization was responsive to those supported organizations, and how the organization determined	}]	1
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		-	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	ł	[
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b	 	
3	Parent of Supported Organizations. Answer (a) and (b) below.	1	1	1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		<u> </u>
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		L
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or		1	
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			L
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		Ĺ
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	 	<u>L</u>
7 Check here if the current year is the organization's first as a non-functionall instructions)	y in	tegrated Type III supporting	organization (see

Part	Type ill Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	erted	
	organizations, in excess of income from activity			! ·
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.	·		
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6	 		
10	Line 8 amount divided by line 9 amount			Area .
S-	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	Distributable amount for 2017 from Section C, line 6		<u> </u>	
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.		i L	
3	Excess distributions carryover, if any, to 2017			
а				
<u>b</u>	From 2013			
C	From 2014			
<u>d</u>	From 2015			
	From 2016	<u> </u>	<u></u>	
	Total of lines 3a through e	<u> </u>		
9_	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
_ <u>-</u> ;	Carryover from 2012 not applied (see instructions)			
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	ļ		
4	Distributions for 2017 from Section D, line 7: \$			ļ i
	Applied to underdistributions of prior years			
	Applied to underdistributions or prior years Applied to 2017 distributable amount			
5	Remaining underdistributions for years prior to 2017, if			
3	anv. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.		,	
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
θ	Excess from 2017			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part III: Sec	ation A
Historical d	etailed information hasn't been provided due to the organization's reporting requirement to file a 990-N during the 2013 and 2014
years.	

***********	***************************************

	**

SCHEDULE D (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.

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Open to Public

Department of the Treasury

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** Izaak Walton League of America Inc, Sloux Falls Chapter 46-6015165 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 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during 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? ☐ Yes ☐ No 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 Conservation Easements. Part II 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 Number of conservation easements on a certified historic structure included in (a) . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a 3 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 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: 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: Assets included in Form 990, Part X .

Part 3	Using the organization's acquisition,	accession, and ot								
	collection items (check all that apply):			_						
а	Public exhibition				or exchang					
b	Scholarly research		е	Other						
C	Preservation for future generations									
4	Provide a description of the organizat XIII.	tion's collections a	ina expia	un now t	ney turtner	tne org	janization's exer	npt purp	ose in P	art
5	During the year, did the organization									
	assets to be sold to raise funds rather		ined as p	part of the	e organizati	on's co	llection?	<u> </u>	es 🗌 N	<u> 10</u>
Part	Complete if the organization 990, Part X, line 21.	answered "Yes"		-		•	•		n Form	
1a	included on Form 990, Part X?							_	es 🗆 N	۷o
ь	If "Yes," explain the arrangement in P	art XIII and comple	te the fo	llowing to	able:	r				
						<u> </u>		mount		
C	Beginning balance					10				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1 <u>f</u>				
2a	Did the organization include an amoun									40
	If "Yes," explain the arrangement in P	art XIII. Check here	if the ex	kplanatio	n has been	provide	ed on Part XIII .	· · ·	L_	
Par			·	- 000 1	5 4 B / P	40				
	Complete if the organization						(A) The contract to a	4.5		
_		(a) Current year	(D) PN	or year	(c) Two year	s Dack	(d) Three years bac	(e) Fou	r years bad	
1a	Beginning of year balance						·			
b	Contributions				 					
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
8	Other expenditures for facilities and									
	programs							<u> </u>		
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t			e (line 1g	, column (a)) heid	as:			
а	Board designated or quasi-endowment	nt 🕨	. %							
b	Permanent endowment ▶	 %								
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.							
За	Are there endowment funds not in the	e possession of th	e organi	zation th	at are held	and ad	ministered for th	1e		
	organization by:								Yes N	lo
	(i) unrelated organizations	<i></i>						3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related o							3b		
4	Describe in Part XIII the intended uses	s of the organization	n's endo	wment f	unds.					
Part						<u>.</u>				
	Complete if the organization	answered "Yes"	' on For	m 990, l	Part IV, line	e 11a.	See Form 990,	Part X,	line 10.	
	Description of property	(a) Cost or other (investment)			or other basis ther)		Accumulated epreciation	(d) Bo	ok value	_
1a	Land	. [1000	000
b	Buildings				619000		600000		190	000
C	Leasehold improvements			l					· · · · · ·	
d	Equipment				278935		205000		739	35
	Other									
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part 2	K, columi	n (B), line 10)c.) .	•		1929	35

	Complete if the organization answered "Yes" on For (a) Description of security or category		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	derivatives		
	held equity interests		
Other			
(A) (B)			
(C)	***************************************		
(D)			
E)			
F)	~		
G)			
H)			
I. (Column ((b) must equal Form 990, Part X, col. (B) line 12.) ▶		
art VIII	Investments - Program Related.		
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11c. See Form 990, Part X, line 1
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
			
<u> </u>			
<u> </u>			
<u> </u>			
) al. (Column i	(b) must equal Form 990, Part X, col. (B) line 13.) ▶		
art IX	Other Assets.		····
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11d. See Form 990, Part X, line
	Complete if the organization answered "Yes" on For (a) Description	m 990, Part IV, line	11d. See Form 990, Part X, line (b) Book value
	· - · · · · · · · · · · · · · · · · · ·	m 990, Part IV, line	
	· - · · · · · · · · · · · · · · · · · ·	m 990, Part IV, line	
)	· - · · · · · · · · · · · · · · · · · ·	m 990, Part IV, line	
l	· - · · · · · · · · · · · · · · · · · ·	m 990, Part IV, line	
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<u> </u>	· - · · · · · · · · · · · · · · · · · ·	m 990, Part IV, line	
	· - · · · · · · · · · · · · · · · · · ·	m 990, Part IV, line	
	· - · · · · · · · · · · · · · · · · · ·	m 990, Part IV, line	
	(a) Description		(b) Book value
))))) tal. (Colu	(a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)	m 990, Part IV, line	
tal. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		(b) Book value
tal. (Colu	(a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on For		(b) Book value
tal. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on For line 25.		(b) Book value
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	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,			11014	
1	Total revenue, gains, and other support per audited financial statements			11	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• •		 	
	Net unrealized gains (losses) on investments	2a	1		
a b	Donated services and use of facilities	2b		1 1	
	Recoveries of prior year grants			- 1	
d G		2d		-	
_	Add lines 2a through 2d			2e	
е 3	Subtract line 2e from line 1			3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i .	<i></i> .	•	
4	Investment expenses not included on Form 990, Part VIII, line 7b	40		1	
a	Other (Describe in Part XIII.)	4a 4b		-	
b	Add lines 4a and 4b		<u> </u>	4-	
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			4c	
Part					
rait	Complete if the organization answered "Yes" on Form 990,			er ne	turii.
				4 1	
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	
2	Donated services and use of facilities	امما	!		
a		2a		-	
b	Prior year adjustments	2b		1 1	
C	Other losses	2c		- 1	
d	Other (Describe in Part XIII.)	2d		100	
e	Add lines 2a through 2d			2e	
3		i :		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	_			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4 1	
þ	Other (Describe in Part XIII.)		<u> </u>		
				1 4 - 1	
C E	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			4c 5	
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.)	<u> </u>	5	V line 4: Part Y line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Pa	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.) d 4; Pa	art IV, lines 1b and 2b	5 ; Part	
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5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Pa	art IV, lines 1b and 2b	5 ; Part	

Schedule D (Form 990) 2017				
Part XIII	Supplemental Information	(continued)		
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SCHEDULE O (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.

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

2017 Open to Public Inspection

Izaak Walton League of America Inc Sioux Falls Chapter	46-6015165				
Form 990, Part VI, Section B, Line 11b					
The Treasurer and the President reviewed the form for completeness and accuracy The president is a former CPA. The form was also reviewed by					
the board of directors in the monthly board meeting					
Form 990, Part VI, Section C, line 19					
Upon written request to the Secretary or Treasurer, a copy of the governing documents, conflict of interest policy, and/or financial statements					
will be provided in a timely manner					
	/				
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Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
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