## COMMITTEE ON NATURAL RESOURCES

## 113<sup>th</sup> Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Subcommittee on Indian and Alaska Native Affairs Legislative hearing on:

HR 623 (Young of AK), "Alaska Native Tribal Health Consortium Land Transfer Act"; HR 740 (Young of AK), "Southeast Alaska Native Land Entitlement Finalization and Jobs Protection Act"; HR 841 (Schrader), To amend the Grand Ronde Reservation Act to make technical corrections, and for other purposes.; HR 931 (Schrader), To provide for the addition of certain real property to the reservation of the Siletz Tribe in the State of Oregon.; HR 1306 (Young of AK), "Southeast Alaska Native Land Conveyance Act"; and HR 1410 (Franks), "Keep the Promise Act of 2013" May 16, 2013

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Jimmie Rosenbruch
2. Name of Organization(s) You are Representing at the Hearing: Edna Bay Community Inc
3. Business Address: [Information redacted for privacy]
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

#### For all Witnesses

Name/Organization: <u>Jimmie Rosenbruch / Edna Bay Community Inc</u>

**Title/Date of Hearing:** Legislative hearing on: HR 623 (Young of AK), "Alaska Native Tribal Health Consortium Land Transfer Act"; HR 740 (Young of AK), "Southeast Alaska Native Land Entitlement Finalization and Jobs Protection Act"; HR 841 (Schrader), To amend the Grand Ronde Reservation Act to make technical corrections, and for other purposes.; HR 931 (Schrader), To provide for the addition of certain real property to the reservation of the Siletz Tribe in the State of Oregon.; HR 1306 (Young of AK), "Southeast Alaska Native Land Conveyance Act"; and HR 1410 (Franks), "Keep the Promise Act of 2013" May 16, 2013

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

#### AlaskaMaster Guide #61

- b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
- c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Close to 50 years as a Big Game Guide in SE Alaska

Worked as a Civil Engineer for Bureau of Indian Affairs statewide assignment to every Native Village in Alaska

Appointed to the Alaska Land Use Planning Commission by the Secretary of Interior as staff civil engineer

- d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

  N/A
- e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

  N/A
- f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed. N/A

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

I ran the longest tenured guiding service on the Tongass having been issued been the very first permit on hunting/guiding on the Tongass.

## **Witnesses Representing Organizations**

Name/Organization: Jimmie Rosenbruch / Edna Bay Community Inc

Title/Date of Hearing: Legislative hearing on: HR 623 (Young of AK), "Alaska Native Tribal Health
Consortium Land Transfer Act"; HR 740 (Young of AK), "Southeast Alaska Native Land Entitlement
Finalization and Jobs Protection Act"; HR 841 (Schrader), To amend the Grand Ronde Reservation Act to
make technical corrections, and for other purposes.; HR 931 (Schrader), To provide for the addition of certain
real property to the reservation of the Siletz Tribe in the State of Oregon.; HR 1306 (Young of AK),
"Southeast Alaska Native Land Conveyance Act"; and HR 1410 (Franks), "Keep the Promise Act of 2013"
May 16, 2013

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying. no

i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

none

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)). See attached

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For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
****
For Witnesses Representing Organizations:  1. Name: Jimmie Rosenbruch
<ol> <li>Name of Organization(s) You are Representing at the Hearing: Territorial Sportsmen</li> </ol>
3. Business Address: [Information redacted for privacy]
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

#### For all Witnesses

Name/Organization: Jimmie Rosenbruch / Territorial Sportsmen

Title/Date of Hearing: Legislative hearing on: HR 623 (Young of AK), "Alaska Native Tribal Health Consortium Land Transfer Act"; HR 740 (Young of AK), "Southeast Alaska Native Land Entitlement Finalization and Jobs Protection Act"; HR 841 (Schrader), To amend the Grand Ronde Reservation Act to make technical corrections, and for other purposes.; HR 931 (Schrader), To provide for the addition of certain real property to the reservation of the Siletz Tribe in the State of Oregon.; HR 1306 (Young of AK), "Southeast Alaska Native Land Conveyance Act"; and HR 1410 (Franks), "Keep the Promise Act of 2013" May 16, 2013

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

#### AlaskaMaster Guide #61

- b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
- c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

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Worked as a Civil Engineer for Bureau of Indian Affairs statewide assignment to every Native Village in Alaska

Appointed to the Alaska Land Use Planning Commission by the Secretary of Interior as staff civil engineer

- d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

  N/A
- e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

  N/A
- f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

N/A

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

I ran the longest tenured guiding service on the Tongass having been issued been the very first permit on hunting/guiding on the Tongass.

#### **Witnesses Representing Organizations**

Name/Organization: <u>Jimmie Rosenbruch / Territorial Sportsmen</u>

**Title/Date of Hearing:** Legislative hearing on: HR 623 (Young of AK), "Alaska Native Tribal Health Consortium Land Transfer Act"; HR 740 (Young of AK), "Southeast Alaska Native Land Entitlement Finalization and Jobs Protection Act"; HR 841 (Schrader), To amend the Grand Ronde Reservation Act to make technical corrections, and for other purposes.; HR 931 (Schrader), To provide for the addition of certain real property to the reservation of the Siletz Tribe in the State of Oregon.; HR 1306 (Young of AK), "Southeast Alaska Native Land Conveyance Act"; and HR 1410 (Franks), "Keep the Promise Act of 2013" May 16, 2013

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

No

i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

No contracts with the Federal Government in the last 10 years.

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

no lawsuits by or against the federal government in the last 10 years

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

no lawsuits by or against the federal government in the last 10 years

1. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

See attached

## 100320

Form

Department of the Treasury Internal Revense Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 2011 Open to Public Inspection

۱	For th	ne 2011 d	calendar year, or tax year beginning , and ending				
3	Check if	applicable	C Name of organization		_	D Employe	er identification number
,	Address	change	Territorial Sportsmen, Inc.				
	Name ch	2000	Doing Business As			92-	0060834
		•	Number and street (or P O box if mail is not delivered to street address)		Room/suite	E Telephoi	ne number
!	Initial ret	urn	PO Box 20761				
1	Termina	ted	City or town, state or country, and ZIP + 4				
ì	Amende	d return	Juneau AK 99802			G Gross recei	pts\$ 2 <u>46,160</u>
I	A policati	on pending	F Name and address of principal officer			. ,	ffiliates? Yes X No
,	Аррисан	ion pending			H(a) Is this a g	roup return for a	
					H(b) Are all af	filiates included	Yes No
					If "No	o," attach a list (	(see instructions)
	Tax-exe	empt status	501(c)(3)   X   501(c) ( 4 ) ◀ (insert no )   4947(a)(1) or   52	27			
ı	Websit	e ▶ N	I/A		H(c) Group ex	emption numbe	r 🕨
(	Form of	organization	X Corporation Trust Association Other ▶	L\	ear of formation		M State of legal domicile
P	art I	Sı	ummary				····
	1	Briefly de	escribe the organization's mission or most significant activities				
ě		To p	provide a community awareness of fish and wild	life			
aŭ		·					
E							
Š	2	Check th	his box 🕨 🗍 if the organization discontinued its operations or disposed of more	e than 2	5% of its net as:	sets	
დ დ	3	Number	of voting members of the governing body (Part VI, line 1a)			3	0
Activities & Governance	4	Number	of independent voting members of the governing body (Part VI, line 1b)			4	0
₹	5	Total nur	mber of individuals employed in calendar year 2011 (Part V, line 2a)			5	0
ᅙ	6	Total nur	mber of volunteers (estimate if necessary)			6	0
_	7a	Total uni	related business revenue from Part VIII, column (C), line 12 CEIVED	7		7a	0
	b	Net unre	related business revenue from Part VIII, column (C), line 22 CEIVED	<u> </u>		7b	0
			tions and grants (Part VIII, line 1h)	ပ္ကု	Prior Yea		Current Year
ě			tions and grants (Part VIII, line 1h)	KS-OSC		380	16.535
Revenue			service revenue (Part VIII, line 2g)	3		7,110	16,535
Š	10	Investme	ent income (Part VIII, Column (A), lines 3, 4, and 7d)	<b>=</b>		129	-99
_	11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) EN, UT	╛		2,662	86,260
	T		venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			0,281	102,696
	i		and similar amounts paid (Part IX, column (A), lines 1–3)		4	9,406	0
	I .		paid to or for members (Part IX, column (A), line 4)	}		0	0
es	i		, other compensation, employee benefits (Part IX, column (A), lines 5–10)	}		<u> </u>	0
penses	1		onal fundraising fees (Part IX, column (A), line 11e)	}		0	0
Exp	1		ndraising expenses (Part IX, column (D), line 25) ▶ 0	}		4 620	20 270
ш	1		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	}		4,630	20,278
		•	penses Add lines 13–17 (must equal Part IX, column (A), line 25)	}		4,036	20,278
. 0		Revenue	e less expenses Subtract line 18 from line 12			6,245	82,418 End of Year
Net Assets or Fund Balances		T-4-1		ŀ	Beginning of Cui	7,973	187,969
SSE	20		sets (Part X, line 16)	}		7,242	14,106
e t	21		bilities (Part X, line 26)	ŀ		0,731	173,863
			ets or fund balances Subtract line 21 from line 20	1	14	U, /JI	1/3,003
	art II		gnature Block				
U	nder p	enalties of	perjury, I declare that I have examined this return, including accompanying schedules at	ind statem	ents, and to the b	est of my kno	owiedge and belief, it is

true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

4	_	17	Other expe	nses (Par	i IX, COIL	лин (А)	), iirie	s i ia-	riu,	111-246)	
ည		18	Total exper	nses Add	lines 13	–17 (m	ust e	qual Pa	art IX,	, column (	A), line
<b>X</b>		19	Revenue le	ess expens	ses Sub	tract lin	ne 18	from li	ne 12	<u> </u>	
SCANNED APR 1	Un	20 21 22 art II	Total asset Total liabilit Net assets	s (Part X, ties (Part ) or fund ba nature E	line 16) K, line 26 alances Block are that I	6) Subtrac	ct line	e 21 fro	m lın	e 20 including	
9 2012	Sig Her			nature of Price	Z/V	Tru	×		X	m Se	AL,
	Paid	1	1 "	reparer's nan	700			_		reparer's sig	
	Prep	oarer			Hes	son		Deal	κin	s. Ir	nc.
	Use	Only								ghby	
			Firm's addre	ess 🕨 _		eau,			998		
	May	the I	RS discuss	this return	with the	е ргера	rer sh	nown a	bove'	? (see ins	tructio
	For	Pape	rwork Red	uction Ac	t Notice	e, see t	he se	eparate	inst	ructions	•

Form 990 (2011) Territorial Sportsmen, Inc. 92-0060834	Page 2
Part IIF Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	[x
1 , Briefly describe the organization's mission	<u> A</u>
To provide a community awareness of fish and wildlife	
Did the organization undertake any significant program services during the year which were not listed on the	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☐ Yes X No
If "Yes," describe these new services on Schedule O	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
If "Yes," describe these changes on Schedule O	
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a (Code ) (Expenses \$ 8,849 including grants of \$ ) (Revenue \$	
Educational Scholarships awarded to those students	,
professing an interest in the study of conservation of wildlife.	
Allocated to the Territorial Sportsmen Scholarship Found-	
ation for the continued and prepetual support of	
educational scholarships.	
4b (Code ) (Expenses \$ 10,037 including grants of \$ ) (Revenue \$	)
Provides and supports Programs	
1.062	
4c (Code ) (Expenses \$ 1,063 including grants of \$ ) (Revenue \$ Various educational programs carried on to support	,
community activity and interest.	
4d Other program services (Describe in Schedule O )	<u> </u>
(Expenses \$ 329 including grants of \$ ) (Revenue \$	)
4e Total program service expenses ▶ 20,278	Form <b>990</b> (2011)

#### Part IV **Checklist of Required Schedules**

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	4		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	_	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<b>-</b>		_21
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<b>└</b>		1
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	ب		
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<b>├</b>		-1
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		71
0	complete Schedule D, Part III	8		Х
9	·	l °		Λ
3	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
۱۸	•	-		Λ.
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	Х
11		10		Λ
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	110	-21	
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	Х
С		110		Λ
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d				-21
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's separate or consolidated infarious statements for the tax year included a feetilete that dedicesses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
20	Schedule D. Parts XI, XII, and XIII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
U	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
•	fundraising, business, investment, and program service activities outside the United States, or aggregate		ŀ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	145		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	ł	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	<del>- ' '</del>		
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	· · ·		
'	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			77
	Part VIII, lines 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?	- <u>`</u> -		
	If "Yes," complete Schedule G, Part III	19		Х
20a	The state of the s	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
,	11 100 to the Teel and the eigenmental ditter a copy of the desired interior distribution of the referen			_

	_		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
		21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States		ł	v
		22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	,,		Х
240		23_	$\dashv$	
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			
		4a		Х
h		4a 4b	<del>-  </del>	Λ
b	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year	***		
С		4c		
d		4d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
		5a	ĺ	Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	-		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1	
		5b	l	Χ
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
		26	ľ	Χ
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			
		27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	8a		Χ_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	8ь		<u>X</u>
С	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	8c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		ŀ	
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
		31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
		32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3.5
		33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			37
		54		<u>X</u>
35a	, , , , , , , , , , , , , , , , , , , ,	5a	<del></del>	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	_		v
20		5b	+	<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	اء		
27		6		
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,	,		Х
38	Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	"+	$\dashv$	
JO		8		Х
	10. Note: Ann and mere are required to complete adjudged of	- <del></del>	. 990	

Form 990 (2011) Territorial Sportsmen, Inc. 92-Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V				ا_ لے
_	•	1.1		Yes	No
1a		1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable				ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ı	v
٥.	reportable gaming (gambling) winnings to prize winners?	1 1	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				İ
_	Statements, filed for the calendar year ending with or within the year covered by this return		ا ي ا		İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned to the company of large 1a and 2a an assets then 250 year may be required to a file (see instruction		2b		
3a	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>&gt;</b> )	3a		_X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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	30		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other fir				
	account)?	idiloidi.	4a	ł	Х
b	If "Yes," enter the name of the foreign country		1		
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	Ī	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa-	ction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he			
	organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods			
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as	1 1	ľ	
	required to file Form 8282?	1 1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	┥╴╽		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo	•	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C7	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		8	İ	
9	organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	7		
11	Section 501(c)(12) organizations. Enter		7		
а	Gross income from members or shareholders	11a	]		
b	Gross income from other sources (Do not net amounts due or paid to other sources		7 1		
	against amounts due or received from them )	116	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ր 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		
	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	l I			
	the organization is licensed to issue qualified health plans	13b	4		
C	Enter the amount of reserves on hand	13c	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	•	14a		_ <u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e U	14b		

Form 990 (2011) Territorial Sportsmen, Inc. 92-0060834 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 1**b** Enter the number of voting members included in line 1a, above, who are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Χ 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Χ 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? 15a a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AK, AK, AK, AP Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website | Another's website | Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the 20

organization >

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the orgation (A)  Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(de	o not o	Poscheck ess pend a d	;) ition more rson i	than c s both r/truste	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)Wayne Regelin										
President	0.00	<u> </u>						0	0	0
(2) Ron Summerville										
Vice Preside	0.00	ļ						0	0	0
(3) Mak Linthwhite										0
Sec'y Treasu	0.00	-						0	0	0
(4) Tom Donek	0.00							_		0
Director (5) JJ Jordan	0.00	┢						0	0	0
' '	0.00							0	o	0
Director (6) Jack Manning	0.00			$\vdash$		$\vdash$				
Director	0.00							0	o	0
(7) Welles Gabier	0.00									
Director	0.00							0	О	0
(8) Jerry Burnett								<del></del>		
Director	0.00							0	0	0
(9) Kamin West	_									
Director	0.00							_0	0	0
(10)										
(11)										
(12)										
(13)										
(14)										

_	_		_	_	_	_	_	_	
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Pa	rt VII Section A. Officers	s, Directors, Tru	iste	es, K	ey E	Emp	loye	es,	and Highest Compensate	d Employees (continued)			
	(A) Name and title	(B) (C)  Average hours per week (describe hours for related organizations  (C)  Position (do not check more than or box, unless person is both officer and a director/truste mployed or the first of the person of t						ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization		
		organizations in Schedule O)	Individual trustee or director	nstitutional trustee	cer	Key employee	Highest compensated employee	ner				nd related ganization	
(15)													
(16)			-	-									
(17)			-										
(18)													
(19)				-			-						
(20)					-							_	-
(21)	····											_	
(22)									-			_	
(23)								_				-	
(24)													
(25)													
1b c	Sub-total  Total from continuation she	ets to Part VII.	Sect	ion .	A	<b>.</b>		<b>▶</b>					
d	Total (add lines 1b and 1c)	<u> </u>						<b>&gt;</b>					
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	abov	ve) who received more thar	n \$100,000 in	_		
3	Did the organization list any fo				trus	tee,	key e	emp	loyee, or highest compensa	ated	Γ	Y	es No
4	employee on line 1a? If "Yes," For any individual listed on lin organization and related orga	" complete Sche e 1a, is the sum	dule of re	J for port	suc able	h ind	dıvıdı pen:	ual satio	on and other compensation	from the	-	3	X
5	individual  Did any person listed on line											4	X
_	for services rendered to the o		/es <u>,"</u>	com	plet	e Sc	hedu	ıle J	for such person			5	X
1	Complete this table for your fi compensation from the organ	ve highest comp	ensa	ated ensa	inde	pend for t	lent	conf alen	tractors that received more	than \$100,000 of	ar		
		(A) d business address							Descrip	(B) otion of services		(( Compe	C) ensation
								<u> </u>					
								_					
										<del></del>			
2	Total number of independent received more than \$100,000								ose listed above) who	0			
DAA												Form S	90 (2011)

	III Statement of Rev			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns	1a					
b	Membership dues	1b					
С	Fundraising events	1c					,
d	Related organizations	1d					
е	Government grants (contributions)	1e					
1a b c d e f f 2a b c d e f f	All other contributions, gifts, grants, and similar amounts not included above	1f					
g	Noncash contributions included in lines 1	la-1f \$					
<u>h</u>	Total. Add lines 1a-1f					÷	
2-	Ward and bear Board		Busn Code	16,535	1		16,53
2a	•			10,333			10,35
b							
c d							
u							
e f	All other program service rev	enue				-	
, u	Total. Add lines 2a-2f	enue	<b>•</b>	16,535			<u> </u>
	Investment income (including	dividends					
•	and other similar amounts)	,	•	1,641			1,64
4	Income from investment of ta	x-exempt	bond proceeds				· · · · · · · · · · · · · · · · · · ·
5	Royalties	onompt	<b>&gt;</b>				
•	(i) Real		(II) Personal			•••••	
6a		· ·					
b	Less rental exps	-					
c	Rental inc or (loss)						
d	Net rental income or (loss)		<b>•</b>	Ĭ	Ì		
	Gross amount from (i) Securities (ii) Other						
	sales of assets other than inventory 4 3	,600	559				
b	Less cost or other						
	basis & sales exps 4 5	,899					
С		,299	559				
d	Net gain or (loss)		<b>•</b>	-1,740	-2,299		55
8a	Gross income from fundraising ev	ents					
	(not including \$						
	of contributions reported on line 1	c)					
	See Part IV, line 18	a	183,825				
b	Less direct expenses	ь	<u>97,565</u>				
С	Net income or (loss) from fur	ndraising e	vents 🕨	86,260			86,26
9a	Gross income from gaming activit	ies					
	See Part IV, line 19	a					
b	Less direct expenses	b					
С	Net income or (loss) from gain	ming activ	ties <b>•</b>				<u></u>
10a	Gross sales of inventory, less	s					
	returns and allowances	a					
b	Less cost of goods sold	b					
С	Net income or (loss) from sal	es of inve	ntory <b>&gt;</b>			<u>-</u>	
	Miscellaneous Revenue	e	Busn Code				
11a							ļ
b							<del></del>
С							<del> </del>
d							
e	Total. Add lines 11a-11d		<b>&gt;</b> _				
	Total revenue. See instruction	one	▶	102,696	-2,299		0 104,99

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response to any question in this Part IX					
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising	
7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses	
1	Grants and other assistance to governments and					
	organizations in the U.S. See Part IV, line 21	·				
2	Grants and other assistance to individuals in					
	the U.S. See Part IV, line 22					
3	Grants and other assistance to governments,					
	organizations, and individuals outside the					
	U.S. See Part IV, lines 15 and 16	<u> </u>				
4	Benefits paid to or for members					
5	Compensation of current officers, directors,					
	trustees, and key employees					
6	Compensation not included above, to disqualified					
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)	-			<u> </u>	
7	Other salaries and wages			· · · · · · · · · · · · · · · · · · ·		
8	Pension plan accruals and contributions (include					
•	section 401(k) and 403(b) employer contributions)		<del></del>			
9	Other employee benefits					
10	Payroll taxes Fees for services (non-employees)					
11	Management					
a b	Legal					
c	Accounting	4,523	4,523			
d	Lobbying					
е	Professional fundraising services See Part IV, line 17		·			
f	Investment management fees					
g	Other					
12	Advertising and promotion					
13	Office expenses					
14	Information technology				1	
15	Royalties				-	
16	Occupancy					
17	Travel					
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials	1 004	1,004			
19	Conferences, conventions, and meetings	1,004	1,004		<del>-</del>	
20	Interest					
21 22	Payments to affiliates  Depreciation, depletion, and amortization	329	329			
23	Insurance	1,475	1,475			
24	Other expenses Itemize expenses not covered	1,1,5	= 1 = 1 =			
	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	Miscellaneous	7,374	7,374			
b	Rent	1,810	1,810			
С	Insurance	1,475	1,475			
d	Conservation & Education	1,051	1,051			
е	All other expenses	1,237	1,237			
25	Total functional expenses. Add lines 1 through 24e	20,278	20,278	0	0	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs					
	from a combined educational campaign and					
	fundraising solicitation Check here ► if					
	following SOP 98-2 (ASC 958-720)	L			L	

Par	X Balance Sheet			(A)		(B)
_			!	Beginning of year		End of year
Ť	Cash—non-interest bearing			78,774	1	75,423
				78,705	2_	110,186
			ſ		3	
				-	4	2,195
. ا		trustees, key				
	employees, and highest compensated employees. Comp					
	Schedule L				5	
	Receivables from other disqualified persons (as defined	under section				
1	4958(f)(1)), persons described in section 4958(c)(3)(B),					
	employers and sponsoring organizations of section 501(					
y	employees' beneficiary organizations (see instructions)				6	
Assets					7	
As S			Ī		8	
	Prepaid expenses and deferred charges				9	
- 1	a Land, buildings, and equipment cost or		Γ			
	other basis Complete Part VI of Schedule D	10a	69,386			
-	b Less accumulated depreciation	10b	69,221	494	10c	165
1	·				11	
1					12	
1:			Ī		13	
1					14	
1					15	
10		4)		157,973	16	187,969
1			-	17,242	17	14,106
1:				18		
1:				19	-	
2	Tax-exempt bond liabilities			20		
2	Escrow or custodial account liability Complete Part IV of			21		
ဖွာ 2						
<u>:</u>	employees, highest compensated employees, and disqu					
Liabilities	Complete Part II of Schedule L				22	
ے   ت	Secured mortgages and notes payable to unrelated third	Secured mortgages and notes payable to unrelated third parties				
2	Unsecured notes and loans payable to unrelated third pa	arties			24	
2	Other liabilities (including federal income tax, payables to	o related third				
	parties, and other liabilities not included on lines 17-24)	Complete Part X				
	of Schedule D				25	
2	Total liabilities. Add lines 17 through 25			17,242	26	14,106
	Organizations that follow SFAS 117, check here ▶	and complete				
Se	lines 27 through 29, and lines 33 and 34.					
<u>통</u> 2	Unrestricted net assets				27 28	
g 2	B Temporarily restricted net assets	Temporarily restricted net assets				
[ 2		r	_		29	
년	Organizations that do not follow SFAS 117, check he	ere ▶X and				
Net Assets or Fund Balances	complete lines 30 through 34.					
Sets			L		30	
\text{3} 3			Ļ		31	170 077
를   3		r other funds	Ļ	140,731	32	173,863
<b>-</b> 3	Total net assets or fund balances			140,731	33	173,863
3	Total liabilities and net assets/fund balances			157,973	34	187,969

Form	1990 (2011) Territorial Sportsmen, Inc. 92-0060834			Pag	e <b>12</b>
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<del> </del>			
1 .	Total revenue (must equal Part VIII, column (A), line 12)	1	1(	02,6	596
2	Total expenses (must equal Part IX, column (A), line 25)	2		20,2	
3	Revenue less expenses Subtract line 2 from line 1	3		32,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10,7	
5	Other changes in net assets or fund balances (explain in Schedule O)	5		19,2	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
•	column (B))	6	17	73,8	363
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				ii
				Yes	No
1	Accounting method used to prepare the Form 990 $ X $ Cash $ X $ Accrual $ X $ Other				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_		
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ_
	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	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?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			İ	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Forr	n <b>990</b>	(2011)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

OMB No 1545-0047

2011

Open to Public

Inspection Name of the organization Employer identification number 92-0060834 Territorial Sportsmen, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II 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 an 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 a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b 2ç c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 No Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, 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) and section 170(h)(4)(B)(ii)? In Part XIV, 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. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

scne	dule D (Form 990) 2011 TELLICOLIA				92-000				aye Z
Pa	rt III Organizations Maintaining	Collections of	f Art, Historical T	reasures, o	r Other S	imilar Ass	sets (conti	nued)	)
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other record	ds, check any of the fo	ollowing that are	a significan	t use of its			
a	Public exhibition	d []	Loan or exchange pro	ograms					
b	Scholarly research	e [ ]	Other						
С	Preservation for future generations	_							
4	Provide a description of the organization's colle	ections and explai	n how they further the	organization's	exempt purp	ose in Part			
	XIV								
5	During the year, did the organization solicit or i	eceive donations	of art, historical treasi	ures, or other si	mılar			_	
	assets to be sold to raise funds rather than to b	e maintained as j	part of the organizatio	n's collection?				es	No
Pa	rt IV Escrow and Custodial Arra	ngements. Co	mplete if the orga	anization ans	wered "Y	es" to Forn	n 990, Par	t IV,	
	line 9, or reported an amount								
1a	Is the organization an agent, trustee, custodiar	or other intermed	diary for contributions	or other assets	not				_
	included on Form 990, Part X?						Y	es 🗌	No
b	If "Yes," explain the arrangement in Part XIV at	nd complete the fo	ollowing table						
	. ,						Amou	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					_1f			
2a	Did the organization include an amount on For	m 990, Part X, line	e 21?				Y	es [_	No
	If "Yes," explain the arrangement in Part XIV				_				
Pa	rt V Endowment Funds. Comple	te if the organ	zation answered	"Yes" to For	m 990, Pa	irt IV, line	10.		
		(a) Current year	(b) Prior year	(c) Two years	back (	d) Three years ba	ick (e) Fo	ur years t	back
1a	Beginning of year balance								
	Contributions		"						
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships	_							
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses	<u>-</u>							
g	End of year balance			<u></u>					
2	Provide the estimated percentage of the currer	nt year end baland	ce (line 1g, column (a)	) held as					
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %								
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	i equal 100%							
3a	Are there endowment funds not in the possess	ion of the organiz	ation that are held and	d administered f	or the			<del></del> ,	
	organization by							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(II), are the related organizations I	isted as required	on Schedule R?				3b		
4	Describe in Part XIV the intended uses of the c								
Pa	rt VI Land, Buildings, and Equip	ment. See Fo	<u>rm 990, Part X, lir</u>	<u>ne 10</u>					
	Description of property	(a) Cost or other		other basis	(c) Accum		(d) Bool	value	
		(investment)	(oti	her)	depreci	ation			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment					50 055			
	Other		17 17 17	69,386		69,221			165 165
	LAdd lines to through to (Column (d) must ea	uai Form QQN Dai	r x column (R) line 1	LUC11		<b>■</b> 1			ı n ¬

Schedule D (F	orm 990) 2011 Territorial Sport	smen, Inc.	_	92-0060834	Page <b>3</b>
Part VII	Investments—Other Securities. See F	orm 990, Part X, line	12.		
	(a) Description of security or category	(b) Book v		(c) Method of valuation	on
	(including name of security)			Cost or end-of-year marke	et value
(1) Financial	denvatives		_		_
	eld equity interests			· · · · · · · · · · · · · · · · · · ·	<u> </u>
• •	era equity interests		<del></del>		<del></del> -
(3) Other					
(A)					<del></del> ,
(B)					
(C)					
(D)					
(E)		<del>-</del>			
(F)					
(G)					
(H)		<del></del>			· · · · · · · · · · · · · · · · · · ·
<u>(l)</u>					
	n (b) must equal Form 990, Part X, col. (B) line 12)	<b>•</b>			
Part VIII	Investments—Program Related. See F	orm 990, Part X, line	13		
	(a) Description of investment type	(b) Book v	alue	(c) Method of valuation	חסח
				Cost or end-of-year market	et value
(1)					
(2)					
_(3)					
(4)					
(5)					
(6)					
(7)			,		
(8)					
(9)					
(10)	- (h)t1 Farm 000, Part V and (P) lanc 12 )				
	in (b) must equal Form 990, Part X, col (B) line 13)	2.15	<u> </u>	- · · · · · · · · · · · · · · · · · · ·	
Part IX	Other Assets. See Form 990, Part X, lin				41) Death and a
	(a) Desc	ription			(b) Book value
_(1)					
(2)					
(3)					
(4)			-		
(5)					
(6)					
_(7)		_ <del>, , _</del>			
(8)					
(9)					
(10)					
Total. (Colum	in (b) must equal Form 990, Part X, col (B) line 15)			<b>.</b>	
Part X	Other Liabilities. See Form 990, Part X	line 25.			
1.	(a) Description of liability	(b) Book v	alue		
	income taxes				
	income taxes				
(2)					
_(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)		<del></del>			
(10)		<del></del>	<del></del>		
(11)					
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>			
	SC 740) Footnote In Part XIV, provide the text of the		on's financial:	statements that reports the	
organization's	s liability for uncertain tax positions under FIN 48 (AS	C 740)			

che	edule D (Form 990) 2011 Territorial Sportsmen, Inc.	92-0060834	Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Audit	ed Financial Statement	s
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2 .	Total expenses (Form 990, Part IX, column (A), line 25)	_2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<u> </u>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	_6	
7	Prior period adjustments	7_	
8	Other (Describe in Part XIV )	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	art XII Reconciliation of Revenue per Audited Financial Statements Wi	ith Revenue per Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
	Other (Describe in Part XIV )		
		2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	40 A		
	Other (Describe in Part XIV )		
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	art XIII Reconciliation of Expenses per Audited Financial Statements W	Vith Expenses per Retu	rn
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		İ
	20		
d	Other (Describe in Part XIV )		
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	1 1 1 5 000 B 13/III 1 75		
	Other (Describe in Part XIV )		
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XII, lines 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

**Supplemental Information** 

SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

See separate instructions

OMB No 1545-0047

Open To Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Territorial Sportsmen, Inc. 92-0060834

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a Mail solicitations e Solicitation of non-government grants

b Internet and email solicitations f Solicitation of government grants

c I Phone solicitations g Special fundraising events

d in-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fund (v) Amount paid to (vi) Amount paid to raiser have (iv) Gross receipts (i) Name and address of individual (or retained by) (or retained by) custody or (II) Activity from activity or entity (fundraiser) fundraiser listed in organization control of contributions? col (i) Yes No 2 3 q 10

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Total

Schedule G (Form 990 or 990-EZ) 2011 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported

			,000 of fundraising eve		itions and gr	oss income	e on Form 990-E	EZ, lıne	s 1 and 6b. List
	<u>i</u>	events with gro	oss receipts greater tha	<u>n \$5,000.</u>	(b) Event #2		(c) Other events		
								1	(d) Total events
			Golden North	<u>Sa</u>			None		(add col (a) through
a)			(event type)		(event type)		(total number)		col (c))
Revenue	١.	_	100						102 005
æ	l	Gross receipts	183,8	325					183,825
	2	Less Charitable							
	١,	contributions	<del></del>						
	3	Gross income (line 1 minus line 2)	183,8	325				į	183,825
	-	ine z)	103/						103,023
	4	Cash prizes							
		·							
	5	Noncash prizes							
es	6	Rent/facility costs							
sens		,							
Ä	7	Food and beverages						_	<del>_</del>
Direct Expenses	g	Entertainment						1	
	"	Entertainment					·		
	9	Other direct expenses	97,5	565					97,565
	40		Add to a Athaniah On sah	(4)					97,565
			Add lines 4 through 9 in columbine line 3, column (d), and						86,260
P	art	III Gaming Com	olete if the organization	answered	l "Yes" to Fo	rm 990. Pa	rt IV. line 19. or	report	
•			on Form 990-EZ, line 6a						
e			(a) Bingo		(b) Pull tabs/instar	nt	(c) Other gaming		(d) Total gaming (add
Revenue				'	oingo/progressive bii	ngo	———————————		col (a) through col (c))
Şe,	ļ								
	1	Gross revenue	<del></del>					+	
	_								
ses	2	Cash prizes	<del></del>					<del>- +</del>	<del></del>
Expenses	٦	Noncash prizes							
	ľ	Noncasii piizes	<del></del>						
Direct	4	Rent/facility costs		_					
	5	Other direct expenses	<del></del>				T - T		
	_		}=~-{	%	Yes	%	Yes	%	
	6	Volunteer labor	No		No		No		·····
	7	Direct expense summan	Add lines 2 through 5 in colu	ımn (d)					,
	'	Direct expense summary	Add iiiies 2 thiough 5 iii cold	41111 (U)				·	
	8	Net gaming income summ	nary Combine line 1, column	d, and line	<u> </u>			<b>•</b>	· <del></del>

9	Enter the state(	s) in which the	organization	operates (	gaming activities
3	citter the state	s) III WIIICII IIIC	organization	operates !	ganning activitie

a I	s the organization	licensed to opera	ite gaming activitie	es in each of these states?
-----	--------------------	-------------------	----------------------	-----------------------------

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," exp	iain
-----------------	------

9a Yes N	0
----------	---

10a	Yes	No

b If "No," explain

Sche		92-0060834 Page <b>3</b>
11	Does the organization operate gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	[7] [1
٠	formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity operated in	130
a	The organization's facility An outside facility	13a % 13b %
ь 14	Enter the name and address of the person who prepares the organization's gaming/special events books and	130
	records	
	Name ▶	
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming	☐ Yes ☐ No
b	revenue?  If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the second and the	
b	amount of gaming revenue retained by the third party  \$	ie
С	If "Yes," enter name and address of the third party	
	, ,	
	Name ►	
	Address ▶	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
	spent in the organization's own exempt activities during the tax year ▶ \$	
Part	· · · · · · · · · · · · · · · · · · ·	
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable	a Also complete this
	part to provide any additional information (see instructions)	

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

## 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.

2011
Open to Public Inspection

Internal Revenue Service
Name of the organization

Territorial Sportsmen, Inc.

Employer identification number 92-0060834

Form 990, Part III, Line 4d - All Other Accomplishment Provided Management Support

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

## **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions. (99)

► Attach to your tax return.

Name	s) shown on return Territo	rial Sport	smen, Inc.					.006	0834
2	iss or activity to which this form relates	oriar bpor	EBINCIT, INC.					000	0031
	ndirect <u>Depreciat</u>	ion							
	irt I Election To Expen	se Certain Pro	perty Under Section	n 179					
	Note: If you have a				comp	lete Par	t I.		
1	Maximum amount (see instruction		.,,,	1				T <sub>1</sub>	500,000
2	Total cost of section 179 property	•	ee instructions)					2	
3	Threshold cost of section 179 prop			uctions)				3	2,000,000
4	Reduction in limitation Subtract lir			,				4	
5	Dollar limitation for tax year Subtract lin			ling separately, se	ee instr	uctions		5	
6	(a) Description		l l	st (business use on			Elected cost		
7	Listed property Enter the amount	from line 29			7				
8	Total elected cost of section 179 p		ts in column (c), lines 6	and 7				8	
9	Tentative deduction Enter the sm							9	
10	Carryover of disallowed deduction							10	
11	Business income limitation Enter			n zero) or line (	5 (see	instruction	าร)	11	
12	Section 179 expense deduction A						,	12	
13	Carryover of disallowed deduction			<b>&gt;</b>	13				
	: Do not use Part II or Part III below								<u></u>
*******	rt II Special Depreciati			ation (Do no	ot inc	lude list	ed prop	erty)	(See instructions)
<u> </u>	Special depreciation allowance for								
• •	during the tax year (see instruction			,,,				14	
15	Property subject to section 168(f)(							15	
16	Other depreciation (including ACR	•						16	
	rt III MACRS Depreciat		ude listed property	) (See instru	iction	s)		•	
			Section A						
17	MACRS deductions for assets place	ced in service in tax	vears beginning before	2011				17	329
18	If you are electing to group any assets placed				here 🕨				
·	Section B—A	ssets Placed in Ser	vice During 2011 Tax	Year Using the	e Gen	eral Depr	eciation S	System	n
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) (	Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property								
е	15-year property								
f	20-year property								
g	25-year property			25 yrs			S/L		
h	Residential rental			27 5 yrs		ММ	S/L		
	property			27 5 yrs		ММ	S/L		
i	Nonresidential real			39 yrs		ММ	S/L		
	property					ММ	S/L		
	Section C—Ass	ets Placed in Serv	ice During 2011 Tax Ye	ear Using the	Altern	ative Dep	reciation	Syste	m
 20a	Class life						S/L		
b	12-year			12 yrs			S/L	-	
	40-year			40 yrs		ММ	S/L		
	art IV Summary (See ins	tructions.)							
21	Listed property Enter amount from	n line 28						21	
22	Total. Add amounts from line 12,		lines 19 and 20 in colum	nn (g), and line	21 E	nter here			
	and on the appropriate lines of you	ur return Partnershi	ps and S corporations—	see instruction	<u>s</u>			22	329
23	For assets shown above and place	ed in service during	the current year, enter th	ne					
	portion of the basis attributable to	section 263A costs			23	L			

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 2010

Open to Public Inspection

A	For the 2010 cal	endar year, or tax year beginning , and ending		_	
В	Check if applicable Address change	C Name of organization Territorial Sportsmen, Inc.		D Empl	oyer identification number
		Doing Business As		92-	-0060834
	Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite		hone number
_	Initial return	PO Box 20761			
	Terminated	City or town, state or country, and ZIP + 4	•		
	Amended return	Juneau AK 99802		G Gross rec	eipts \$ 80,281
$\exists$	Application pending	F Name and address of principal officer			
	Approcasi penang		H(a) Is this a gi	roup return for	affiliates? Yes X No
			H(b) Are all a	ffiliates inclu	ided? Yes No
			If "No	o," attach a l	ist (see instructions)
<u> </u>	Tax-exempt status	501(c)(3) X 501(c) ( 4 ) ◀ (insert no ) 4947(a)(1) or 527			
J	Website. ▶ N	/A	H(c) Group e	xemption nu	mber 🕨
Κ_	Form of organization	X Corporation Trust Association Other ► L	Year of formation		M State of legal domicile
_	Part I Su	mmary			
	1	scribe the organization's mission or most significant activities			
ø	Тор	rovide a community awareness of fish and wildlife			
ä					
Activities & Governance					
8	2 Check thi	s box > if the organization discontinued its operations or disposed of more than 25	% of its net asset	s	
Ğ	3 Number o	f voting members of the governing body (Part VI, line 1a)	70 of its fiel door	3	
စ္	4 Number of	f independent voting members of the governing body (Part VI, line 1b)		4	·
į	5 Total num	ber of individuals employed in calendar year 2010 (Part V, line 2a)		5	· · · · · · · · · · · · · · · · · · ·
ŧ	6 Total num	ber of volunteers (estimate if necessary)		<del> </del>	· · · · · · · · · · · · · · · · · · ·
	1	elated business revenue from Part VIII, column (C), line 12		6	
6	1	. ,		7a	
જ		ated business taxable income from Form 990-T, line 34	Drugs Voc	7b	<u>()</u>
Revenue !!	8 Contributi	ons and grants (Part VIII, line 1h)	Prior Yea	237	Current Year 380
Ę.	9 Program		10	5,290	17,110
Š	10 Investmen	service revenue (Part VIII The 20) Files & Tand 7d)		3,494	129
2	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10) cand 11e)		5,094	62,662
-	12 Total reve	nue – add lines a through 1/2 (must equat Part VVF column (A), line 12)		7,127	
, , s	13 Grante an	d similar amounts paid (Part IX, column (A), lines (7-8)			80,281
ر ال	14 Bonofite n			L,881	49,406
	45 Colomon	aid to or for members (Part) Column (A) line 4			<del></del>
ses	15 Salaries, 0	other compensation, employee benefits (Rart IX, column (A), lines 5–10)			·
xpenses	h Total fund	nal fundraising fees (Part IX, column (A), line 11e) * raising expenses (Part IX, column (D), line 25) ▶			<del></del>
×		· · · · · · · · · · · · · · · · · · ·	1.0	010	14 620
	1	enses (Part IX, column (A), lines 11a–11d, 11f–24f)		812	14,630
		enses Add lines 13–17 (must equal Part IX, column (A), line 25)		L, 693	64,036
o s		ess expenses Subtract line 18 from line 12	Beginning of Curr	1,566	16,245 End of Year
anc a	20 Total asse	ts (Part X, line 16)		,319	157,973
ASS Bal	21 Total liabil	ities (Part X, line 26)		833	17,242
Net Assets of Fund Balances	22 Net assets	s or fund balances Subtract line 21 from line 20		1,486	140,731
_		nature Block	12-	1, 100	170,731
			<del></del>		<del>-</del>
U	nuer penalties of pe	nury, I declare that I have examined this return, including accompanying schedules and statements, ar	d to the best of my k	nowledge a	nd belief, it is
ul	L V	plete Deglaration of preparer (other than)officer) is based on all information of which preparer has any	knowledge		
		Monale Sembrush			
dig	yn 📗 🎉	mature of officer			
le	re   📐 📜	ONALD SOMERVILLE.			
	<b>V</b> ty	pe or print name and title			
	0	a preparer e name			

James L Hesson

Hesson & Deakins, Inc.

Juneau, AK 99801

601 West Willoughby Aven

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

James L Hesson

Firm's address

Firm's name

Paid

Preparer

**Use Only** 

orm 990 (2010) Territorial Sportsmen, Inc. 92-0060834	Page 2
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	X
1 Bnefly describe the organization's mission.	<u> X </u>
To provide a community awareness of fish and wildlife	
2 Did the organization undertake any significant program services during the year which were not listed on the	
prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	Yes X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	T. 57
services? If "Yes," describe these changes on Schedule O.	Yes X No
Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a (Code )(Expenses \$ 52,085 including grants of \$ 49,406 ) (Revenue \$ Educational Scholarships awarded to those students professing an interest in the study of conservation	)
of wildlife. Allocated to the Territorial Sportsmen Scholarship Found- ation for the continued and prepetual support of educational scholarships.	
4b (Code )(Expenses \$ 10,643 including grants of \$ ) (Revenue \$ Provides and supports Programs	)
4c (Code )(Expenses \$ 979 including grants of \$ ) (Revenue \$ Various educational programs carried on to support	)
community activity and interest.	
4d Other program services. (Describe in Schedule O )	
(Expenses \$ 329 including grants of \$ ) (Revenue \$ 4e Total program service expenses ▶ 64,036	
44 Total program service expenses P 64,030	Form <b>990</b> (2010)

Pŧ	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A .	1_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			17
	Part III	_5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			v
_	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	,		Х
0	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,"	8		Х
0	complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-	3		
	endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
•	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, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>X</u>
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			v
4 =	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	15		Х
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		Λ
10	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Χ
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		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 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		Χ
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Χ
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

<u>Form</u>	990 (2010) Territorial Sportsmen, Inc. 92-0060834				P	age 4
Pa	rt IV Checklist of Required Schedules (continued)					
					Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations					
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			21	<u>X</u> _	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States					.,
	on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III			22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the					
	organization's current and former officers, directors, trustees, key employees, and highest compensated					v
	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			24-		Х
	through 24d and complete Schedule K. If "No," go to line 25			24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			24c		
	to defease any tax-exempt bonds?			24d		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24u		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			25a		Χ
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			230		- 11
b	vear, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		ļ		,	
	If "Yes," complete Schedule L, Part I			25b		Χ
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or					
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,					
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?					
	If "Yes," complete Schedule L, Part III		,	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,					
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete					
	Schedule L, Part IV			28b		Χ
С	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified					
	conservation contributions? If "Yes," complete Schedule M			30		<u>X</u>
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,"					v
	complete Schedule N, Part II			32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			22		v
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			34		Х
25	IV, and V, line 1			35		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a			- 33		
а	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			i		
	Part V, line 2	Yes	X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	LJ 163	٠٠٠ الث			
50	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		Χ

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

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Form 990 (2010)

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and Χ 1c reportable gaming (gambling) winnings to prize winners? 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 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) Χ Did the organization have unrelated business gross income of \$1,000 or more during the year? 3а 3a 3Ь If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 **4**a account)? If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? С If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ organization solicit any contributions that were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6Ь gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9ь b 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter-Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them ) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? 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 13b Enter the amount of reserves on hand 13c 14a Χ Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O b

- 100.			_	
	n 990 (2010) Territorial Sportsmen, Inc. 92-0060834  art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	v and		Page (
•	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes i			
	O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	ction A. Governing Body and Management			
		E	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  [1a]			ĺ
þ	Enter the number of voting members included in line 1a, above, who are independent  1b	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		:	Х
3	any other officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct	2		$\cap$
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			É
	the year by the following			Ė
а	The governing body?	8a	Χ	
þ	,	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			١
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Χ
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
٥-,	Does the organization have local chapters, branches, or affiliates?	40-	Yes	No X
	If "Yes," does the organization have written policies and procedures governing the activities of such	10a		
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь		ı
1a	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the	100		
	form?	11a		Χ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110		
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	f	Χ
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	İ	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
3	Does the organization have a written whistleblower policy?	13		X
4	Does the organization have a written document retention and destruction policy?	14		Χ
5	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?		1	:
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
c _	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		I	:
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	40	ŧ	v
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	16a		<u>X</u>
D	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the		ı	
	organization's exempt status with respect to such arrangements?	166	ŧ	
ec	tion C. Disclosure	16b	l	
<u>7</u>	List the states with which a copy of this Form 990 is required to be filed AK, AK, AK, AP			
В	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available			
	for public inspection. Indicate how you make these available. Check all that apply			
	Own website			

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,

State the name, physical address, and telephone number of the person who possesses the books and records of the

20

organization >

and financial statements available to the public.

Form 990 (2010) Territorial Sportsmen, Inc.

92-0060834

Page **7** 

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Pos	ition		C) k all i	that ap	oply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Wayne Regelin	0 00									
President	0.00					ļ		0	0	
(2) Ron Summerville	0.00									,
Vice Preside	0.00	-	⊢	-	-	<u> </u>		0	0	(
(3) Mak Linthwhite	0 00								0	(
Sec'y Treasu	0.00					<u> </u>		0	0	
(4) Tom Donek	0.00							o	0	(
Director (5) JJ Jordan	0.00	<del> </del>	┢		┢	┢		U		
Director	0.00		}					0	0	(
(6) Jack Manning	0.00									
Director	0.00							o	0	(
(7) Welles Gabier			-						Ţ,	
Director	0.00							0	0	(
(8) Jerry Burnett										
Director	0.00							0	0	(
(9) Kamin West										
Director	0.00					<u> </u>		0	0	
(10)			:							
(11)										
(12)										······································
(13)										
(14)					_					
(15)										
(16)			$\vdash$							<del></del>

Pa	rt'VII Section A. Officers	, Directors, Trus	tees	, Ke	y Em	plo	yees	, an	d Highest Compensated E	mployees (continued)			
	(A) (B) Name and Title Average		d Title Average Position (check all that a							(E) Reportable		(F) timated	
		hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comp fro orga and	ount of other oensation om the inization irelated nizations	
(17)													·
(18)	<del></del>											•	
(19)											-	•	
(20)													
(21)	<del></del>												
(22)									-			_	
(23)								<u> </u>					
(24)	<del>.</del>												
(25)													<u>,</u>
(26)													
(27)	<del></del>												
(28)					-								
1b	Sub-total	A A Dort VIII Co	4! -	<u> </u>	<u></u> _	<u> </u>	<u> </u>	<b>&gt;</b>					
c d	Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, Se	ectio	пА				•					
2	Total number of individuals (in reportable compensation from				hose	liste	ed ab	ove	) who received more than \$	100,000 in			
3	Did the organization list any fo				ustee	e. ke	v em	vola	vee, or highest compensated	d	F	Ye	
4	employee on line 1a? If "Yes," For any individual listed on line	complete Sched	ule J	for s	such	ındı	vidua	ıl			Į.;	3	X
	organization and related organ	nizations greater	than	\$150	0,000	)? If	"Yes	," cc	omplete Schedule J for such	1			<u> </u>
5	Did any person listed on line 1 for services rendered to the or	a receive or accr	ue c	omp	ensa	tion Sch	from edule	any	vunrelated organization or it	ndıvıdual		5	X
Sec	ction B. Independent Contracto		<i>5</i> 0, 0	<u>.</u>	,,,,,,	0011	000.						
1	Complete this table for your five compensation from the organic	e highest compe	nsat	ed in	dep	ende	nt co	ontra					
	Name and	(A) d business address						_	Descrip	(B) otion of services		(C Comper	) nsation
										<del></del>			
													_
		-						Ì					
2	Total number of independent of								e listed above) who			0	
DAA	received more than \$100,000	in compensation	HOI	uie	orga	ıııza	uon	_			F		90 (2010

Pa	rt V	III Statement of Reve	nue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s s	12	Federated campaigns	1a				101011110		0.2, 2.0, 0.00
ant	h	Membership dues	1b						
,g mo		Fundraising events	1c						
ifts ıra	4	Related organizations	1d						
s, g		Government grants (contributions)	1e						
ion		All other contributions, gifts, grants,	_ <del>``</del> _						
but		and similar amounts not included above	1f		380				
ntri d o		Noncash contributions included in lines 1a-		\$					
Co	9 h	Total. Add lines 1a–1f	.,	•	•	380			
Program Service Revenue   Contributions, gifts, grants				-	Busn. Code				
enc	2a	Membership Dues				17,110	•		17,110
Rev	ь					· · · · · · · · · · · · · · · · · · ·		··· -	
ice	c								
è.	d								
E	е								
gra	f	All other program service rever	nue						
<u>F</u>	g	Total. Add lines 2a-2f			<b>•</b>	17,110		, , , , , , , , , , , , , , , , , , , ,	
	3	Investment income (including d	lividen	ds, interes	st,				
		and other similar amounts)			<b>&gt;</b>	129			129
	4	Income from investment of tax-	exemp	t bond pre	oceeds 🕨				
	5	Royalties			<b>&gt;</b>				
		(ı) Real		(II) F	Personal				
	6a	Gross Rents							
	b	Less rental exps				I			
	С	Rental inc or (loss)					:		
	d Net rental income or (loss)				<b>•</b>			·····	
	7a Cross amount from				Other			-	
		other than inventory							
	b	Less cost or other							
		basis & sales exps							
	С	Gain or (loss)				1			
	d	Net gain or (loss)			<b>•</b>				
9	8a	Gross income from fundraising even	ts						
'n		(not including \$							
eve		of contributions reported on line 1c)							
Other Revenue		See Part IV, line 18	а						
Ĕ	b	Less direct expenses	b						
•	С	Net income or (loss) from fundr		events	<u> </u>				
	9a	Gross income from gaming activities	;						
		See Part IV, line 19	а						
		Less. direct expenses	b						
		Net income or (loss) from gami	ng acti	vities	<b>•</b>				:
	10a	Gross sales of inventory, less							
		returns and allowances	а						
		Less cost of goods sold	ÞĮ			I			
	С	Net income or (loss) from sales		entory	Duez Ozd			, , , , , , , , , , , , , , , , , , , ,	
		Miscellaneous Revenue			Busn. Code	60 660			(2, 6(2)
	11a	Golden North Salmon D	erby			62,662	· <del></del> ·	* .	62,662
	þ					<del></del>			
	C .	A.H 44			-		<u>.                                    </u>	<u> </u>	
	d	All other revenue				62 662			
	e	Total. Add lines 11a-11d	_			62,662 80,281	0	0	79,901
	12	Total revenue. See instruction:	১			00,201	0		12,30±

Territorial Sportsmen, Inc. Form 990 (2010)

**Statement of Functional Expenses** Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	40 406	10 106		
	organizations in the U.S. See Part IV, line 21	49,406	49,406	······	
2	Grants and other assistance to individuals in				
3	the U.S. See Part IV, line 22 Grants and other assistance to governments,				
3	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages			<del></del>	
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes			<u> </u>	
11	Fees for services (non-employees)				
а	Management				
b	Legal	4,316	4,316	<del> </del>	
	Accounting Lobbying	4,510	4,010		
	Professional fundraising services See Part IV, line 17	· · ·			
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				<del></del>
15 16	Royalties Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,983	2,983		
20	Interest	-			
21	Payments to affiliates	329	329		<del></del>
22 23	Depreciation, depletion, and amortization Insurance	329		<u> </u>	
23 24	Other expenses Itemize expenses not covered				
- 1	above (List miscellaneous expenses in line 24f If				<u> </u>
	line 24f amount exceeds 10% of line 25, column				<b>‡</b>
	(A) amount, list line 24f expenses on Schedule O)				
а	Rent	1,543	1,543	<del> </del>	<del> </del>
b	Insurance	1,504 1,448	1,504 1,448	<u> </u>	<del></del>
C	Postage	1,446	1,175		
d e	Miscellaneous Conservation & Education	975	975		<del>                                     </del>
f	All other expenses	357	357		
25	Total functional expenses. Add lines 1 through 24f	64,036	64,036		
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line				
	only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
244	vampaign and ignoralising solicitation	·			Form 990 (2010)

Page 10

Par	t X	Balance Sheet		-		
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		54,526	1	78,774
- } :	2	Savings and temporary cash investments	ļ	78,674	2	<u>78,705</u>
- 1 :	3	Pledges and grants receivable, net			3	
.	4	Accounts receivable, net	ł		4	······································
	5	Receivables from current and former officers, directors, tr	ustees, key			
		employees, and highest compensated employees Compl	ete Part II of			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined to	ınder section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd contributing			
		employers and sponsoring organizations of section 501(c	)(9) voluntary			
		employees' beneficiary organizations (see instructions)			6	
Assets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use			8	
⋖   ,	9	Prepaid expenses and deferred charges		296	9	
1	0a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a 69,386			
	b	Less accumulated depreciation	<b>10b</b> 68,892	823	10c	494
1	1	Investments—publicly traded securities			11	
1	2	Investments—other securities See Part IV, line 11			12	
1	3	Investments—program-related See Part IV, line 11	į		13	
1	4	Intangible assets			14	
1	5	Other assets. See Part IV, line 11			15	
1	6	Total assets. Add lines 1 through 15 (must equal line 34)		134,319	16	157,973
1	7	Accounts payable and accrued expenses		9 <b>,</b> 833	17	17,242
1	8	Grants payable			18	
1	9	Deferred revenue			19	·
2	20	Tax-exempt bond liabilities			20	
g 2	1	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
<b>≟</b> 2	22	Payables to current and former officers, directors, trustee	s, key			
Liabilities		employees, highest compensated employees, and disqua	ilified persons			
<u>[2</u>		Complete Part II of Schedule L			22	
- 1	23	Secured mortgages and notes payable to unrelated third	parties		23	
2	4	Unsecured notes and loans payable to unrelated third par	rties		24	
2	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		9,833	26	17 <b>,</b> 242
S		Organizations that follow SFAS 117, check here ▶	and complete			•
2		lines 27 through 29, and lines 33 and 34.				
<u>re</u> 2	27	Unrestricted net assets			27	
<b>E</b> 2	8	Temporarily restricted net assets			28	
Fund Balances	9	Permanently restricted net assets			29	
.≒∣		Organizations that do not follow SFAS 117, check here	e▶ X and			
٦		complete lines 30 through 34.				
ဖွာဒ	80	Capital stock or trust principal, or current funds			30	
3 je	81	Paid-in or capital surplus, or land, building, or equipment	fund		31	
3	12	Retained earnings, endowment, accumulated income, or		124,486		140,731
~	33	Total net assets or fund balances		124,486		140,731
$\check{z} _3$	34	Total liabilities and net assets/fund balances		134,319	34	157,973

orm	990 (2010) Territorial Sportsmen, Inc. 92-0060834			Pa	ge <b>12</b>	
	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
		1.1		0.0	201	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>281</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>036</u>	
3	Revenue less expenses Subtract line 2 from line 1	3			<u>245</u> 486	
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  4 Line 33, column (A))					
5	Other changes in net assets or fund balances (explain in Schedule O)	5				
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6	1	<u>40,</u>	<u>731</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ	
	Were the organization's financial statements audited by an independent accountant?		2b		Х	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
_	issued on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
Ja	the Single Audit Act and OMB Circular A-133?					
<b>.</b>	<b>u</b>		3a			
ט	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		,			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2010)	

Sche	eđule D (Form 990) 2010Territoria	l Sportsm <u>en,</u>	Inc.	92	<u>-0060834                                    </u>		F	Page 2
	ert III Organizations Maintaining C			ures, or Oth	ner Similar Ass	ets (contin	ued)	
3	Using the organization's acquisition, accession, collection items (check all that apply)							
а	Public exhibition	d \ Loan o	or exchange progran	ns				
b	1	e Other	n exemenge program					
c	Preservation for future generations	Ų ☐ Ų.iio.						
4	Provide a description of the organization's collect	ctions and explain how th	ev further the organi	zation's exemp	t purpose in Part			
•	XIV	onorio aria oxpiani rioni ar	o, idiaio, ale elgali		. pa. pood a			
5	During the year, did the organization solicit or re	eceive donations of art, hi	storical treasures, or	other similar				
	assets to be sold to raise funds rather than to be						es [	No
Pa	ert IV Escrow and Custodial Arrar	ngements. Complet	e if the organiza		red "Yes" to Fo	rm 990, Pa	rt IV,	
	line 9, or reported an amount	t on Form 990, Part	X, line 21.					
1a	Is the organization an agent, trustee, custodian	or other intermediary for o	contributions or othe	r assets not			_	_
	included on Form 990, Part X?					Y	es _	No
þ	If "Yes," explain the arrangement in Part XIV and	d complete the following t	able		<del></del>			
						Amou	nt	
C	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form	n 990, Part X, line 21?				Y	es _	_ No
	If "Yes," explain the arrangement in Part XIV							_
Pa	rt V Endowment Funds. Comple	te if organization ar	nswered "Yes" to	o Form 990,	*			
		(a) Current year	(b) Pnor year	(c) Two years	back (d) Three yea	ars back (e) Fo	ur years	s back
1a	Beginning of year balance							
þ	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs			ļ				
f	Administrative expenses							
g	End of year balance			<u> </u>				
2	Provide the estimated percentage of the year en	nd balance held as:						
а	Board designated or quasi-endowment	%						
b	Permanent endowment ► %							
С	Term endowment ► %							
3a	Are there endowment funds not in the possession	on of the organization that	t are held and admir	nstered for the				T
	organization by						Yes	No
	(i) unrelated organizations					3a(i)		<u> </u>
	(ii) related organizations					3a(ii)	4—	<b>.</b>
b	If "Yes" to 3a(II), are the related organizations lis					3b_		J
4_	Describe in Part XIV the intended uses of the or							
Pa	rt VI Land, Buildings, and Equip			- 1		T		
	Description of investment	(a) Cost or other basis	(b) Cost or other	basis (	c) Accumulated	(d) Boo	k value	
		(investment)	(other)		depreciation	<del>                                     </del>		
	Land					1		
	Buildings		1	<del> </del>		+		
	Leasehold improvements		+			<del> </del>		
	Equipment	<del> </del>	1	206	60 000	,		101
	Other  Add lines 1a through 1e. (Column (d) must equa	al Form 000 Post V cal-		<u>, 386</u>	68,892	<del>' </del>		494 494
. साम		areinin 990 Para A COIII	and the mile turce t		-			> -> ->

## **SCHEDULE I** (Form 990)

## **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Open to Public-Inspection

Name of the organization						identification numb	er			
Territorial Sports					92-00	92-0060834				
Part I General Information on Grants an	d Assistance									
<ul> <li>Does the organization maintain records to substantiate the selection criteria used to award the grants or assist</li> <li>Describe in Part IV the organization's procedures for m</li> </ul>	ance?			eligibility for the grants	s or assistance, ai	nd	Yes	X No		
Part II Grants and Other Assistance to G Form 990, Part IV, line 21, for any can be duplicated if additional spa	recipient that re							Part II ▶ _		
(a) Name and address of organization     or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gi or assistance			
(1) Territotial Sportsman Scholarship PO Box 20761			40.406							
<u>Juneau</u> <u>AK 99802</u> (2)	92-0153117	3	49,406					,		
(3)					<u>-</u> _					
•										
(4)								-		
(5)										
(6)				·						
(7)										
(8)										
(9)										
2 Enter total number of section 501(c)(3) and government 3 Enter total number of other organizations  For Panerwork Reduction Act Notice, see the Instruction		1					Schedule I (Form			

400320

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

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.

Inspection

OMB No 1545-0047

▶ Attach to Form 990 or 990-EZ.

Internal Revenue Service Name of the organization

Territorial Sportsmen, Inc.

Employer identification number 92-0060834

Form 990, Part III, Line 4d - All Other Achievements Provided Management Support

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 4562

Department of the Treasury Internal Revenue Service

## **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions. \_\_\_\_\_ ► Attach to your tax return.

2010

Identifying number Name(s) shown on return 92-0060834 Territorial Sportsmen, Inc. Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 2,000,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost 6 (a) Description of property 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 12 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Part II 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction placed in period service only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property 25 yrs S/L 25-year property S/L Residential rental 27 5 yrs MM property MM S/L 27 5 yrs MM Nonresidential real S/L property MM S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs S/L 12-year ММ S/L 40-year 40 yrs Part IV Summary (See instructions.) 21 21 Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 329 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

100320 ~								
Form 99	90		Special Event	s Schedul	е			2010
		For calendar year 2010, or tax	year beginning		, and end	ıng		<u>L</u>
Name							Employer lo	dentification Number
Territo	orial	Sportsmen, Inc.					92-006	50834
Gross receipts Less contrib Gross revenu Less direct Net income (k	outions e expenses	(A) 156,310 0 156,310 93,648 62,662	(B) 0 0 0 0 0	(C)	0 0 0 0	Others	0 0 0 0	Total 156,310 0 156,310 93,648 62,662
Description	(A) (B) (C) Others	Golden North S	Salmon Derby					
				<del></del>				

100320 Territorial Sportsmen, Inc.

92-0060834

FYE: 12/31/2010

# Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	<u>Per</u>	Conv Meth	Prior	Current
Prior	MACRS:									
9	Computer Equipment	1/14/93	3,170			3,170		HY 200DB	3,170	0
10 14	Modem Totes	6/01/95 9/15/88	221 4,110			221 4,110		HY 200DB	221 4.110	0 0
15	Shovels	4/30/89	183			183	7 5	HY 200DB HY 200DB	183	ő
16	Pallet Jack	9/30/89	459			459		HY 200DB	459	ŏ
17	Radios	8/30/90	157			157	5	HY 200DB	157	0
18	Totes	8/01/92	2,195			2,195		HY 200DB	2,195	0
19 20	Totes Totes	9/01/91 7/28/92	2,382 1,900			2,382 1,900	5 7	HY 200DB HY 200DB	2,382 1.900	0
21	Coolers	8/25/92	275			275		HY 200DB	275	ŏ
22	Tubs	7/28/92	728			728	5		728	ŏ
23	Equipment	6/01/92	330			330		HY 200DB	330	0
24	Equipment	6/01/93	4,768			4,768	7		4,768	0
25 26	Equipment Computer	6/01/93 2/27/07	1,339 2,492			1,339 2,492		HY 200DB HY 200DB	1,339 1,774	0 287
27	Copier	9/18/07	366			366		HY 200DB	261	42
			25,075		-	25,075	•	20022	24,252	329
		:	23,073		=	23,073				329
Othor	Depreciation:									
1	Chain Saw	6/01/78	344			344	5	MO S/L	344	0
2	Motor and Equipment	6/01/83	3,853			3,853	5	MO S/L	3,853	ŏ
3	Office Equipment	6/01/78	2,272			2,272	5	MO S/L	2,272	0
4	Tape Recorder	3/01/82	60			60	5	MO S/L	60	0
5	Code-A-Phone Computer Equipment	9/01/85 11/21/91	239 318			239 318	5 5	MO S/L MO S/L	239 318	0
7	Files and Cabinets	1/14/92	692			692	5	MO S/L MO S/L	692	o l
8	Answering Machine	1/28/92	170			170	5	MO S/L	170	ŏ
11	Salmon Derby Equipment	6/01/78	35,434			35,434	7	MO S/L	35,434	0
12	Tubs	2/02/88	659			659			659	0
13	Tubs	9/29/88	270		-	270	5	MO S/L	270	0
	Total Other Depreciation	-	44,311		_	44,311			44,311	0
	Total ACDS and Other Depres	niation	44,311			44,311			44 211	0
	Total ACRS and Other Depreciation		77,311		=	77,311		:	44,311	0
	Grand Totals		69,386			69,386			68,563	329
	Less: Dispositions and Transfers		0			0			0	0
	Less: Start-up/Org Expense	-	0		_	0			0	0
	Net Grand Totals	-	69,386		=	69,386		;	68,563	329

100320 Territorial Sportsmen, Inc.

92-0060834

FYE: 12/31/2010

# AK Asset Report Form 990, Page 1

Asset	t Description	Date In Service	Cost	Basis for Depr	AK Prior	AK Current	Federal Current	Difference Fed - AK
Prior	MACRS:							
26		2/27/07	2,492	2,492	1,774	287	287	0
27	Copier	9/18/07	366	366	261	42	42	0
			2,858	2,858	2,035	329	329	0
		=	<del></del>					
	r Depreciation:	C/01/70	244	244	344	0	0	٥
1	Chain Saw	6/01/78	344	344		0	0	0
2	Motor and Equipment	6/01/83	0	0	0	0	0	0
3	Office Equipment	6/01/78	0	0	0	0	0	0
4	Tape Recorder	3/01/82 9/01/85	0	0	0	0	0	0
5	Code-A-Phone	11/21/91	0	0	0	0	0	0
6 7	Computer Equipment Files and Cabinets	1/14/92	0	0	0	0	0	0
8		1/14/92	0	0	0	0	0	ŏ
-	Answering Machine	1/14/93	0	0	0	0	0	0
9 10	Computer Equipment Modem	6/01/95	0	0	0	0	0	ő
11	Salmon Derby Equipment	6/01/78	0	0	0	Ö	0	Ö
12		2/02/88	0	0	0	0	0	ő
13	Tubs	9/29/88	0	Ö	ő	ő	0	0
13	Totes	9/15/88	0	Ö	0	ő	0	ő
15	Shovels	4/30/89	0	0	0	ő	0	0
16		9/30/89	0	ő	ő	ő	ő	ő
17	Radios	8/30/90	0	Ö	ő	ő	0	ő
18		8/01/92	0	ő	ő	ő	ő	ő
19	Totes	9/01/91	0	ŏ	0	0	0	ő
20		7/28/92	ő	ő	ő	ŏ	ő	ő
21	Coolers	8/25/92	0	Ö	ő	ő	ő	ŏ
22	Tubs	7/28/92	0	ő	ő	ŏ	ŏ	ŏ
23	Equipment	6/01/92	ŏ	ő	ő	ő	ő	ŏ
23	Equipment	6/01/93	0	ő	ő	ŏ	ŏ	ŏ
25	Equipment	6/01/93	0	ő	ő	ŏ	ŏ	ŏ
	Total Other Depreciation	_	344	344	344	0	0	
	Total Other Depreciation	-				·		
	Total ACRS and Other Depreciation		344	344	344	0	0	0
	Grand Totals		3,202	3,202	2,379	329	329	0
	Less: Dispositions		0,202	0	2,3 / 0	0	0	ŏ
	Less: Start-up/Org Expense		ő	ŏ	ŏ	ŏ	ŏ	ŏ
	Net Grand Totals	_	3,202	3,202	2,379	329	329	

100320

Form

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 2009 Open to Public Inspection

Α	For the 200	9 calendar y	ear, or tax year beginning , and ending					
В	Check if applical		C Name of organization			D Empl	oyer identific	ation number
	Address change	use IRS label or	Territorial Sportsmen, In	iC.				
7	Name change	print or	Doing Business As			92-	<u>-006083</u>	34
-;	_	type	Number and street (or P O box if mail is not delivered to street address)		Room/suite	E Telep	hone number	
-1	Initial return	See Specific	PO Box 20761					
_	Termination	Instruc-	City or town, state or country, and ZIP + 4			<b>G</b> Gross rec	eipts \$	129,468
7	Amended return	tions	Juneau AK 99802			Į		
	Application pend	ding F Name	e and address of principal officer			H(a) Is this	a group return to	
- '						affiliat		Yes X No
						includ		Yes [_ No
						If "No	," attach a list (se	ee instructions)
ı	Tax-exempt:		501(c) ( 4 ) ◀ (Insert no ) 4947(a)(1) or 52	27				
J	Website:					H(c) Group	exemption numb	per 🕨
	Type of organiz		rporation Trust Association Other	<u> </u> L	Year of formation		M State of leg	al domicile
P	art I	Summa	ry					
		-	he organization's mission or most significant activities					
d)	To	o provid	de a community awareness of fish and wi	lldlife				
ž		•	•					
na.								
Ve	2 Chec	sk this hav	If the organization discontinued its operations or disposed of	f more than 250	% of its not asso	te		
ၓ္	1			more than 25	70 OF ILS HEL ASSE	   3		
Activities & Governance	1	_	members of the governing body (Part VI, line 1a)			4	_	
Ę.	1		endent voting members of the governing body (Part VI, line 1b)					
	1		employees (Part V, line 2a)			5		<del></del>
¥	1		volunteers (estimate if necessary)			6		
	1	_	ated business revenue from Part VIII, column (C), line 12			7a		
	b Net u	inrelated bu	siness taxable income from Form 990-T, line 34	<del></del>	D-: V-	7b	0	0
			d a conta (0 ad 1 / III ) from 4 la 1	ł	Prior Yea	2,436	Curre	ent Year 237
ě			d grants (Part VIII, line 1h)			15,290		
Revenue			revenue (Part VIII) line 2g)		1,880		$\frac{13,290}{-13,494}$	
Š			ne (Farryll, equan (A), lines 3, 4, and 7d)			2,363		
_	1 11 1		art VIII, column (4), lines 5, 6d, 8c, 9c, 10c, and 11e)			1,811		35,094
			add lines 8(through 1 (must equal Part VIII, column (A), line 12)			8,490		37,127
			ar amounts paid lat IX, column (A), lines 1-3)			5,385		21,881
			Tior members (Part IX, column (A), line 4)					
S		ينسب مرد ب	impensation, employee benefits (Part IX, column (A), lines 5–10)					
penses	16a Profe	essional fund	draising fees (Part IX, column (A), line 11e)					
ă	<b>b</b> Total	fundraising	expenses (Part IX, column (D), line 25) ▶					
Μ	17 Othe	r expenses (	(Part IX, column (A), lines 11a-11d, 11f-24f)			0,240		19,812
	18 Total	expenses A	Add lines 13–17 (must equal Part IX, column (A), line 25)			5 <b>,</b> 625		41,693
	<del></del>	enue less ex	penses Subtract line 18 from line 12			7,135		-4,566
Net Assets or Fund Balances				,	Beginning of Cur			of Year
sset	20 Total	assets (Par	•	,		6,062		134,319
a B	21 Total	liabilities (P	art X, line 26)	,		8,788		9,833
			d balances Subtract line 21 from line 20		10	7,274		<u>124,486</u>
P	art II	Signatu	re Block					
	art II In	Signatur Under penalt and belief, it	re Block ties of perjury, I declare that I have examined this return, including accompany section, correct, and complete Declaration of preparer (other than officer) is be a period of officer.	nng schedules an	d statements, and	to the best of	f my knowledge	•
	id eparer's e Only	Type or  Preparer's signature  Firm's name if self-employ address, and	yed). > 601 West Willoughby					
		ADDITESS AND	ACT TO THE PART OF MANUAL TO THE PART OF T					

May the IRS discuss this return with the preparer shown above? (see instructions For Privacy Act and Paperwork Reduction Act Notice, see the separate instru

4d Other program services (Describe in Schedule O)

549 including grants of \$

) (Revenue \$

4e Total program service expenses ▶

Form 990 (2009)

F 1	313 14 One Chief of Required Ochecules		т —	Г
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			<sub>v</sub>
_	complete Schedule A	1 2	├	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1	<del>                                     </del>	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		X
	candidates for public office? If "Yes," complete Schedule C, Part I	- <del>3</del> -		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	4		
_	Schedule C, Part II	<del>  "</del>		$\vdash$
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		v
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	<del>                                     </del>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"		ļ	X
_	complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	١,		l <sub>v</sub>
	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,"	١.		v
	complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			l <sub>v</sub>
	complete Schedule D, Part IV	9	-	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40		,,
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		Х	
	VII, VIII, IX, or X as applicable	11		
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	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			
•	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			
•	Did the organization report an amount for other assets related 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			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12		X
	Schedule D, Parts XI, XII, and XIII	1		
IZA	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No. 1f "Yes." completing Schedule D, Parts XI, XII, and XIII is optional.	1		
		13	·	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	144		<del>^</del>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	<del>  170</del>		
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
16	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	1.	<del></del>	<u> </u>
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>	<del>                                     </del>	<u> </u>
10	Part VIII, lines 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?	<u></u>		<del></del>
. 5	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	and all designed absence and at many markings in 1 and annihold agreement.		n 990	(2009)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	<del></del> -	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		l	
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		I	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		ŧ	3.7
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		- 1	17
	Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	l	ı	
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		ŀ	17
	Part IV	28c	$\longrightarrow$	<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
	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,			v
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
_	Schedule N, Part II	32	$\rightarrow$	<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			Х
_	III, IV, and V, line 1	34		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	ا ء۔ ا		Х
	Schedule R, Part V, line 2	35	+	_^_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	ae		
	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		ļ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Х
	Part VI	-31		<i>^</i>
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	38		Х
	19? Note. All Form 990 filers are required to complete Schedule O	- 30	000	43

-	Statements Regarding Other IRS Filings and Tax Compliance	<del> </del>		
1-	Enter the number reported in Roy 3 of Form 1006, Applied Summary and Transmitted of	, [	_ <del>  Y</del>	es No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	_		
_	U.S. Information Returns. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
b		<del></del>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		c	İχ
٥.	gaming (gambling) winnings to prize winners?		-	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	_		Ī
	Statements, filed for the calendar year ending with or within the year covered by this return	<del></del>		ŧ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		b	<del>-  </del>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			1
2-	Instructions)	<u> </u>		Ī
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	ŀ,		X
	this return?	_	a b	<del></del>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	_	<u>•</u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	lity		İ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1,	_	X
	account)?	<u> </u>	a	1^
b	If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank	1		1
E.	and Financial Accounts.	ء ا		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u> </u>	<u>а</u> [	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<u>-   -</u>	<del>-   ^-</del>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	۔ ا		
۵.	Prohibited Tax Shelter Transaction?		-	+
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?	6	.	X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>	-	<del>  ^</del>
	gifts were not tax deductible?	6	<u>,                                    </u>	- 1
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?	7		Ť
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7		+
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<del>  '</del>	_	+-
Ŭ	required to file Form 8282?	7	۱,	
d	If "Yes," indicate the number of Forms 8282 filed during the year	,	_	_
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	<del></del>		
Ť	benefit contract?	"   7		Ī
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	<del></del>	-	
	required?	7	h	
В	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		$\neg \vdash$	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			1
	organization, have excess business holdings at any time during the year?	ĺε	1	Ī
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9:	a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9	ь	
0	Section 501(c)(7) organizations. Enter		T	$\overline{}$
а	Initiation fees and capital contributions included on Part VIII, line 12	a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10	b		I
1	Section 501(c)(12) organizations. Enter			1
а	Gross income from members or shareholders	a		1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )	b		I
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12	1		
			om 9	90 (2009)

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.

	Schedule O. See instructions.			
Sec	tion A. Governing Body and Management			,
		, <del>,</del>	Yes	No
1a	Enter the number of voting members of the governing body	<u>-</u>		I
b	Enter the number of voting members that are independent	<u></u>		I
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	_	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	-	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	+	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_	<del> </del>	X
6	Does the organization have members or stockholders?	6	┿	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			l
	of the governing body?	<u>7a</u>	┿	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<u>7b</u>	<b>_</b>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.			Ī
а	The governing body?	_8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	_8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	J	X
	tion B. Policies (This Section B requests information about policies not required by the Interr	ıal		
Rev	renue Code.)		1	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	<del>                                     </del>	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		1	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	_10b		<del></del>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			١,,
	form?	11	-	X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990		-	<del></del>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<del></del>	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	125	<del>                                     </del>	<del>                                     </del>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	120	+	77
13	Does the organization have a written whistleblower policy?	13	+	X
14	Does the organization have a written document retention and destruction policy?	14	-	X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			.,
а	The organization's CEO, Executive Director, or top management official	15a	7	X
þ	Other officers or key employees of the organization	15b	4	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		.,
	with a taxable entity during the year?	<u>  16a</u>	+	X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	Ì		
	the organization's exempt status with respect to such arrangements?	166	<u> </u>	L
<u>Sec</u>	tion C. Disclosure	<del></del>		
17	List the states with which a copy of this Form 990 is required to be filed AK, AK, AK, AP			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization:			

# 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. Use Schedule J-2 if additional space is needed.
- 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
     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) Name and Title	(B) Average	Pos	ition (		C) k all t	hat a	(vlac	(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week	or director						compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Wayne Regelin								0	0	0
President Table Manning	<del></del>	╁	$\vdash$			$\vdash$			<u> </u>	0
Jack Manning								ol	0:	C
Vice Preside	<del> </del>	╁				$\vdash$		U	0	
Drake Peterson								o	0	C
Sec'y Treasu Tom Donek	+	$\vdash$	$\vdash$			<del> </del>		U U	U	
Director								0	0	C
Rick Purvis		$\vdash$	$\vdash$					- U	<u> </u>	
Director								o	0	(
JJ Jordan		+-								
Director								ol	o	(
Welles Gabier		<del>                                     </del>						, ,		<u> </u>
Director								ol	0	C
Jerry Burnett									-	
Director								0	0	(
Ron Summerville										
Director	İ							0	0	
								·		
<del></del>	_	$\vdash$								
			-	-					. <u>-</u>	
<del></del>										<u>.</u>
<del></del>										
•	-									

(A) Name and Title	(B) Average	Pos	ition (	)) checl	C) k all t	hat ap	oply)		(E) Reportable		(F) Estimate		
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	col	other other mpensa from the ganizating ganizating ganizating	ation e tion ted	
													-
										_			
	<u> </u>												
1b Total 2 Total number of individuals (in	cluding but not lir	nited	to th	nose	liste	d abo	▶ ove)	) who received more than \$	100,000 in				
reportable compensation from	-		0					·			<del></del>	Yes	No
3 Did the organization list any fo								ee, or highest compensated	ı		3	163	X
employee on line 1a? If "Yes," 4 For any individual listed on line the organization and related or	a 1a, is the sum o	f rep	ortat	ole co	ompe	ensat	tion						
individual  5 Did any person listed on line 1	-										4	_	X
services rendered to the organ Section B. Independent Contractor		com	plete	Sch	edul	e J fo	or su	uch person			5		X
Complete this table for your five compensation from the organization.	e highest compe	nsate	ed inc	depe	nde	nt co	ntrad	ctors that received more that	an \$100,000 of				
	(A) business address							Descrip	(B) tion of services		Comp	(C) pensati	ion
												_	
	_												
		_				_	<u> </u>	·	,				
2 Total number of independent of more than \$100,000 in competents.						to th	ose	e listed above) who received	·		0		
DAA											Form	990	(2009)

Pa	rt V	III Statement of Reve	nue_						·
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Sis	1a	Federated campaigns	1a						
Contributions, gifts, grants   and other similar amounts	b	Membership dues	1b						1
₽,5	c	Fundraising events	1c	-					
jifts ar a	ď	Related organizations	1d						
s, g mil	e	Government grants (contributions)	1e						
ion	f	All other contributions, gifts, grants,							1
the		and similar amounts not included above	1f		237				
ntri do	g	Noncash contributions included in lines 1a-	1f :	 \$					1
ပ္ပန	h	Total. Add lines 1a-1f			▶	237	,		<b>1</b>
ne l					Busn. Code				
/en	2a	Membership Dues				15,290			15,290
Re	ь	•							
/ice	С								
Sen	d								
E	е								
Program Service Revenue	f	f All other program service revenue g Total. Add lines 2a–2f							<u></u>
٩	g				<b>•</b>	15,290			<u> </u>
_	3	Investment income (including of	lividen	ds, interes	t, and				
		other similar amounts)			▶ .	707			707
	4	Income from investment of tax-	exemp	t bond pro	ceeds 🕨		··		
	5	Royalties			<b>•</b>				
		(ı) Real		(u) P	ersonal				
	6a	Gross Rents							
	b	Less rental exps				1			1
	С	Rental inc or (loss)	[			1			1
	d	Net rental income or (loss)		<del></del>	<b>•</b>				
	/a	Gross amount from sales of assets (i) Securities		(u)	Other				
		other than inventory 78,	140			1			
	b	Less cost or other							1
			341			I			
	С	·	201						•
	d	Net gain or (loss)			<b>•</b>	-14,201	-14,201		
e n	8a	Gross income from fundraising even	ts			I			
		(not including \$				1			
Š		of contributions reported on line 1c)							<b>ŀ</b>
Other Reven		See Part IV, line 18	a			I			
둄		Less: direct expenses	þĮ	-		1			†
		Net income or (loss) from fundi	۱.	events _					
	9a	Gross income from gaming activities				1			
		See Part IV, line 19	a	<del></del>					
		Less: direct expenses	b[						<u> </u>
		Net income or (loss) from game	ng acti آ	vities					<del> </del>
	10a	Gross sales of inventory, less				1			
		returns and allowances	a			I			
		Less cost of goods sold	b			ŧ			1
	<u> </u>	Net income or (loss) from sales  Miscellaneous Revenue		entory	Busn. Code			<del></del>	
	44				Dusii. Code	35,094			35,094
	11a	Golden North Salmon D	erby			33,094			33,094
	b								
	C	All other revenue			<del></del>		<del></del>		
	ď	All other revenue  Total. Add lines 11a–11d			•	35,094			
	е 12	Total Revenue. See instruction	16			37,127	-14,201	0	51,091
	14	TOTAL REVEITUR. SEE HISHUCHOL	ان				13/201		

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, \$\ \text{Total expenses}\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		All Other Organizations mast	complete column (x) bat	are not required to comp.		
1 Graits and other assistance to governments and organizations in the U.S. See Part IV, Ine 21 21, 881		•	(A) Total expenses	(B) Program service	Management and	
Canalis and other assistance to involved in the U.S. See Part IV, line 21   21,881	7b,			expenses	general expenses	expenses
2 Grants and other assistance to individuals in the U.S. See Part IV, Ina. 12 and 16 U.S. See Part IV, Ina. 12 and 16 U.S. See Part IV, Ina. 18 and 16 U.S. See Part IV, Ina. 18 and 16 U.S. See Part IV, Ina. 18 and 16 U.S. See Part IV, Ina. 18 and 16 U.S. See Part IV, Ina. 18 and 16 U.S. See Part IV, Ina. 18 and 16 U.S. See Part IV, Ina. 18 and 16 U.S. See Part IV, Ina. 18 and 16 U.S. See Part IV, Ina. 18 and 16 U.S. See Part IV, Ina. 18 and 16 U.S. See Part IV, Ina. 18 and 16 U.S. See Part IV, Ina. 18 and 16 U.S. See Part IV, Ina. 18 and 18 U.S. See Part IV, Ina. 18 and 18 U.S. See Part IV, Ina. 18 and 18 U.S. See Part IV, Ina. 18 and 18 U.S. See Part IV, Ina. 18 and 18 U.S. See Part IV, Ina. 18 and 18 U.S. See Part IV, Ina. 18 U.S. See	1		01 001	01 001		Ĭ
the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Person plan of the sector 4958(c)(3)(8) 7 Other evaluation and sectors 4958(c)(3)(8) 8 Person plan contributions (include sectors 405(k)) and persons described in sectors 4958(c)(3)(8) 9 Person plan contributions (include sectors 405(k)) and sectors 495(k) employee bonefits 9 Person plan contributions (include sectors 405(k)) and sectors 495(k) employee bonefits 9 Person plan contributions (include sectors 405(k)) and sectors 495(k) employees bonefits 9 Person plan contributions (include sectors 405(k)) and sectors 495(k) employees bonefits 9 Person plan contributions (include sectors 405(k)) and sectors 495(k) employees bonefits 9 Person plan contributions (include sectors 405(k)) and sectors 495(k) employees bonefits 9 Person plan contributions (include sectors 405(k)) and sectors 495(k) employees bonefits 9 Person plan contributions (include sectors 405(k)) and sectors 495(k) employees bonefits 9 Person plan contributions (include sectors 405(k)) and sectors 495(k) employees bonefits 9 Person plan contributions (include sectors 405(k)) and sectors 495(k) employees bonefits 9 Protestors (include sectors 405(k)) and sectors 405(k) employees bonefits 9 Person better 405(k) employees 50(k) and sectors 405(k) employees 50(k) empl			21,881	21,881		
3 Grafts and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of individed above, to dequalified persons (as defined under section 4958(KJ)) and persons desorbed in section 4958(KJ)) and persons desorbed in section 4958(KJ)) and persons desorbed in section 4958(KJ)) and persons desorbed in section 4958(KJ)) and section 50(kJ) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) 12 Management 13 Legal 14 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Tavel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials for overed above. (Expenses grouped together and labeled miscellaneous may not exceed SM of the SM	2					
Separations and individuals outside the U.S. Sep. Part IV, lines 15 and 16		·		<del></del>		
U. S. See Part IV, lines 15 and 16   Benefits paid to or for members   Compensation of current officers, directors, trustees, and key employees   Compensation of current officers, directors, trustees, and key employees   Compensation of included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(f) and persons described in section 4958(f)(1) and persons described in an alternative textual and persons described in section 4958(f) and persons described in an alternative textual and persons described in an alternative textual and persons described in an alternative textual and persons described in an alternative textual and persons described in an alternative textual and persons described in an alternative textual and persons described in an alternative textual and persons described in an alternative textual and persons described in an alternative textual and persons described in an alternative textual and persons described in an alternative textual and persons described in an alternative textual and persons described in an alternative textual and pers	3					
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to discipatified persons (as offered under section 4958(ft)) and persons described in section 4958(ft)) and persons described in section 4958(ft)) and persons described in section 4958(ft)) and section 403(h) employer contributions (notide section 401(k) and section 403(h) employer contributions) 9 Person plan contributions (notide section 401(k) and section 403(h) employer contributions) 10 Payroll taxes 11 Feas for services (non-employees) 12 Management 13 Legal 14 Legal 15 Royalites 16 Poffessional fundrating services See Part IV, line 17 ft investment management fees 17 Advertising and promotion 18 Office expenses 19 Other 17 Investment management fees 19 Other 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Payments to affiliales 10 Depreciation, depletion, and amortization 11 Insurance 11 Payments to affiliales 12 Depreciation, depletion, and amortization 15 Ago 15		organizations, and individuals outside the				
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(1)(1) and persons described in section 4958(1)(1) and persons described in section 4958(1)(1) and persons described in section 4958(1)(1) and persons described in section 4958(1)(1) and persons described in section 4958(1)(1) and section 40(1)		U S See Part IV, lines 15 and 16		·		
trusties, and key employees 6 Compensation not included above, to disqualified persons (a defined under section 4959(ht)) and persons described in section 4959(ht)) and persons described in section 4959(ht)) and persons described in section 4959(ht)) and persons described in section 4959(ht)) and section 4959(ht)) and section 4959(ht)) and section 4959(ht) and section 4959(ht)) and section 4959(ht) and section 4959(ht)) and section 4959(ht) and section 4959(ht)) and section 4959(	4	Benefits paid to or for members				
6 Compensation on included above, to desculatified persons (as defined under section 4958((1)) and persons described in section 4958((1)) and persons described in section 4958((1)) and section 405(t) and section 405(t) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Feas for services (non-employees)  12 Accounting  13 Legal  14 Lobying  15 Portional fundrasing services See Part IV, line 17 (Investment management fees)  16 Ucbying  17 Travel  18 Portional fundrasing services See Part IV, line 17 (Investment management fees)  19 Other  10 Office expenses  10 Information technology  15 Royalties  16 Occupancy  17 Travel  17 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Payments of travel or entertainment expenses for any federal, state, or local public officials  10 Conferences, conventions, and meetings  11 Interest  20 Interest  21 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a Rent  Conferences, convention & Education  C Postage  4 Other expenses shown on line 25 below)  a Rent  C Conservation & Education  C Postage  4 Insurance  1, 630  1, 630  1, 630  1, 630  1, 630  1, 630  1, 630  1, 630  1, 630  1, 630  1, 630  1, 630  1, 630	5	Compensation of current officers, directors,				
persons (as defined under section 4958(I)(1)) and persons described in section 4958(I)(3)(8)  7 Other saliness and wages		trustees, and key employees				
persons described in section 495(c)(3)(8) 7 Other salaries and wages 8 Penson plac contributions (include section 401(k) and section 405(k) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional furdrasing services See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 13 Office expenses 14 Information technology 15 Royaltes 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 20 Interest 21 Payments of affiliates 20 Depreciation, depletion, and amortization 1 Insurance 24 Other expenses shown on line 25 below) a Rent C Conservation & Education C Postage d Tissurance 1, 630 1, 630 1, 630 1, 630 1, 630 1, 630 1, 630 1, 630 1, 630 1, 630 1, 630 1, 630 1, 630 1, 630	6	Compensation not included above, to disqualified				
7 Other salanes and wages 8 Penson plan contributions (include section 401(x) and section 400(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying Professional fundraising services See Part IV, line 17 filmestiment management fees g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royaltes 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Payments to affiliates 20 Depreciation, depletion, and amortization 21 Increast 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellameous may not exceed 5% of total expenses shown on line 25 below) a Rent b Conservation & Education c Postage d Tissurance 1, 630 1, 206 1, 1206 1, 1206 1, 1206 1, 1206 1, 1206 1, 1206 1, 1207 1, 121 1,		persons (as defined under section 4958(f)(1)) and				
8 Penson plan contributions (include section 401(k) and section 402(h) employer contributions) 9 Other amployee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting 1 Cobyring Professional fundrating services See Part IV, line 17 Investment management fees 9 Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalites 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 11 Insurance 12 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 18 Rent 19 Conservation & Education 20 Postage 21 Postage 22 Testa funders and profession and profe		persons described in section 4958(c)(3)(B)				
and section 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees)  a Managemant  b Legal  c Accounting  d Lobbying  e Professional fundraising services See Part IV, line 17  f Investment management fees  9 Other  12 Advertising and promotion  13 Office expenses  1 Information technology  15 Royalties  16 Occupancy  17 Travel  18 Payments of travel or entertainment expenses for any feederal, state, or local public officials  19 Conferences, conventions, and meetings  1 Interest  1 Payments to affiliates  20 Interest  21 Payments of affiliates  22 Depreciation, depletion, and amortization  23 Insurance  4 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a Rent  b Conservation & Education  c Postage  d Insurance  1, 630  1, 206  1, 206  1, 206  1, 206  1, 630	7	_				
9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above. (Expenses shown on line 25 below) a Rent b Conservation & Education c Postage d Insurance 1, 206 1, 207 2, 370 2, 370 2, 370 4, 206 1, 1206 1, 206 1, 206 1, 206 1, 206 1, 206 1, 206 1, 630	8					
10		and section 403(b) employer contributions)				
11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 22 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a Rent b Conservation & Education c Postage d Insurance 1, 206 1, 200 100 100 100 100 100 100 100 100 100	9					
a Management b Legal c Accounting d Lobbying e Professional fundrasing services See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a Rent b Conservation & Education c Postage d Insurance 1, 630	10	Payroll taxes				
b Legal	11	Fees for services (non-employees)				
C   Accounting   3,206   3,206	а	Management				
d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other  12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a Rent b Conservation & Education c Postage d Insurance 1,630 1,206 1,206 1,206 1,206 1,108	b	Legal	2 006	2 200		
Professional fundraising services. See Part IV, line 17	С	•	3,2 <u>06</u>	3,206		
f Investment management fees g Other 2 Advertising and promotion 3 Office expenses 4 Information technology 15 Royalties 7 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a Rent b Conservation & Education c Postage d Insurance 1,630 1,206 f All other expenses 11,2 112 112 115 116 117 118 119 119 119 119 119 119 119 119 119	d	• •		-		
g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Payments to affiliates 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 2a Rent 2b Conservation & Education 2c Postage 2d Insurance 2f Insura	е					
12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a Rent b Conservation & Education c Postage d Insurance 1,630 Telephone f All other expenses. Add lines 1 through 24f 11 12 112 11 1630 11 1630	f					
13 Office expenses 14 Information technology 15 Royalities 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 2 Rent 2 Conservation & Education 2 Postage 2 Jayro 3 Insurance 2 Insurance 3 Jayro 4 Insurance 4 Jayro 5 Jayro 7 Jayro 8	-					
14 Information technology         15 Royalties           16 Occupancy		-				<u> </u>
15 Royalties         Cocupancy           17 Travel         Travel           18 Payments of travel or entertainment expenses for any federal, state, or local public officials         1, 108           19 Conferences, conventions, and meetings         1, 108           20 Interest         2 Payments to affiliates           21 Payments to affiliates         549           22 Depreciation, depletion, and amortization         549           23 Insurance         549           24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)           a Rent         5, 420           b Conservation & Education         4, 211           c Postage         2, 370           d Insurance         1, 630           e Telephone         1, 206           f All other expenses         112           25 Total functional expenses. Add lines 1 through 24f         41, 693         40, 063         1, 630						
16 Occupancy       7 Travel         17 Travel       20 Payments of travel or entertainment expenses for any federal, state, or local public officials         20 Interest       21 Payments to affiliates         21 Payments to affiliates       549         22 Depreciation, depletion, and amortization       549         23 Insurance       549         24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)       5,420       5,420         a Rent       5,420       5,420       5,420         b Conservation & Education       4,211       4,211       4,211         c Postage       2,370       2,370       2,370       1,630         d Insurance       1,630       1,206       1,630       1,630         f All other expenses       112       112       112       12         25 Total functional expenses. Add lines 1 through 24f       41,693       40,063       1,630						· <del>-</del> .
17 Travel       18 Payments of travel or entertainment expenses for any federal, state, or local public officials         19 Conferences, conventions, and meetings       1, 108         20 Interest       1         21 Payments to affiliates       549         22 Depreciation, depletion, and amortization       549         23 Insurance       549         24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)       5, 420         a Rent       5, 420       5, 420         b Conservation & Education       4, 211       4, 211         c Postage       2, 370       2, 370         d Insurance       1, 630       1, 630         e Telephone       1, 206       1, 206         f All other expenses       112       112         25 Total functional expenses. Add lines 1 through 24f       41, 693       40, 063       1, 630		· ·			·	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials         19 Conferences, conventions, and meetings         1, 108         1, 108           20 Interest         21 Payments to affiliates         22 Depreciation, depletion, and amortization         549         549           23 Insurance         24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)         5, 420         5, 420           a Rent         5, 420         5, 420           b Conservation & Education c Postage         2, 370         2, 370           d Insurance         1, 630         1, 630           e Telephone         1, 206         1, 206           f All other expenses         112         112           25 Total functional expenses. Add lines 1 through 24f         41, 693         40, 063         1, 630		• •		<del></del>	·	<u></u>
for any federal, state, or local public officials  19				<del></del>	<del></del>	<u></u>
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a Rent b Conservation & Education c Postage d Insurance 1,630 Telephone f All other expenses 21,108 1,	18	· ·				
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a Rent b Conservation & Education c Postage d Insurance 1,630 1,630 e Telephone f All other expenses 21 Total functional expenses. Add lines 1 through 24f 22 Add mortization 549 549 549 549 549 549 549 549 549 549	10	-	1 108	1.108		
21 Payments to affiliates       549       549         22 Depreciation, depletion, and amortization       549       549         23 Insurance       549       549         24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)       5,420       5,420         a Rent       5,420       5,420       5,420         b Conservation & Education conservation & Education conservation for Edu		· · · · · · · · · · · · · · · · · · ·	1,100			
22 Depreciation, depletion, and amortization       549       549         23 Insurance       549       549         24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)       5,420       5,420         a Rent       5,420       5,420       5,420         b Conservation & Education       4,211       4,211         c Postage       2,370       2,370         d Insurance       1,630       1,630         e Telephone       1,206       1,206         f All other expenses       112       112         25 Total functional expenses. Add lines 1 through 24f       41,693       40,063       1,630				_		<del></del>
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a Rent		•	549	549		
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)       5,420       5,420         a Rent       5,420       5,420         b Conservation & Education       4,211       4,211         c Postage       2,370       2,370         d Insurance       1,630       1,630         e Telephone       1,206       1,206         f All other expenses       112       112         25 Total functional expenses. Add lines 1 through 24f       41,693       40,063       1,630		•		- "	<del></del> .	
covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)       5,420       5,420         a Rent       5,420       5,420         b Conservation & Education       4,211       4,211         c Postage       2,370       2,370         d Insurance       1,630       1,630         e Telephone       1,206       1,206         f All other expenses       112       112         25 Total functional expenses. Add lines 1 through 24f       41,693       40,063       1,630						
covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)       5,420       5,420         a Rent       5,420       5,420         b Conservation & Education       4,211       4,211         c Postage       2,370       2,370         d Insurance       1,630       1,630         e Telephone       1,206       1,206         f All other expenses       112       112         25 Total functional expenses. Add lines 1 through 24f       41,693       40,063       1,630	24	Other expenses Itemize expenses not				
5% of total expenses shown on line 25 below)  a Rent  b Conservation & Education  c Postage  d Insurance  e Telephone  f All other expenses  Total functional expenses. Add lines 1 through 24f  25 Total functional expenses. Add lines 1 through 24f  5, 420  5, 420  4, 211  4, 211  2, 370  2, 370  1, 630  1, 630  1, 630  1, 206  112  112  112  116  41, 693  40, 063  1, 630		covered above. (Expenses grouped together				
a Rent       5,420       5,420         b Conservation & Education       4,211       4,211         c Postage       2,370       2,370         d Insurance       1,630       1,630         e Telephone       1,206       1,206         f All other expenses       112       112         25 Total functional expenses. Add lines 1 through 24f       41,693       40,063       1,630		and labeled miscellaneous may not exceed				
b Conservation & Education 4,211 4,211 c Postage 2,370 2,370 1,630 1,630 c Telephone 1,206 1,206 f All other expenses 112 112 112 12 15 Total functional expenses. Add lines 1 through 24f 41,693 40,063 1,630		5% of total expenses shown on line 25 below )				
c       Postage       2,370       2,370         d       Insurance       1,630       1,630         e       Telephone       1,206       1,206         f       All other expenses       112       112         25       Total functional expenses. Add lines 1 through 24f       41,693       40,063       1,630	а	Rent				
c       Postage       2,370       2,370         d       Insurance       1,630       1,630         e       Telephone       1,206       1,206         f       All other expenses       112       112         25       Total functional expenses. Add lines 1 through 24f       41,693       40,063       1,630	b	Conservation & Education	4,211	4,211		
e         Telephone         1,206         1,206           f         All other expenses         112         112           25         Total functional expenses. Add lines 1 through 24f         41,693         40,063         1,630	С	Postage		2,370		
f All other expenses 112 112 25 Total functional expenses. Add lines 1 through 24f 41, 693 40, 063 1, 630	d	Insurance			1,630	
25 Total functional expenses. Add lines 1 through 24f 41, 693 40, 063 1, 630	е	Telephone				
	f	-				
and the second of the second o	<u>25</u>		41,693	40,063	1,630	
	26	Joint costs. Check here   if following  SOR 08 3. Complete this line only if the				
SOP 98-2 Complete this line only if the organization reported in column (B) joint costs						
from a combined educational campaign and fundraising solicitation		from a combined educational campaign and				

Part X **Balance Sheet** (A) (B) Beginning of year End of year 41,944 54,526 1 Cash-non-interest bearing 71,727 78,674 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L Assets 20,195 7 Notes and loans receivable, net Inventories for sale or use 8 296 824 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 69,386 other basis Complete Part VI of Schedule D 10a 68,563 1.372 823 10b 10c b Less accumulated depreciation Investments—publicly traded securities 11 11 Investments-other securities See Part IV, line 11 12 12 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 136,062 134. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 28,788 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities Complete Part X of Schedule D 25 28, 788 9,833 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here  $\blacktriangleright$   $|\overline{X}|$ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 107,274 124,486 32 32 Retained earnings, endowment, accumulated income, or other funds 107,274 124,486 33 33 Total net assets or fund balances 134,319 136,062

Form 990 (2009)

Total liabilities and net assets/fund balances

orm	1990 (2009) Territorial Sportsmen, Inc. 92-0060834		Pa	ge <b>1</b> 2
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			Ė
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			l
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			Ė
	Schedule O.			ĺ
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			É
	issued on a consolidated basis, separate basis, or both			Ė
	Separate basis Consolidated basis Both consolidated and separate basis		1	ĺ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1	
	the Single Audit Act and OMB Circular A-133?	3a		
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			

Form **990** (2009)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Nam	e of the organization		Employe	er identification number
<u>T</u>	erritorial Sportsmen, Inc.			060834
P	Organizations Maintaining Donor Advised Funthe organization answered "Yes" to Form 990, F	ds or Other Similar Funds or Ac Part IV, line 6.	ccounts	s. Complete if
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)		_	
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that t	he assets held in donor advised		
	funds are the organization's property, subject to the organization's exclusive	sive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w	riting that grant funds can be		
	used only for charitable purposes and not for the benefit of the donor or or	lonor advisor, or for any other		
	purpose conferring impermissible private benefit?			Yes No
Pa	art II Conservation Easements. Complete if the orga		990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check a			
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically imp		d area
	Protection of natural habitat	Preservation of certified historic st	ructure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserv	ation contribution in the form of a conserva	ition	
	easement on the last day of the tax year		[ <u>-</u>	11 11 11 E 1.20 T V
				Held at the End of the Tax Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements	1.4	2b	<del></del>
С.	Number of conservation easements on a certified historic structure include	• •	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06			
3	Number of conservation easements modified, transferred, released, extir	iguisned, or terminated by the organization	auring	
	the taxable year	and N		
4	Number of states where property subject to conservation easement is loc			
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, nandling or		Yes No
	violations, and enforcement of the conservation easements it holds?	a consequence occoments during the vega-		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcin	g conservation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing col	nconvation easements during the year		
7	• \$	iservation easements during the year		
Ω	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section		
٠	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	requirements of section		Yes No
9	In Part XIV, describe how the organization reports conservation easemer	ats in its revenue and expense statement	and	
•	balance sheet, and include, if applicable, the text of the footnote to the or	•		
	the organization's accounting for conservation easements	<b>5</b>		
Pa	Organizations Maintaining Collections of Art, In Complete if the organization answered "Yes" to		imilar Ā	ssets.
1.	If the organization elected, as permitted under SFAS 116, not to report in		works of	
Id	art, historical treasures, or other similar assets held for public exhibition,			20
	provide, in Part XIV, the text of the footnote to its financial statements tha		55 55	,
b	If the organization elected, as permitted under SFAS 116, to report in its		ks of art.	
-	historical treasures, or other similar assets held for public exhibition, educ			
	provide the following amounts relating to these items	cc. cccccc. public		
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		<b>•</b>	\$
2	If the organization received or held works of art, historical treasures, or of	her similar assets for financial gain provid	e the	·
-	following amounts required to be reported under SFAS 116 relating to the	- · · · · · · · · · · · · · · · · · · ·		
а	Revenues included in Form 990, Part VIII, line 1		•	\$
b	Assets included in Form 990, Part X		•	\$
_	· · · · · · · · · · · · · · · · · · ·		-	

		<u>ial Sportsmen</u>		<u> </u>		60834	Page :
P	art III Organizations Maintainin	g Collections of Art,	<b>Historical Trea</b>	sures,	or Other	<u>Similar Asset</u>	s (continued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other records, chec	ck any of the following	ng that are	e a significan	t use of its	
а	Public exhibition	<b>d</b> Loan	or exchange progra	ıms			
b	Scholarly research	e Othe	r				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain how t	hey further the orga	nizatıon's	exempt purp	oose in	
5	During the year, did the organization solicit cassets to be sold to raise funds rather than to				imilar		Yes No
Pa	Escrow and Custodial Art IV, line 9, or reported an a				nswered '	'Yes" to Form	990, Part
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other intermediary for	contributions or oth	er assets	not		Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the following	table				
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on F	orm 990, Part X, line 21?					Yes No
ь	If "Yes," explain the arrangement in Part XIV						
Pa	ert V Endowment Funds. Comp	olete if organization a	nswered "Yes"	to Forn	n 990, Par	t IV, line 10.	
		(a) Current year	(b) Pnor year	(c) Tw	o years back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
a	End of year balance			T			
2	Provide the estimated percentage of the year	r end balance held as:				<u> </u>	
а	Board designated or quasi-endowment ▶	%					
b	Permanent endowment ▶ %						
c	Term endowment ▶ %						
3a	Are there endowment funds not in the posses	ssion of the organization tha	at are held and admi	inistered f	for the		
-	organization by.	ooion or and organization and			00		Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
h	If "Yes" to 3a(ii), are the related organizations	s listed as required on Scho	dula R2				3b
4	Describe in Part XIV the intended uses of the	•					00
	rt VI Investments—Land, Build			0 Part	X line 10		
	Description of investment	(a) Cost or other basis	(b) Cost or o			umulated	(d) Book value
	a a a a a a a a a a a a a a a a a a a	(investment)	basis (othe		1	eciation	1=, ====
10	Land	· · · · · · · · · · · · · · · · · · ·		<u> </u>			·_·
			<del> </del>		<del> </del>	<del></del>	
	Buildings		<del></del>		<del> </del>		
	Leasehold improvements		+		<u></u>	-	
	Equipment		60	386	<u> </u>	68,563	823
	Other	aval Form 000, Dort V. call		, 200	L		823
otal	. Add lines 1a through 1e (Column (d) must e	quai roim 990, Pari X, colu	iiiii (B), iine 10(C) )			<u> </u>	023

	form 990) 2009 Territorial Sportsme		92-0060834	Page .
Part VII	Investments—Other Securities. See Form 9		(a) \$4-44-4-4-61	tion.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
			Cost of one of your man	
Financial denv		<del>*- =</del>		<del></del>
Closely-held e	equity interests			
Other		_	<del></del>	· <del></del>
		_		
		_	<del></del>	<u>_</u>
		-	<del>-</del>	
	·	_		
		<del>-</del>		
		_	· · · · · · · · · · · · · · · · · · ·	
	·	- <del> </del>		
Total (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>		
Part VIII	Investments—Program Related. See Form 9	990 Part X line 13	<u> </u>	
Partym	(a) Description of investment type	(b) Book value	(c) Method of valua	tion
	(a) Description of investment type	(2) 2000 10:00	Cost or end-of-year mark	
			<del></del>	
Tatal (Calum	(h) must sevel Form 000. Bod V sel (B) line 12 \	<b>&gt;</b>		
Part IX	n (b) must equal Form 990, Part X, col (B) line 13)  Other Assets. See Form 990, Part X, line 15	<u> </u>	<u> </u>	
Pattix	(a) Description	·		(b) Book value
	(4) 55551,5151	8 ************************************		
-				
				<del></del> -
				<u></u>
	· · · · · · · · · · · · · · · · · · ·	·		
		<u> </u>		
•				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15 )		<b>•</b>	
Part X	Other Liabilities. See Form 990, Part X, line	25.		
1	(a) Description of liability	(b) Amount		
Federal incom	e taxes			
	(6)	<b>•</b>		
	otnote In Part XIV, provide the text of the footnote to the org	anization's financial statements	s that reports the	
organization's	liability for uncertain tax positions under FIN 48			

Sche	edule D (Form 990) 2009 Territorial Sportsmen, Inc.		92-00608	34	Page 4
Pε	art XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ted Financial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		<u> </u>	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		÷,,-	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	its W	ith Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a_	<u> </u>	<b>」</b>	
b	Donated services and use of facilities	2b		]	
С	Recoveries of prior year grants	2c		] ]	
d	Other (Describe in Part XIV.)	2d		] ]	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		] [	
b	Other (Describe in Part XIV )	4b		] [	
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pa	Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per F	Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		•		
а	Donated services and use of facilities	2a_		] ]	
b	Prior year adjustments	2b		1 1	
С	Other losses	2c	<del></del>	1	
d	Other (Describe in Part XIV )	2d		1	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		•	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		] ]	
b	Other (Describe in Part XIV.)	_4b_		]	
C	Add lines 4a and 4b			4c_	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Pa	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines				
and 2	b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	2d and	d 4b Also complete		
this p	art to provide any additional information				
	<del>-</del>				
		_	_		
			- <b>-</b>		

Schedule D (F	orm 990) 2009	<u>Territorial</u>	Sportsmen,	inc.	92-0060834	Page
Part XIV	Supplemer	Territorial ntal Information (co	ntinued)			
					_	
	<del>-</del>					
	_ <b></b>			<del>-</del>	<b>-</b>	
		<del>_</del>				
		<del>_</del>				
				<del>-</del> -	<del>-</del> - <del>-</del>	
		- <del>-</del>				
<b>_</b>						
_	_					
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						- <b>-</b>

#### SCHEDULE I (Form 990)

## **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

Open to Public Inspection

Name of the organization	<b>.</b>				1	identification number	er	
Territorial Sports Part I General Information on Grants and					1 92-00	060834		·
Does the organization maintain records to substantiate the selection criteria used to award the grants or assistate.     Describe in Part IV the organization's procedures for metal.  Part II Grants and Other Assistance to G Form 990, Part IV, line 21, for any	the amount of the g ince? onitoring the use of overnments ar recipient that re	grant fund Id Organ eceived	s in the United States nizations in the U more than \$5,000	nited States. Con	nplete if the or	ganization answ	Yes vered "Yes" to ore than \$5,000.	X No
Part IV and Schedule I-1 (Form 99  (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of g	
Territotial Sportsman Scholarship F PO Box 20761					outery		0. 000000000	
Juneau AK 99802	92-0153117	3	21,881	_				· · · · ·
·								
<del>.</del>								17.410
		-						
							· •	
2 Enter total number of section 501(c)(3) and government 3 Enter total number of other organizations  For Privacy Act and Paperwork Reduction Act Notice, see			20	,	1		Schedule I (For	000 000

<u> Schedule I (Form 990) 2009 Territorial</u>	. Sportsmen, In	nc.	92-0060834		· Page <b>2</b>
Part III Grants and Other Assistance	ce to Individuals in the	e United States. Co	mplete if the organization	ation answered "Yes" to Fo	orm 990, Part IV, line 22.
Use Part IV and Schedule I-					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	rodpiono	out grant	non dan assistance	T W.V. appraisal, Other)	
					1
			<del> </del> -		
Part IV Supplemental Information.	Complete this part to	provide the informa	tion required in Part I	, line 2, and any other add	itional information.
					••
			•		•
	•				
	••				
•	••		•		
•			• • • •		•
DAA					Sahadula I (Farm 200) 2000

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization

Territorial Sportsmen, Inc.

Employer identification number 92-0060834

Form 990, Part III, Line 4d - All Other Achievements
Provided Management Support

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Department of the Treasury Internal Revenue Service

## **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return

► See separate instructions. Identifying number Name(s) shown on return Territorial Sportsmen, Inc. 92-0060834 Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Part 1 Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If marned filing separately, see instructions 5 (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 16 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 549 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (e) Convention (a) Classification of property (business/investment use only-see instructions) (f) Method (a) Depreciation deduction placed in репод service 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property S/L 25-year property 25 yrs S/L Residential rental 27 5 yrs MM property 27 5 yrs MM S/L 39 yrs MM S/L Nonresidential real property MM S/L Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/I 12 yrs S/L b 12-year

Summary (See instructions.)

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

and on the appropriate lines of your return Partnerships and S corporations-see instructions

For assets shown above and placed in service during the current year, enter the

Listed property Enter amount from line 28

549

S/L

21

22

MM

40 yrs

21

22

23

40-year Part IV

100320							
Form <b>9</b> 9	90		Special Events	Schedule			2009
		For calendar year 2009, or tax	year beginning	, an	nd ending	Employer Id	entification Number
	orial	Sportsmen, Inc.				92-006	
Gross receip Less contri Gross revenu Less direct Net income (I	ts butions ie expenses	(A) 111,158 0 111,158	(B) 0 0 0 0 0	(C) 0 0 0 0 0	Others	0 0 0 0	Total 111,158 0 111,158 76,064 35,094
Description	(A) (B) (C) Others	Golden North S	Salmon Derby				

Totals

100320							
Forms	Oth	er Notes and	Loans Receiv	able			
990 / 990-PF	For colonder year 2000, a	s toy year basinning	and and an			2009	
Name	For calendar year 2009, o	r tax year beginning	-		Employer Iden	tification Number	
Territorial Sportsmen, Inc.			92-0060834				
					<u> </u>		
Form 990, Par	rt X, Line 7 - 1	<u>Additional</u>	<u>Informatior</u>	<u> </u>			
	Name of borrower			Relationship to disqu	ualified person		
(1) Loan Receiv					<del></del>		
						<del></del>	
						<del></del>	
(5)					<u>-</u>		
(6)	·				<u> </u>		
(7)							
(8)							
(9)							
(10)				······································	······································		
Original amount borrowed	Date of loan	Maturity date	R	epayment terms		Interest rate	
(1)	Date of loan	<u>uato</u>		opeje			
(2)		-					
(3)							
(4)				<del></del>			
(5)							
(6)							
(7)							
(8)						<del></del>	
(9)						<del>                                     </del>	
(10)			<u> </u>	100000		<u> </u>	
Sec	unty provided by borrower			Purpose of I	oan		
(2)	· <del></del>						
(3)							
(4)	<u> </u>						
(5)	· · · · · · · · · · · · · · · · · · ·						
(6)						·	
(7)							
(8)	<del></del>						
(9)	<u> </u>			<del></del>			
(10)							
Considera	ition furnished by lender		Balance due at beginning of year	Balance due at end of year		market value 990-PF only)	
(1)			20,195				
(2)			<u> </u>				
(3)							
(4)						<del></del> _	
(5)	<del></del>	<del></del>	<del>-</del>				
(6)					<del></del>	-	
(7) (8)	<u> </u>	<del></del>	<del></del>	·			
(9)							
(10)							

20,195

100320 Territorial Sportsmen, Inc.

92-0060834

FYE: 12/31/2009

# Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	<u>Prior</u>	Current
Prior 9 10 14 15 16 17 18 19 20 21 22 23 24 25 26 27	MACRS: Computer Equipment Modem Totes Shovels Pallet Jack Radios Totes Totes Totes Totes Totes Equipment Equipment Equipment Equipment Equipment Computer Copier	1/14/93 6/01/95 9/15/88 4/30/89 9/30/89 8/30/90 8/01/92 9/01/91 7/28/92 8/25/92 7/28/92 6/01/93 6/01/93 2/27/07 9/18/07	3,170 221 4,110 183 459 157 2,195 2,382 1,900 275 728 330 4,768 1,339 2,492 366 25,075		3,170 221 4,110 183 459 157 2,195 2,382 1,900 275 728 330 4,768 1,339 2,492 366	7 HY 200DB 7 HY 200DB 7 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB	3,170 221 4,110 183 459 157 2,195 2,382 1,900 275 728 330 4,768 1,339 1,296 190	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Other 1 2 3 4 5 6 7 8 11 12 13	Depreciation: Chain Saw Motor and Equipment Office Equipment Tape Recorder Code-A-Phone Computer Equipment Files and Cabinets Answering Machine Salmon Derby Equipment Tubs Tubs Total Other Depreciation	6/01/78 6/01/83 6/01/78 3/01/82 9/01/85 11/21/91 1/14/92 1/28/92 6/01/78 2/02/88 9/29/88	344 3,853 2,272 60 239 318 692 170 35,434 659 270 44,311	- -	344 3,853 2,272 60 239 318 692 170 35,434 659 270 44,311	5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 7 MO S/L 5 MO S/L 5 MO S/L	344 3,853 2,272 60 239 318 692 170 35,434 659 270 44,311	0 0 0 0 0 0 0 0 0
	Total ACRS and Other Depre	eciation =	44,311	-	44,311	•	44,311	0
	Grand Totals Less: Dispositions and Transf Less: Start-up/Org Expense Net Grand Totals	ers - =	69,386 0 0 69,386	-	69,386 0 0 69,386	-	68,014 0 0 68,014	549 0 0 549

100320 Territorial Sportsmen, Inc. 92-0060834 Federal Statements FYE: 12/31/2009									
Taxable Interest on Investments									
Description First National Bank of Alaska	Amount \$ 4	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75				
Total	\$ 4		14						
<u>Ta</u>	xable Dividends fr	om Securities							
Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75				
Morgan Stanley Total	\$ 703 \$ 703		14						
iotai	703								

100320 Territorial Sportsmen, Inc.

92-0060834

FYE: 12/31/2009

## **Federal Statements**

Form 990, Part IX, Line 24f - All Other Expenses

Description	 Total penses	rogram Service	Manager Gene		Fund aising
Miscellaneous Bank Fees	\$ 100 12	\$ 100 12	\$		\$ 
Total	\$ 112	\$ 112	\$	0	\$ 0

100320 Territorial Sportsmen, Inc.

92-0060834

FYE: 12/31/2009

### **Federal Statements**

### **Special Events Direct Expenses**

Description	Amount
Column A	\$
Golden North Salmon Derby	
Salmon Derby Prizes	44,568
Advertising	1,445
Rent/Storage	1,900
Dues	15,000
Maintenance	491
Permits and Fees	70
Awards Night	460
Volunteer Banquet	1,592
Buttons	1,564
Printing & Office	1,959
Coordinator	3,349
Dock Supplies	757
Certification Meeting	221
Hats	2,688
SubTotal	76,064
Total	76,064

Direct expenses other than fundraising expenses reported on Form 990, page 1, line 9b.

Mailed April 30,2011

## Form 990-EZ

Department of the Treasury Internal Revenue Service Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2010

Open to Public Inspection

A	For the	2010 calenda	ar year, or tax year beginning	January 01	2010, and ending	Decer	nber 31	, 20	10
B	Check if ap	oplicable:	C Name of organization			D Employ	er identifica	ation numbe	er
	Address c	change	Edna Bay Community				92-0100	)412	
	Name cha	ange	Number and street (or P.O. box, if mail is not	delivered to street address)	Room/suite	E Telepho	ne number		
	Initial retu	rn	PO Box EDB				907-594	-6301	
=	Terminate		City or town, state or country, and ZIP + 4			F Group	Exemption	1	
_	Amended	return on pending	Edna Bay, Alaska 99950-0040			Numb			
-		ting Method:	☑ Cash ☐ Accrual Other (spe	cifu) >	Н	Check ▶	if the c	rganization	n is not
	Websit	•	E cash E riosida Cirici (spe				attach So		
	7-1-1-1-1		ck only one) - 🗸 501(c)(3) 🔲 501(c) (	) ◀ (insert no.) ☐ 4947(	(a)(1) or 527			or 990-PF).	
_			e organization is not a section 509(a)(3) s						
	Check D	DO-EZ or Form	990 return is not required though Form	apporting organization and i	e required (see instri	ictions) Bu	t if the ora	anization c	hooses
			e to file a complete return.	550-14 (6-postoard) may be	o roquirou (aco mone	otionaj. Bu	t ii tiio orgi	arii Edilori o	
			b, to line 9 to determine gross receipts. If g	tross receipts are \$200,000 or	more or if total asse	ts (Part II			_
			are \$500,000 or more, file Form 990 inste				<b>S</b>		
1	_						4	Dort I \	
F	art I		e, Expenses, and Changes in I the organization used Schedule C						
	-						_		
	1		ons, gifts, grants, and similar amoun			_	1	38,	838.15
	2		ervice revenue including governmer				2		
	3		ip dues and assessments			_	3		
	4	Investment			I I		4		
	5a		unt from sale of assets other than in		5a				
	b		or other basis and sales expenses		5b				
	С		ss) from sale of assets other than in	ventory (Subtract line 5b	from line 5a)		5c		
	6		d fundraising events			10			
a.	a	Gross inc	ome from gaming (attach Sched	lule G if greater than	1 1				
ine					6a				
Revenue	b	Gross inco	me from fundraising events (not inc	luding \$	of contributio	ns			
Re		from fundr	aising events reported on line 1) (a	ttach Schedule G if the	733				
		sum of suc	h gross income and contributions e	xceeds \$15,000)	6b				
	С	Less: direc	t expenses from gaming and fundra	aising events	6c				
	d	Net incom	e or (loss) from gaming and fundra	aising events (add lines	6a and 6b and su	ubtract			
		line 6c) .					6d		
	7a	Gross sale	s of inventory, less returns and allow	wances	7a				
	b	Less: cost	of goods sold		7b		- 3		
	C	Gross prof	it or (loss) from sales of inventory (S	Subtract line 7b from line	7a)		7c		
	8		nue (describe in Schedule O)				8		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c			. >	9	38,	838.15
	10		I similar amounts paid (list in Sched				10		
	11		aid to or for members				11	21,	835.82
(C)	1000		ther compensation, and employee t				12		
Expenses	13		al fees and other payments to indep				13		
per	14		y, rent, utilities, and maintenance				14		
X	15		ublications, postage, and shipping				15		
	16		enses (describe in Schedule O) .				16		
	17		enses. Add lines 10 through 16 .			_	17	21,	835.82
-	40		(deficit) for the year (Subtract line 1)				18		,002.33
ets	19		or fund balances at beginning of						
Net Assets	1		ir figure reported on prior year's reti				19	50.	060.09
t A	20		nges in net assets or fund balances				20		
Š	21		or fund balances at end of year. Co				21	63,	,155.80
	:								

Part II Balan	ce Sheets. (see the instructions	for Part II.)	estion in this Part II	2 1 2		
Officer	th the organization used ochedule	o to respond to any que		inning of year		3) End of year
22 Cash, savin	gs, and investments			50,060.09	22	63,155.80
	uildings				23	
	s (describe in Schedule O)				24	
	s			50,060.09		63,155.80
	ties (describe in Schedule O)				26	
	or fund balances (line 27 of column	(B) must agree with line 2	(1)	50,060.09	27	63,155.80
Part III State	ment of Program Service Accom	plishments (see the inst	ructions for Part III	.)		Expenses
Check	if the organization used Schedule	O to respond to any que	estion in this Part II	i 🗆		red for section
What is the organiz	ation's primary exempt purpose?	Road, Docks, Postal, Emer	gency Services			(3) and 501(c)(4) zations and section
Describe what was a	chieved in carrying out the organization	n's exempt purposes. In a cle	ar and concise mann	er, describe	4947(	a)(1) trusts; optional
the services provided	I, the number of persons benefited, and	other relevant information for	each program title.		for oth	ners.)
28 Road Constru	ction & Maintenance - Revenue Sharir	ng				
All members k	penefit					
(Grants \$	) If this amount	includes foreign grants, cl	neck here	. ▶ 🗆	28a	11,500.00
	e - Revenue Sharing					
All members b	penefit					
18 114						/ 700.00
(Grants \$		includes foreign grants, cl	neck here	, P 📙	29a	6,720.00
	ction and Maintenance - Revenue Sha	ring				
All members l	penefit					
10 · •	) If this	tinaludas fausian avants, a	hools horo	ьп	30a	165.32
(Grants \$	n services (describe in Schedule O)	t includes foreign grants, c			Sua	105.32
		t includes foreign grants, c			31a	3,615.82
(Grants \$	m service expenses (add lines 28a				32	21,835.82
32 Total progra Part IV List of	Officers, Directors, Trustees, and Ke	v Fmplovees List each one	even if not compensa	ted (see the i		
Check	if the organization used Schedule	e O to respond to any que	estion in this Part I	V		
	N. 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense account and
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		other allowances
Heather Richter	1508 His Way Lane	President				
Edna Bay, Alaska	99950-0040	i i osidom	0		0	0
Karen Williams	PO Box EDB	Vice President				
Edna Bay, Alaska	99950-0040		0		0	0
Tyler Poelstra	PO Box EDB	Secretary				
Edna Bay, Alaska	99950-0040	Contrad	0		0	0
Myla Poelstra	PO Box EDB	Treasurer				0
Edna Bay, Alaska	99950-0040		0		0	0
					-	
-						
-						
	Sec.					
-						
			1			

Par	Other Information (Note the statement requirements in the instructions for Part V.)  Check if the organization used Schedule O to respond to any question in this Part V			
33			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		-
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			-
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.	34		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		-
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35b	-	V
37a	during the year? If "Yes," complete applicable parts of Schedule N	36		-
b 38a	Did the organization file Form 1120-POL for this year?	37b		V
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		-
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	400		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ►  Located at ►  Telephone no. ►  ZIP + 4 ►			
b	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)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	420		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		V
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	
		[	Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		,
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			
C	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
		440		

-				
	20		0	-
	a	ч	v	

		100	
Form	ggn_t	=7 I	n + n

Form 99	0-EZ (2010)				- 1	Page 4
-				40/1/40/0	-	Yes No
45	Is any related organization a controlled entity	of the organization within the	ie meaning of section 5	12(0)(13)?	45	~
a	Did the organization receive any payment from meaning of section 512(b)(13)? If "Yes," For	n or engage in any transact	on with a controlled er	ted instead of		
		in 990 and Schedule it in	ty fleed to be complete	ied matead of	45a	1
46	Did the organization engage, directly or indire		ectivities on behalf of or	in opposition	100	
40	to candidates for public office? If "Yes," com				46	V
Part		<b>d section 4947(a)(1) nor</b> 4947(a)(1) nonexempt cha lines 50 and 51.	nexempt charitable aritable trusts must a	trusts only. A	ll sec ns 47	tion -49b
	Check if the Organization used Sched	die O to respond to arry qu	100tiOff in tino 1 dit vi		· i	Yes No
47	Did the organization engage in lobbying activ	ities? If "Ves " complete Sc	hedule C. Part II		47	V
48	Is the organization a school as described in se				48	1
49a	Did the organization make any transfers to an	exempt non-charitable rela	ited organization?		49a	V
b	If "Yes," was the related organization a section				49b	V
50	Complete this table for the organization's five	highest compensated emp	oloyees (other than office	cers, directors, t	trustee	es and key
	employees) who each received more than \$1	00,000 of compensation fro				
	(a) Name and address of each employee paid more	(b) Title and average hours per week		(d) Contributions to aployee benefit plans &	(e) acc	Expense count and
	than \$100,000	devoted to position	d	eferred compensation	other	allowances
None		-				
				THE PARTY OF THE P		
f 51	Total number of other employees paid over \$ Complete this table for the organization's fit \$100,000 of compensation from the organization.	ve highest compensated in	dependent contractors	s who each rec	eived	more than
	(a) Name and address of each independent contra			of service	(c) Cor	mpensation
		1				
d						
52	Did the organization complete Schedule A? I nonexempt charitable trusts must attach a co	Note: All section 501(c)(3) or completed Schedule A	rganizations and 4947(		Yes	□ No
Under		n including accompanying schedul	es and statements, and to the	e best of my knowled	dge and	belief, it is
true, co	orrect, and complete. Declaration of preparer (other than off	cer) is based on all information of w	mich preparer has any knowle	eage.		
	Mala D Page at		1	04-30	-2	N11
Sign	Signature of officer	ra	Da		X	
Here	Signature Browlet	ro Treas	urer			
	Type or print dame and title	i II Cusi	arc.			
Paid	Print/Type preparer's name	reparer's signature	Date	Check T if	PTIN	
	parer			self-employed		
	Only Firm's name		Fir	m's EIN ▶		
	Firm's address ▶			one no.		
May t	he IRS discuss this return with the preparer sh	own above? See instruction	1S	▶	Yes	No

Mailed 05/03/2012

Form **990-EZ** 

Department of the Treasury Internal Revenue Service

#### **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2011

Open to Public Inspection

A F	or the 2	2011 calendar year, or tax year beginning January 01 , 2011, and e	naing Dec	ember	31 ,20 11
B C	eck if ap	oplicable: C Name of organization	D Emp		ntification number
A	ddress ch				-0100412
N	ame char	Number and street (or P.O. box, if mail is not delivered to street address) Room	n/suite E Tele	phone nu	mber
	itial return	PO BOX EDB		907	-594-6301
=	erminated mended	City or town, state or country, and ZIP + 4		up Exem	ption
		Edna Bay, AK 99901	Nur	nber >	
G A	ccounti	ting Method:   ☐ Cash ☐ Accrual Other (specify)	H Check	▶ ✓ if	the organization is not
I W	ebsit	te: >	_		ch Schedule B
J Ta	x-exem	npt status (check only one) — 🗹 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🔲 4947(a)(1) or 🔲	527 (Form 9	90, 990	-EZ, or 990-PF).
KC	heck >	if the organization is not a section 509(a)(3) supporting organization or a section 527 o	rganization and i	ts gross	receipts are normally
ne	ot more	e than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-post	card) may be re-	quired (s	ee instructions). But if
th	e organ	anization chooses to file a return, be sure to file a complete return.			
L Ac	d lines	s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal assets (Part II		
lin	e 25, co	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (s	see the instru	ctions	for Part i.)
Name and Address		Check if the organization used Schedule O to respond to any question in thi	s Part I		🗆
	1	Contributions, gifts, grants, and similar amounts received		1	47,603.17
1	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	2-70-
	5a	Gross amount from sale of assets other than inventory 5a			
	b	Less: cost or other basis and sales expenses			
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5	a)	5c	
	6	Gaming and fundraising events			
	а	Gross income from gaming (attach Schedule G if greater than			
9	a	\$15,000)			
Revenue	b		tributions		
ě		from fundraising events reported on line 1) (attach Schedule G if the			
œ		sum of such gross income and contributions exceeds \$15,000)   6b			
		Less: direct expenses from gaming and fundraising events 6c		1 1	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b	and subtract		
- 1	u	line 6c)		6d	
	7-	Gross sales of inventory, less returns and allowances		-	
	7a	Less: cost of goods sold		1	
	b	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	C	Other revenue (describe in Schedule O)		8	
	8	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	47,603.17
-	10	Grants and similar amounts paid (list in Schedule O)		10	
1	11	Benefits paid to or for members		11	24,080.14
-	12	Salaries, other compensation, and employee benefits		12	
Se	13	Professional fees and other payments to independent contractors		13	
Expenses		Occupancy, rent, utilities, and maintenance		14	
X	14			15	
ш	15	Printing, publications, postage, and shipping		16	
	16	Other expenses (describe in Schedule O)		17	24,080.14
_	17	Total expenses. Add lines 10 through 16		18	23,523.03
ste	18 19	Net assets or fund balances at beginning of year (from line 9)	st agree with	10	20,020.00
SSe	19	end-of-year figure reported on prior year's return)		19	63,155.80
Net Assets	00			20	03,133.00
Ne	20	Other changes in net assets or fund balances (explain in Schedule O)		21	86,678.83
	27	Net assets of flind halances at end of year. Compline lines 18 infolian 20		6	00,070,03

Form 990-EZ	(2011)						Page Z
Part II	Baland	ce Sheets. (see the instructi	ions for Part II.)	9			
	Check	if the organization used Sche	edule O to respond to a				🗆
					(A) Beginning of year	-	B) End of year
		s, and investments			63,155.80		86,678.83
		ildings				23	
		(				24	0/ /70 00
					63,155.80		86,678.83
		es (describe in Schedule O)				26	04 470 00
AND DESCRIPTION OF THE PERSON NAMED IN		or fund balances (line 27 of co			63,155.80	27	86,678.83
Part III		nent of Program Service Ac					Expenses
		if the organization used Sche					red for section
		ation's primary exempt purpose					3) and 501(c)(4) zations and section
as measur	ed by ex	zation's program service accor penses. In a clear and conci- and other relevant information f	se manner, describe the	f its three largest pre e services provided,	ogram services, the number of		)(1) trusts; optional
	-	tion & Maintenance - Revenue Si		1-174			
	embers be						
(Gran	ts\$	) If this am	ount includes foreign gra	ants, check here .	▶ □	28a	4,300.00
1		tion & Maintenance - Revenue SI					
All m	embers be	enefit					
(Gran	ts\$	) If this am	ount includes foreign gra	ants, check here .	▶ □	29a	7,660.82
30 Posta	Service	- Revenue Sharing					
(Gran			ount includes foreign gra		▶ 🗆	30a	6,720.00
31 Other	program	services (describe in Schedule					53.25
(Gran			ount includes foreign gra			31a	5,399.32
and the same of th		service expenses (add lines				32	24,080.14
Part IV	List of (	Officers, Directors, Trustees, an	d Key Employees. List each	ch one even if not com	pensated. (see the i		
	Check	if the organization used Sche	edule O to respond to a	(c) Reportable	oart IV	· ·	
	(	a) Name and address	(b) Title and average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ	oth	stimated amount of er compensation
Heather Ric	chter	1508 His Way Lane	President				
Edna Bay,	Alaska	99950-0040		0		0	0
Andrea Glo	ver	PO Box 123 EDB	Vice President				
Edna Bay,	Alaska	99950-0040		0		0	0
Tyler Poels	tra	PO Box 203 EDB	Secretary				
Edna Bay,	Alaska	99950-0040		0		0	0
Myla Poels		203 W Davidson Ave	Treasurer				
Edna Bay,	Alaska	99950-0040		0		0	0
					-	+-	
-						+	
		340				+	
		11 11 Angle September 1				+	
						-	
						-	
				-		+	
						+	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
-	instructions for Part v.) Offeck if the organization used ochequie of to respond to any question in this	J I CIT	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		V
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		V
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		V
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		V
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $\dots \dots \dots \dots \dots \dots \dots$	36		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b		V
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		V
h	If "Yes," complete Schedule L, Part II and enter the total amount involved	Joa		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ►  Located at ►  Telephone no. ►  ZIP + 4 ►			
b	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)?	42b	Yes	No
	If "Yes," enter the name of the foreign country:	420	-	-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		V
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•	.	
	DI II		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		V
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		-
450	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
45a 45b	Did the organization have a controlled entity within the meaning of section \$12(b)(13)?  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," Form 990 and Schedule R may need to be completed instead of	,ou		
	Form 990-EZ (see instructions)	45b		V

Form 990-E2	Z (2011)						F	age 4
	7						Yes	No
	d the organization engage, directly or candidates for public office? If "Yes,							V
Part VI	Section 501(c)(3) organization						ction	
	501(c)(3) organizations and sec and 52, and complete the table	ction 4947(a)(1) none es for lines 50 and 51	xempt charitable tr	rusts must				b
	Check if the organization used S	chedule O to respond	d to any question in	this Part VI			1	
47 Di	d the organization engage in lobbyir	a activities or hove o	section 501/h) closti	ion in offeet	during the	tav	Yes	No
yea	ar? If "Yes," complete Schedule C, P	art II				. 47		V
	the organization a school as described					. 48	-	~
	d the organization make any transfers					. 49a	-	~
	'Yes," was the related organization a implete this table for the organization							
em	pployees) who each received more th	an \$100,000 of compe	nsation from the orga	anization. If t	there is non	e, enter "I	Vone."	,
	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO	(d) Health contributions benefit plans	n benefits, s to employee , and deferred	(e) Estimat	ed amo	unt of
				compe	ensation		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				+	-			
	1999			-				
51 Co	tal number of other employees paid of the organization of the organization of the organization of the organization from the organiza	n's five highest comp	ensated independen	t contractor	s who each	n received	l more	than
(a) Nam	ne and address of each independent contractor	paid more than \$100,000	(b) Type of se	ervice	(c	) Compensat	tion	
								_
d To	tal number of other independent con	tractors each receiving	over \$100,000	•				-
	d the organization complete Schedule				a)(1)			
no	nexempt charitable trusts must attac	h a completed Schedu	le A			► ☐ Yes	s 🔲	No
Under penals true, correct	ties of perjury, I declare that I have examined th, and complete. Declaration of preparer (other t	is return, including accompar han officer) is based on all inf	nying schedules and stater ormation of which prepare	ments, and to the r has any knowle	e best of my ki edge.	nowledge ar	nd belief	f, it is
Sign	Signature of officer	ta		Da	04-30	-2018	2	
Here		easurer						
Paid	Print/Type preparer's name	Preparer's signature		Date	Check self-emplo	if PTIN		
Prepare Use On				Fir	m's EIN ▶			
026 011	Firmle address b			Ph	one no			

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Mailed 05/01/2013

Form 990-EZ

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150 2012

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Open to Public Inspection

AF	or the	2012 calendar year, or tax year beginning January 01 , 2012, and ending	Dec	ember 3	31 , 20	12		
B	heck if ap	plicable: C Name of organization	D Empl	oyer ider	ntification number	er		
	Address cl				0100412			
	Name cha		E Telep	hone nun	nber			
	Initial retur	PO Box EDB		907	-594-6301			
-	Terminated Amended	City or town, state or country, and ZIP + 4		Group Exemption				
-	Application	pending Edna Bay, AK 99950		nber >				
G /	Account				the organization	n is <b>not</b>		
	<b>Nebsit</b>	Wi F	required	to attac	ch Schedule B			
JT	ax-exem	ibt states (check only one)			EZ, or 990-PF).	Acres de la company de la comp		
K	Check ▶	if the organization is not a section 509(a)(3) supporting organization or a section 527 organization	on and it	s gross	receipts are nor	mally		
-	not more	than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) ma	y be rec	uired (se	ee instructions)	. But if		
t	he orga	nization chooses to file a return, be sure to file a complete return.	(Dank II					
		5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets						
li	ne 25, c	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	· ·	\$	for Dort IV			
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	CHOIS	or Part I)			
-		Check if the organization used Schedule O to respond to any question in this Part I	• •					
	1	Contributions, gifts, grants, and similar amounts received		1	54	,558.13		
	2	Program service revenue including government fees and contracts		2				
	3	Membership dues and assessments		3				
	4	Investment income		-0				
	5a	Gross amount from sale of assets other than inventory 5a						
	b	Legg, Cost of Other business and other business and other business are a second of the business and the business are a second of the		5c				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		. 00				
	6	Gaming and fundraising events  Gross income from gaming (attach Schedule G if greater than						
0	a	\$15,000)						
Revenue	-	Gross income from fundraising events (not including \$ of contribution	าร					
eve	D	from fundraising events reported on line 1) (attach Schedule G if the						
CC		sum of such gross income and contributions exceeds \$15,000)   6b						
	C	Less: direct expenses from gaming and fundraising events 6c						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sul	btract					
	-	line 6c)		6d				
	7a	Gross sales of inventory, less returns and allowances						
	b	Less: cost of goods sold						
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c				
	8	Other revenue (describe in Schedule O)		8				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	54	,558.13		
	10	Grants and similar amounts paid (list in Schedule O)		10				
	11	Benefits paid to or for members		11	47	7,855.31		
SS	12	Salaries, other compensation, and employee benefits		12				
LI SU	13	Professional fees and other payments to independent contractors		13				
Expenses	14	Occupancy, rent, utilities, and maintenance	. ,	14				
O	15	Printing, publications, postage, and shipping		15				
	16	Other expenses (describe in Schedule O)		16				
_	17	Total expenses. Add lines 10 through 16	. >	17		7,855.31		
50	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	o with	18		5,702.82		
9	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree	A MITT	19		670.00		
Net Assets	122	end-of-year figure reported on prior year's return)		20	88	5,678.83		
Per	20	Other changes in net assets or fund balances (explain in Schedule O)		21	01	3,381.65		
Rive	21	Net assets or fund balances at end of year. Combine lines 18 through 20		61	9.	כט, ו טפן נ		

Pal	t II Balance Sheets (see the instructions	o lor Fart II)		4 II		
	Check if the organization used Schedu	le O to respond to a		A) Beginning of year		(B) End of year
00	Cook assisted and investments		-	86,678.83	22	93,381.65
22	Cash, savings, and investments			80,076.03	23	33,301.00
24	Other assets (describe in Schedule O)				24	
25	Total assets			86,678.83	25	93,381.65
26	Total liabilities (describe in Schedule O) .		[		26	
27	Net assets or fund balances (line 27 of colum	nn (B) must agree wit	h line 21)	86,678.83	27	93,381.65
Par	t III Statement of Program Service Account	mplishments (see t	ne instructions for P	art III)		Expenses
	Check if the organization used Schedu				(Re	quired for section
	t is the organization's primary exempt purpose?					(c)(3) and 501(c)(4) anizations and section
as m	cribe the organization's program service accompleasured by expenses. In a clear and concise ons benefited, and other relevant information for	manner, describe th	of its three largest pro e services provided,	ogram services, the number of		7(a)(1) trusts; optional others.)
28	Road Construction and Maintenance - Revenue Sh	aring				
	All members benefit					
	***************************************				00.	44 200 00
			ants, check here .		28	11,300.00
29	Dock Construction and Maintenance - Revenue Sh					
	All members benefit					
	(Grants \$ ) If this amou	nt includes foreign ar	ants, check here .	▶ 🗆	29	a 20,367.95
30	Administration and Emergency Services - Revenue					
00	All members benefit			****************		
	(Grants \$ ) If this amou	nt includes foreign gr	ants, check here .	▶ 🗆	30	a 9,467.36
31	Other program services (describe in Schedule C	)				
	(Grants \$ ) If this amou	nt includes foreign gr	ants, check here .	▶ 📙	31	
32	Total program service expenses (add lines 28	a through 31a)			1 352	47.855.31
					-	The second secon
Par	List of Officers, Directors, Trustees, and K	ley Employees List ead	ch one even if not comp	ensated (see the in	stru	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and K Check if the organization used Schedu	le O to respond to a	ch one even if not comp any question in this I	pensated (see the in Part IV	struc	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and K	ley Employees List ead	ch one even if not comp	pensated (see the in Part IV	struc	ctions for Part IV)
	List of Officers, Directors, Trustees, and M Check if the organization used Schedu	(b) Average hours per week	ch one even if not company question in this I  (c) Reportable compensation (Forms W-2/1099-MISC)	censated (see the in- Part IV	struc	ctions for Part IV)
Heat	List of Officers, Directors, Trustees, and M Check if the organization used Schedu (a) Name and title	(b) Average hours per week	ch one even if not company question in this is (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	censated (see the in- Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	/ee (e	ctions for Part IV)
Heat	List of Officers, Directors, Trustees, and M Check if the organization used Schedu (a) Name and title	(b) Average hours per week	ch one even if not company question in this is (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	censated (see the in- Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	struc	ctions for Part IV)
Heat	List of Officers, Directors, Trustees, and M Check if the organization used Schedu (a) Name and title	(b) Average hours per week	ch one even if not company question in this fany question in this fany question in this fany question (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in- Part IV	vee (e	ctions for Part IV)
Heat	List of Officers, Directors, Trustees, and M Check if the organization used Schedu (a) Name and title  ther Richter - President  on Williams - Vice President	(b) Average hours per week	ch one even if not company question in this is any question in this is compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in- Part IV	/ee (e	ctions for Part IV)
Heat Kare	List of Officers, Directors, Trustees, and M Check if the organization used Schedu (a) Name and title  ther Richter - President  on Williams - Vice President	(b) Average hours per week	ch one even if not company question in this fany question in this fany question in this fany question (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in- Part IV	vee (e	ctions for Part IV)
Heat Kare	List of Officers, Directors, Trustees, and M Check if the organization used Schedu  (a) Name and title  ther Richter - President  In Williams - Vice President  The Poelstra - Secretary	(b) Average hours per week	ch one even if not company question in this fany question in this fany question in this fany question (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in- Part IV	structure (e	etions for Part IV)  Destinated amount of other compensation  -00-
Heat Kare	List of Officers, Directors, Trustees, and M Check if the organization used Schedu  (a) Name and title  ther Richter - President  In Williams - Vice President  The Poelstra - Secretary	(b) Average hours per week	ch one even if not company question in this fany question in this fany question in this fany question (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in- Part IV	structure (e	etions for Part IV)  Destinated amount of other compensation  -00-
Heat Kare	List of Officers, Directors, Trustees, and M Check if the organization used Schedu  (a) Name and title  ther Richter - President  In Williams - Vice President  The Poelstra - Secretary	(b) Average hours per week	ch one even if not company question in this fany question in this fany question in this fany question (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in- Part IV	structure (e	etions for Part IV)  Destinated amount of other compensation  -00-
Heat Kare	List of Officers, Directors, Trustees, and M Check if the organization used Schedu  (a) Name and title  ther Richter - President  In Williams - Vice President  The Poelstra - Secretary	(b) Average hours per week	ch one even if not company question in this fany question in this fany question in this fany question (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in- Part IV	structure (e	etions for Part IV)  Destinated amount of other compensation  -00-
Heat Kare	List of Officers, Directors, Trustees, and M Check if the organization used Schedu  (a) Name and title  ther Richter - President  In Williams - Vice President  The Poelstra - Secretary	(b) Average hours per week	ch one even if not company question in this fany question in this fany question in this fany question (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in- Part IV	structure (e	etions for Part IV)  Destinated amount of other compensation  -00-
Heat Kare	List of Officers, Directors, Trustees, and M Check if the organization used Schedu  (a) Name and title  ther Richter - President  In Williams - Vice President  The Poelstra - Secretary	(b) Average hours per week	ch one even if not company question in this fany question in this fany question in this fany question (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in- Part IV	structure (e	etions for Part IV)  Destinated amount of other compensation  -00-
Heat Kare	List of Officers, Directors, Trustees, and M Check if the organization used Schedu  (a) Name and title  ther Richter - President  In Williams - Vice President  The Poelstra - Secretary	(b) Average hours per week	ch one even if not company question in this fany question in this fany question in this fany question (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in- Part IV	structure (e	etions for Part IV)  Destinated amount of other compensation  -00-
Heat Kare	List of Officers, Directors, Trustees, and M Check if the organization used Schedu  (a) Name and title  ther Richter - President  In Williams - Vice President  The Poelstra - Secretary	(b) Average hours per week	ch one even if not company question in this fany question in this fany question in this fany question (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in- Part IV	structure (e	etions for Part IV)  Destinated amount of other compensation  -00-
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	е	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	168	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	071		,
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:		V. I	
a	Illitiation lees and capital contributions moraded on mile of			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶  Telephone no. ▶			
	Located at L		Yes	-
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	42b	-	NO
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	420	-	A
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			<b>▶</b> □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	-	1
С	Did the organization receive any payments for indoor tanning services during the year?	44c	-	1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	-	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	1
45b	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," Form 990 and Schedule R may need to be completed instead of			,
	Form 990-EZ (see instructions)	45b		V

orm 990	-EZ (2012)	And the second second second second second						West	DI.
	Did the same leading		and an about the small blood of		habalf of	or in appositio	n [	Yes	No
6	Did the organization	engage, directly or i	nairectiy, in political o	campaign activities on	benan or c	or in oppositio	46		
NAME OF TAXABLE PARTY.			The same of the sa	, raiti			40		A
art \	All section 501(	c)(3) organization	s only se must answer au	estions 47-49b and	52 and c	omplete the	tables f	or line	25
	50 and 51	r(c)(o) organization	is must answer que	55110115 41 40D and	oz, and o	omplote the			-
		ranization used Sa	hadula O to resnon	d to any question in t	his Part VI				Γ
	Check ii the o	rganization used oc	riedule O to respon	a to any question in t	ino i die vi	• • • • •		Yes	No
7	Did the organization	engage in Jobhying	activities or have a	section 501(h) election	n in effect	during the ta	x		
		olete Schedule C, Par					47		-
				ii)? If "Yes." complete	Schedule E		48		V
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						49a		V
				on?			49b		V
50	Complete this table	for the organization's	s five highest comper	nsated employees (oth	ner than of	ficers, director	s, truste	es an	d k
	employees) who ead	ch received more that	n \$100,000 of compe	nsation from the orga	nization. If	there is none,	enter "N	lone."	
			(b) Average	(c) Reportable	(d) Heal	th benefits,	e) Estimate		
	(a) Name and title of e		hours per week	compensation		s to employee (es, and deferred	other con		
	para more man	7.00,000	devoted to position	(Forms W-2/1099-MISC)		ensation			
				1					
		***************************************	-				-		
					+				
		***************************************							
f	Total number of oth	er employees paid or	ver \$100,000	> 0	contracto	rs who each	received	more	th
51	Complete this table \$100,000 of compe	for the organization	n's five highest companization. If there is n	ensated independent		T	received		th
51	Complete this table \$100,000 of compe	for the organization ensation from the organization	n's five highest companization. If there is n	pensated independent one, enter "None."		T			th
51	Complete this table \$100,000 of compe	for the organization ensation from the organization	n's five highest companization. If there is n	pensated independent one, enter "None."		T			th
51	Complete this table \$100,000 of compe	for the organization ensation from the organization	n's five highest companization. If there is n	pensated independent one, enter "None."		T			th
51	Complete this table \$100,000 of compe	for the organization ensation from the organization	n's five highest companization. If there is n	pensated independent one, enter "None."		T			th
51	Complete this table \$100,000 of compe	for the organization ensation from the organization	n's five highest companization. If there is n	pensated independent one, enter "None."		T			th
51	Complete this table \$100,000 of compe	for the organization ensation from the organization	n's five highest companization. If there is n	pensated independent one, enter "None."		T			th
(a) I	Complete this table \$100,000 of compe	e for the organization ensation from the organization from the organization from the organization particles.	n's five highest companization. If there is n	pensated independent ione, enter "None." (b) Type of sen		T	Compensat		th
(a) I	Complete this table \$100,000 of compelane and address of each	e for the organization ensation from the organization from the organization from the organization independent contractor particles are independent contractor in complete Schedule	n's five highest companization. If there is no aid more than \$100,000 ractors each receiving A? Note: All section	pensated independent tone, enter "None."  (b) Type of sen  g over \$100,000	vice	(c) C	Compensat	ion	No.
(a) 1 d d 552	Complete this table \$100,000 of compe same and address of each same and address of each same and address of each same and address of each same and address of each same and address of each same same same same same same same same	er independent contractor policy in complete Schedule trusts must attach	ractors each receiving A? Note: All section a completed Schedus return, including accompany and including accompany	g over \$100,000  501(c)(3) organizations alle A	▶_s and 4947	(e) C	compensat	ion state of the s	No
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(a) 1 d 552	Complete this table \$100,000 of compe same and address of each same and address of each same and address of each same and address of each same and address of each same and address of each same same same same same same same same	er independent contractor policy in complete Schedule trusts must attach	ractors each receiving a completed Schedus around including accompany of the completed Schedus around including accompany incl	g over \$100,000  501(c)(3) organizations alle A	▶_s and 4947	(e) C	Yet	s 🔲	No
d 52	Complete this table \$100,000 of compe same and address of each same and address of each same and address of each same and address of each same and address of each same and address of each same same same same same same same same	er independent contractor per independent contra	ractors each receiving a completed Schedus around including accompany of the completed Schedus around including accompany incl	g over \$100,000  501(c)(3) organizations alle A	s and 4947	(c) C  (a)(1)  he best of my knowledge.	Yet	s 🔲	No
d d 552 ander p corrisign	Complete this table \$100,000 of compe state and address of each state and address of each state and address of each state and address of each state and address of each state and complete. Declar and complete. Declar state and complete. Declar state and complete.	er independent contractor posential in complete Schedule ble trusts must attach re that I have examined this ration of preparer (other that of preparer (other that of preparer (other that of preparer).	ractors each receiving a completed Schedus around including accompany of the completed Schedus around including accompany incl	g over \$100,000  501(c)(3) organizations alle A	s and 4947	(c) C  (a)(1)  he best of my knowledge.  04-30	Yet	s 🔲	No
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