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990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public Inspection

Department of the Freasury Internal Revenue Service

SCORINGE "

Use Only

Firm's address

Do not enter Social Security numbers on this form as it may be made public.

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

A For the 2013 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization IZAAK WALTON LEAGUE OF AMERICA -Addres: ROCKVILLE CHAPTER 52-1481039 Name change Doing Business As Initial Room/suite E Telephone number Number and street (or P O box if mail is not delivered to street address) P.O. BOX 2255 301-972-1645 Termin 230,756. Amended return City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Application GERMANTOWN, MD 20875-2255 H(a) Is this a group return pending Yes X No F Name and address of principal officer. LEE HAYS for subordinates? SAME AS BOX C ABOVE Yes H(b) Are all subordinates included? If "No," attach a list (see instructions) Tax-exempt status: X = 501(c)(3) = 501(c)() ◀ (insert no) 4947(a)(1) or J Website: ► WWW.IWLA-ROCKVILLE.COM H(c) Group exemption number ▶ K Form of organization X Corporation Year of formation 1947 M State of legal domicile MD Association Other > Trust Part | Summary Briefly describe the organization's mission or most significant activities TO CONSERVE, MAINTAIN, PROTECT, Activities & Governance AND RESTORE THE SOIL, FOREST, WATER, AND OTHER NATURAL RESOURCES OF If the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box ▶ L 20 Number of voting members of the governing body (Part VI, line 1a) 20 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 300 6 Total number of volunteers (estimate if necessary) Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 11,230. 14,336. Contributions and grants (Part VIII, line 1) Revenue 84,545. 81,771. Program service revenue (Part VIII, line 20) 72,882. 12,078. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 117,838. 119,567. Other revenue (Part VIII, column (A) Gines 5/1804, 8t., 2c, 21044and 196 11 Total revenue - add lines 8 through Lil (must equal Part VIII, column (A), line 12) 291,330. 222,917. 12 7,500. Grants and similar amounts paid (Part IX-column (A), lines Benefits paid to or for members (Part IX-column (A)) line 4) 9,000. Ō. 0. 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 125,115. 114,720. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 123,720. 132,615. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 167,610. 90,302. Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year **End of Year** 923,703. 767,613. 20 Total assets (Part X, line 16) 142,995. 170,485. 21 Total liabilities (Part X, line 26) 780,708. 597,128. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge 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 \mathcal{D} Signature of officer Sign LEE HAYS, PRESIDENT Here Type or print name and title Date PTIN Preparer's signature Check Print/Type preparer's name Paid Preparer Firm's EIN | Firm's name

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

Form 990 (2013)

Yes

No

Phone no

Form	1990 (2013) ROCKVILLE CHAPTER	<u>52-1481039</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		-
	SEE SCHEDULE O.		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Vas	X No
	If "Yes," describe these new services on Schedule O.	163	LEE 140
_		[Vee	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L res	TV 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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses,	and
	revenue, if any, for each program service reported		200
4a	(Code) (Expenses \$		<u>308.</u>)
	ADULT PROGRAMS - NRA CERTIFIED FIREARM SAFETY TRAINING.	MARYLAND D	
	HUNTER SAFETY TRAINING CLASSES. PROVIDE LOW/NO COST OPE		FOR
	TRAINING AND SUPERVISION IN VARIOUS TYPES OF OUTDOOR REC	REATION.	
	7 500		
4b	(Code) (Expenses \$ 7,500. including grants of \$ 7,500.) (Revenue PROVIDE SCHOLARSHIPS TO COLLEGE STUDENTS MAJORING IN CON	e\$)
		15ERVATION	
	FIELDS OF STUDY.		
			
4c	(Code) (Expenses \$ 767 • including grants of \$) (Revenue	•	85.)
40	JUNIOR PROGRAMS - INSTRUCTION IN CONSERVATION/RECYCLING,		
	ARCHERY (NATIONAL AND JUNIOR LEVEL OLYMPIC), AND COMPETI		
	RIFLE AND BB GUN. SPONSORSHIP AND INSTRUCTION FOR BOY S		
			<u>-</u>
	INCLUDING SAFE USE OF KAYAKS AND CANOES. PROVIDE AN OPE		
	YOUTH GROUPS TO CAMP, HIKE, AND FISH FREE OF CHARGE ON T	THE PROPERTY	•
	Other program services (Describe in Schedule O.)		
+ 0	000	,	
	70.450		
_ <u>4e</u>	Total program service expenses ► /8,450.		00 :::
		Form 9	90 (2013)

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Par	t IV Checklist of Required Schedules							
			Yes	No				
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			ı				
	If "Yes," complete Schedule A	1	Х					
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for							
•	public office? If "Yes," complete Schedule C, Part I	3		X				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect							
•	during the tax year? If "Yes," complete Schedule C, Part II	4		Х				
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or							
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х				
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to							
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,							
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х					
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete							
•	Schedule D, Part III	8		Х				
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for							
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?							
	If "Yes," complete Schedule D, Part IV	9		Х				
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							
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	10						
	as applicable							
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			ı.				
	Part VI	11a	Х	L				
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total							
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X				
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total							
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X				
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in							
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X				
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		X				
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses							
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X				
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete							
	Schedule D, Parts XI and XII	12a		X				
b	Was the organization included in consolidated, independent audited financial statements for the tax year?							
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X				
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ļ					
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1					
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any							
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to							
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		ĺ	,,				
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			.,				
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,				
	complete Schedule G, Part III	19		X				
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	X				
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000					
		Form	990	(2013)				

Part IV Checklist of Required Schedules (continued)

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	1		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ļ		
	government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,		}	
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	Ì	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
٦	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240	 	\vdash
23a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
L	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	250		
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEL		х
06	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	0.0	Х	
07	complete Schedule L, Part II	26	Α_	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	0.7		Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	00-	•	х
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l		v
	If "Yes," complete Schedule N, Part I	31	 	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			١,,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	
		Form	990	(2013)

Part V Statements Regarding Other IRS Fillings and Tax Compliance Check if Scheduld o Contains a response on rate to any line in this Part V	Form	990 (2013) ROCKVILLE CHAPTER 52-1481	039	P	age 5
Series the number reported in Box 3 of Form 1096. Enter-0- if not applicable Israe The number of Forms W26 included in line 1 is Enter-0- if not applicable Israe The number of Forms W26 included in line 1 is Enter-0- if not applicable Israe The number of Forms W26 included in line 1 is Enter-0- if not applicable Israe The Number of Forms W26 included in line 1 is Enter-0- if not applicable Israe The Number of Enter					
tale Eiter the number reported in Box 3 of From 1098 Enter -04 find applicable 19 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W2G included in line 1s. Enter 0-f not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamblind) winnings to pitze winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. Ifield for the caedinary year ending with or within the year covered by this return Ifield for the caedinary layer and 2a greatest hard. 250, your may be required to e-fife (see instructions) 3b Did the organization have unrelated business gross incorne of \$1,000 or more during the year? 3a In If Yes, 1 and 1 filed a Form 990-1 for this year? If vio. * *to line 30, provide an explanation in Schedule 0 3b If Yes, 1 and 1 filed a Form 990-1 for this year? If vio. * *to line 30, provide an explanation in Schedule 0 3b If Yes, 1 and 1 filed a Form 990-1 for this year? If vio. * *to line 30, provide an explanation in Schedule 0 3c If Yes, 1 and 1 filed a Form 990-1 for this year? If vio. * *to line 30, provide an explanation in Schedule 0 3c If Yes, 1 filed form 990-1 for this year? If vio. * *to line 30, provide an explanation in Schedule 0 3c If Yes, 1 filed form 990-1 for this year? If vio. * *to line 30, provide an explanation in Schedule 0 3c If Yes, 1 filed form 900-1 for this year? If vio. * *to line 30, provide an explanation in Schedule 0 3c If Yes, 1 filed form 900-1 for this year of the schedule of Form 900-1 for respil Bank and Financial Accounts. 5c If Yes, 1 filed form 900-1 filed with twen or is a party to a prohibited tax schedule transaction at any time dumps the tax year? 5c If Yes, 1 filed 5c If year or the schedule of the schedule of Form 900-1 filed the organization solic any contributions that were not tax deductible as charitable contributions? 5c If Yes, 1 filed 5c If year or the schedule of the contributions of the schedule of the		•		Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (ambhing) winnings to prize winners? 2 Enfet the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. [2a] 0 bill of leads to be reported on the 2a, did the organization file all recovered by this return. [2b] 0 bill of leads to be reported on the 2a, did the organization file all recovered by this return. [2b] 0 bill of leads to be reported on the 2a, did the organization file all recovered to e-file (see instructione) 3 Did the organization have unreliated biseness gross income of \$1.000 or more dumpt the year? 5 bill Yes, *I has if filed a Form 990-T for this year? If Yibo, *I own 30, provide an explanation in Schedule O. 3b. If Yes, *I have filed a Form 990-T for this year? If Yibo, *I own 30, provide an explanation in Schedule O. 3b. If Yes, *I own 40 and 40	1a	Enter the figures reported in Bex 6 of Committee Cities 6 in flot applicable			
Segmentingly winnings to prize winners? 2	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
2a Elert the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the caclendary ere anding with or within the year covered by this return b If at least one is reported on line 2a, did the organization (file all required federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more duming the year? 3a At any time duming the calendary year, did the organization fall of the organization in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time duming the calendary year, did the organization fall or miterest in, or a spinature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If Yes, "shar if filed a foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization or party to a prohibited tax sheller trinsaccion at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that mere not tax deductible? 6c Was if Yes, "did the organization include with very solicitation an express statement that such contributions or grifts were not tax deductible? 6c Was if Yes, "did the organization nortify the donor of the value of the goods or services provided? 6c Was if Yes, "did the organization nortify the donor of the value of the goods or services provided? 7c Was if Yes, "indicate the number of Forms 8822 filed during the year 9c Unit to organization services and property for which it was required? 9c Was if Yes, "ind	¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
bill at least one is reported on line 2a, dit the organization file required federal employment tax returns? Note. If the sum of lines 1 a and 2 a is greater than 250, you may be required to e-file (see instructions) 30. Dot the organization have unrelated businesses gross incomen of \$1.000 or more duming the year? 40. If Year, has it filed a Form 990°F for this year? If No, 1º Jane, 50, provide are suphanation in Schedule O 41. At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 42. At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 43. At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 44. X If Year, enter the name of the foreign country ▶ 55. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 56. Do any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 57. Was the organization have annuel gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 77. Organization stat may receive deductible contributions under section 170(c). 88. But the comparization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 78. Organizations that may receive deductible contributions under section 170(c). 89. Different Research of the payment in excess of \$75 made party is a contribution of organization received any payment in excess of \$75 made party is a contribution of provided to the payment in excess of \$75 made party is a contribution of provided to the poods and services provided to the payor? 79. The contribution of the contribution of the view of the poods or services provided? 80. Dot the organ		(gambling) winnings to prize winners?	1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated businesses gross income of \$1,000 or more during the year? 5b If "Yes," has if filed a Form 990-1 for this year If I'No, 1 to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an inferest 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)? 5b If "Yes," the third and provide the foreign country ▶ 5c enstructions for filing requirements for Form TD F 00/22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization have the foreign country ▶ 5c enstructions for filing requirements for Form TD F 00/22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization that purple the third of the provided the shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction? 6c If Yes, to line 5a or 5b, did the organization that It was or is a party to a prohibited fax shelter transaction? 6c If Yes, to line 5a or 5b, did the organization that It was or is a party to a prohibited fax shelter transaction? 6c If Yes, to line 5a or 5b, did the organization in the Form 8896? 6c If Yes, to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, to line 5a or 5b, did the organization include the every solicitation and party for gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(b). 8d If Yes, to line 5a or 5a or 5	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If Yea,* has it filed a Form 990°F for this year? If 'No,* to Ima 30, provide are explanation in Schedule O a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? b If Yea,* 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. See where the sum of the organization that it was or is a party to a prohibited tax shelter transaction? b If Yea,* or line is a of 50, did the organization that it was or is a party to a prohibited tax shelter transaction? c If Yea,* or line is a of 50, did the organization tille Form 8980°F. b If Yea,* did 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? c Dest 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? C Organizations that may receive deductible contributions under section 170(c). b If Yea,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? C Organizations that may receive deductible contributions under section 170(c). b If Yea,* indicate the organization notify the donor of the value of the goods or services provided? 7a		filed for the calendar year ending with or within the year covered by this return			
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	<u>b</u>	if yes, has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			<u> </u>

ROCKVILLE CHAPTER

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 20							
	If there are material differences in voting rights among members of the governing body, or if the governing	ļ						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		v	ŀ				
	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			v				
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X				
5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?	6	Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a	Х					
_	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
b	persons other than the governing body?	7b	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
	The governing body?	8a	X	1				
	Each committee with authority to act on behalf of the governing body?	8ъ	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40		Х				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c						
	In Schedule O how this was done	13		Х				
13	Did the organization have a written whistleblower policy?	14	Х					
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent							
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
	Other officers or key employees of the organization	15b		X				
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		•					
	taxable entity during the year?	16a	<u> </u>	X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		}					
	exempt status with respect to such arrangements?	16b	<u> </u>					
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole					
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X Upon request Other (explain in Schedule O)	- ما د	'					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	u tinar	ıcıaı					
	statements available to the public during the tax year.	tion.	•					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization WARREN RUMBLE - (301) 972-1645	don'						
	P.O. BOX 2255, GERMANTOWN, MD 20875-2255							
	THOU DON LEGO, Chianata office, and the second second	Fara	. 000	(2013				

Form 990 (2013)

ROCKVILLE CHAPTER

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	///	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week		cer ar	id a d	recto	or/trus	itee)	from	from related	other
	(list any	1 25 15 15 15 15 15 15 15 15 15 15 15 15 15				1		the	organizations	compensation
	hours for	g o	88			sated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	t faust		83	iii De		(W-2/1099-MISC)		organization and related
	below	t ag	tona	_	ојфп	st cor	<u></u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former			organizationio
(1) LEE HAYS	5.00	<u> </u>	-	<u> </u>						
PRESIDENT				Х				0.	0.	0.
(2) GEORGE BRILL	5.00									
1ST VICE PRESIDENT		L_		Х				0.	0.	0.
(3) RICK ALBERT	5.00									
2ND VICE PRESIDENT				X				0.	0.	0.
(4) WARREN RUMBLE	5.00								_	_
TREASURER		<u> </u>		X				0.	0.	0.
(5) JUDY DANISH	5.00			l						
MEMBERSHIP SECRETARY			<u> </u>	X			<u> </u>	0.	0.	0.
(6) KENT SHAW	5.00									
CORRESPONDING SECRETARY		<u> </u>	ļ	X				0.	0.	0.
(7) JERRY CZECHA	5.00									
RECORDING SECRETARY		<u> </u>	_	X				0.	0.	0.
(8) JACK COCHRAN	1.00			ا ا						
PAST PRESIDENT	 	<u> </u>	<u> </u>	Х		<u> </u>		0.	0.	0.
(9) SHAWN HEALEY	1.00									
DIRECTOR	 			X		 		0.	0.	0.
(10) DUVAL CRIST	1.00	ļ					ĺ			
DIRECTOR		<u> </u>	<u> </u>	Х	<u> </u>	ļ		0.	0.	0.
(11) MARTHA PATTERSON	1.00			Í	'					
DIRECTOR	1 00	<u> </u>	_	Х			<u> </u>	0.	0.	0.
(12) MIKE SLINGLUFF	1.00	ļ			į,					0
DIRECTOR	1 00			Х			_	0.	0.	0.
(13) JULIE GILSON	1.00	ļ								•
DIRECTOR	1 00			X				0.	0.	0.
(14) MILES GREENBAUM	1.00			٠,,	ľ				0	•
DIRECTOR	1 00	<u> </u>		Х			-	0.	0.	0.
(15) TOM VEGELLA	1.00	}		.,					0	0
DIRECTOR	1 00			Х		 	├	0.	0.	0.
(16) JAY COPSEY	1.00	-		\ _v				^	_	^
DIRECTOR	1 00		_	Х			\vdash	0.	0.	0.
(17) BILL JACKSON	1.00	ł		v			1	0.	^	^
DIRECTOR	<u> </u>	<u> </u>		X		L_	l		0.	0.

332007 10-29-13

Form **990** (2013)

Form 990 (2013) IZAAK WAI			JΕ	OF		4MF	iK.	ICA –	52-1483	1039	Page 8
Part VII Section A. Officers, Directors, Trus			ees.	and	iH b	ahe	st C	Compensated Employee			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	stee or director ogly og ogly y ogly	not c	(C Posi heck i ss pe	tion more rson irecto		one h an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimamou oth compe from organiand references	nated unt of ner nsation the ization elated zations
(18) NORMA KAWECKI	1.00										^
DIRECTOR	1 00			Х				0.	0	•	0.
(19) RON KOMARA	1.00			х				0.	0	_	0.
DIRECTOR (20) BUD CORAZZA	1.00		\vdash	Α_	_	╁	_	-		•	
DIRECTOR		1		х				0.	0	•	0.
1b Sub-total c Total from continuation sheets to Part V							>	0. 0.	0 0 0	•	0. 0. 0.
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed al	bov	e) wl	no r	received more than \$100	0,000 of reportable		0
 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si and related organizations greater than \$15 5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," com Section B. Independent Contractors 1 Complete this table for your five highest contractors (A) Name and business 	such individual um of reportab 0,000? If "Yes, accrue compe plete Schedui ompensated in the calendar y	ele co ," co nsat le <i>J f</i> depe	omp mpl ion i for s	ensa ete S from uch uch ent o	ation School any pers	n and edul y uni son racte	d ot e J relat	ther compensation from for such individual ted organization or individual that received more than	the organization idual for services \$100,000 of compenyear	3 4	x X X

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

Form **990** (2013)

ROCKVILLE CHAPTER

· · ·			Check if Schedule O cont	ums a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts	1 a	а	Federated campaigns	1a					
or a			Membership dues	1ь					
Am	(С	Fundraising events	1c					
a r	•	d	Related organizations	1d					
S.E	•	е	Government grants (contribut	ions) 1e					
E S	1	f	All other contributions, gifts, gran		11 020				
			similar amounts not included abo	ve 1f	11,230.				
Contributions, Giffs, Grants and Other Similar Amounts	•	9	Noncash contributions included in lines	:1a-1f \$		11 220			
<u>5 8 </u>	!	h	Total. Add lines 1a-1f		>	11,230.			
			VENDERGUIE BUEC		Business Code	61 270	61 270		
<u> </u>	2 8		MEMBERSHIP DUES	& ASSE	900099	64,378.	64,378.		
Program Service Revenue	١	b	RANGE INCOME		900099	17,393.	17,393.	****	
e in	•	C							
<u> </u>	•	d						-	
Š	•	е							
	1		All other program service reve	enue	D	81,771.			
			Total. Add lines 2a-2f		·	01/1/10			
	3		Investment income (including	aividenas, intere	est, and	12,078.			12,078.
			other similar amounts)			12,070.			127070
İ	4		Income from investment of ta	x-exempt bond p	proceeds				-
	5		Royalties	() Pool	(II) Personal				
			0	(i) Real 121,141.					
-			Gross rents	7,839.					
			Less: rental expenses Rental income or (loss)	113,302.					
			Net rental income or (loss)	110/0021	•	113,302.			113,302.
			Gross amount from sales of	(i) Securities	(II) Other				
	•		assets other than inventory	(i) occurring	(1) 01.101				
		h	Less: cost or other basis		 				
			and sales expenses						
			Gain or (loss)						
			Net gain or (loss)						
_			Gross income from fundraisin	na events (not					
ğ	•		including \$	•					
eve			contributions reported on line						1
Other Revenue			Part IV, line 18	a					
ا <u>ئ</u> و		b	Less direct expenses	b					
°		С	Net income or (loss) from fun-	draising events	>				
1			Gross income from gaming a						
			Part IV, line 19	а	· [
		b	Less direct expenses	b					
}		С	Net income or (loss) from gar	ming activities					
	10	а	Gross sales of inventory, less	s returns					
			and allowances	а					
١		b	Less: cost of goods sold	b	·				
		С	Net income or (loss) from sale	es of inventory	•	***			
			Miscellaneous Reveni	ue	Business Code				
Γ	11	а	MISCELLANEOUS		900099	4,536.	,		4,536
		b							
		С							
		d	All other revenue	_			<u> </u>		ļ
		e	Total. Add lines 11a-11d		▶	4,536.			1
L	12		Total revenue. See instructions			222,917.	81,771.	0	. 129,916

Form 990 (2013)

ROCKVILLE CHAPTER

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respon-		his Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in		5 500		
	the United States. See Part IV, line 22	7,500.	7,500.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				<u></u>
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	7,570.		7,570.	
Ь	Legal	400.		400.	
С	Accounting	400.		400.	
d	Lobbying			-1111-11	
е	Professional fundraising services See Part IV, line 17	105.		105.	
f	Investment management fees	103.		103.	-11-15-
9	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				* 4.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	Conferences, conventions, and meetings				
19 20	Interest				
21	Payments to affiliates	26,927.	26,927.		<u></u>
22	Depreciation, depletion, and amortization	13,776.	•	13,776.	
23	Insurance	12,059.		12,059.	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	PROGRAM EXPENSES	39,922.	39,922.		
b	UTILITIES	8,665.		8,665.	
c	BUILDING/GROUND MAINTEN	5,511.		5,511.	
d	INTEREST EXPENSE	3,949.		3,949.	
	All other expenses	6,231.	4,101.	2,130.	
25	Total functional expenses. Add lines 1 through 24e	132,615.	78,450.	54,165.	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)				
					E 000 (0040)

art X	Balance Sheet Check if Schedule O contains a response or not	e to an	v line in this Part X			
•	Office if deficition of the contains a response of hot	e to un	y into in the care.	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			199,702.	1	109,125
2	Savings and temporary cash investments			17,879.	2	19,891
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Loans and other receivables from current and fo	ficers directors.	,			
"	trustees, key employees, and highest compensation					
	Part II of Schedule L		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5	
6	Loans and other receivables from other disquali	fied nei	sons (as defined under			······································
	section 4958(f)(1)), persons described in section					
	employers and sponsoring organizations of section					
1	employees' beneficiary organizations (see instr).		l		6	
7	Notes and loans receivable, net	cic r art ii or con 2		7		
8	Inventories for sale or use			8		
9	Prepaid expenses and deferred charges			9		
10a	· · · · · · · · · · · · · · · · · · ·	I i		,		— IV
104	basis. Complete Part VI of Schedule D	10a	480,085.			
		10b	110,313.	227,683.	10c	369,772
b	Investments - publicly traded securities	[100]	110/3131	322,349.	11	424,915
11	Investments - other securities. See Part IV, line	-	322/3131	12	121,313	
12				····-	13	
13	Investments · program-related See Part IV, line	-		14		
14	Intangible assets	-		15		
15	Other assets See Part IV, line 11	1)	767,613.	16	923,703	
16	Total assets. Add lines 1 through 15 (must equ	ai line 3	4)	70770131	17	7237103
17	Accounts payable and accrued expenses			.	18	
18	Grants payable					
19	Deferred revenue			19		
20	Tax-exempt bond liabilities	D . N.	101 110		20	
21	Escrow or custodial account liability Complete				21	
22	Loans and other payables to current and former					
	key employees, highest compensated employee	es, and	disqualified persons.	170 405		1/2 005
22	Complete Part II of Schedule L			170,485.		142,995
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelate		T T		24	
25	Other liabilities (including federal income tax, pa		· · · · · · · · · · · · · · · · · · ·			
	parties, and other liabilities not included on lines	s 17-24)	Complete Part X of			
	Schedule D		-	170,485.	25	142,995
26	Total liabilities. Add lines 17 through 25			170,403.	26	142,333
	Organizations that follow SFAS 117 (ASC 958		k here ► X and			
	complete lines 27 through 29, and lines 33 ar	id 34.		507 120		780,708
27	Unrestricted net assets		-	597,128.	1	700,700
28	Temporarily restricted net assets		-		28	
29	Permanently restricted net assets				29	
:	Organizations that do not follow SFAS 117 (A	SC 958	I), check here 🕨 📖			
27 28 29 30 31 32	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds		-		30	
31	Paid in or capital surplus, or land, building, or ed		F		31	
32	Retained earnings, endowment, accumulated in	come,	or other funds	E 0 B 4 0 0	32	700 500
33	Total net assets or fund balances		-	597,128.		780,708
34	Total liabilities and net assets/fund balances			767,613.	34	923,703 Form 990 (201

Form **990** (2013)

Form	990 (2013) ROCKVILLE CHAFTER	<u> </u>	110103		ige iz
_	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		· · · · · ·		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22	2,9	17.
2	Total expenses (must equal Part IX, column (A), line 25)	2			515.
3	Revenue less expenses Subtract line 2 from line 1	3			302.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			128.
5	Net unrealized gains (losses) on investments	5	9	3,2	278.
6	Donated services and use of facilities	6			
7	Investment expenses	7	<u>-</u>		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	78	0,	708.
Pa	t XII Financial Statements and Reporting				 1
	Check if Schedule O contains a response or note to any line in this Part XII			T > 4	
				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	О.		1	1,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a_	ļ	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				.
b	Were the organization's financial statements audited by an independent accountant?		2b	ļ	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	,		
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit		1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au			v
	Act and OMB Circular A-133?		3a	-	<u> </u>
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 <u>b</u>		1 (00 : 5:
			Forn	1 99 ((2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

IZAAK WALTON LEAGUE OF AMERICA -ROCKVILLE CHAPTER

Employer identification number 52-1481039

Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III · Non-functionally integrated c Type III - Functionally integrated **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 11g(i) the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organizátion in col in col (ı) listed in your organization in col (described on lines 1-9 support organization (i) organized in the governing document? (i) of your support? above or IRC section (see instructions)) Yes No No Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 ROCKVILLE CHAPTER

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ► 🏻	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	60,833.	51,200.	76,225.	87,910.	78,313.	354,481.
2	Tax revenues levied for the organ-		·				
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	60,833.	51,200.	76,225.	87,910.	78,313.	354,481.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				,		
6	Public support. Subtract line 5 from line 4						354,481.
	ction B. Total Support			,		<u>'</u>	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	60,833.	51,200.	76,225.	87,910.	(e) 2013 78,313.	354,481.
8	Gross income from interest,						
	dividends, payments received on	1					
	securities loans, rents, royalties						
	and income from similar sources	95,196.	93,690.	129,638.	125,530.	133,219.	577,273.
9	Net income from unrelated business		•		· · · · · · · · · · · · · · · · · · ·		
Ī	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	931.		1,827.	1,893.	4,536.	9,187.
11	Total support. Add lines 7 through 10						9,187.
12		etc. (see instruction	ons)		L	12	· · · · · · · · · · · · · · · · · · ·
	First five years. If the Form 990 is for	•	•	d. fourth, or fifth ta	ax vear as a sectio	•	" '
	organization, check this box and stop	=	,	_,,	,		▶ □
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2013 (I			column (f))		14	37.67 %
	Public support percentage from 2012					15	38.62 %
	33 1/3% support test - 2013. If the c			n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies						▶ X
b	33 1/3% support test - 2012. If the c		-		line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization quali						▶ □
17a	10% -facts-and-circumstances tes	• •	• •		e 13, 16a, or 16b,	and line 14 is 10%	or more.
	and if the organization meets the "fac	•					
	meets the "facts-and-circumstances"			-	•		▶ 🗀
F	10% -facts-and-circumstances test	•	•		_	17a, and line 15 is	10% or
•	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶
18	Private foundation. If the organization						s •
<u></u>		Sie not oncor a	20.000 10, 10	<u>., 100, 110, 01 110</u>		edule A (Form 990	
					50110		J. 000 LL, 2010

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

ouppoit concadic for or	gainzanons	Described iii	0000.00.000	/(-/		
(Complete only if you checked the	ne box on line 9	of Part I or if the o	rganization failed t	to qualify under Pa	rt II. If the organiza	ition fails to
qualify under the tests listed below	ow, please com	olete Part II)				
n A. Public Support						
vear (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and				1		
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,					1	
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to		[
	the organization without charge			ļ			
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				ļ		
	amount on line 13 for the year						
c	Add lines 7a and 7b	<u></u>	ļ			-	
	Public support (Subtract line 7c from line 6)				1		
Sec	ction B. Total Support		,	,			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b			ļ.,		<u> </u>	
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on		<u> </u>				
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)			1		 	
	Total support. (Add lines 9, 10c, 11, and 12)	l	1	l			
14	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiz	zation,
_	check this box and stop here						▶∟
	ction C. Computation of Publ					1 1	
	Public support percentage for 2013 (column (f))		15	%
	Public support percentage from 2012			-		16	%
	ction D. Computation of Inve					T"	
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2013. If the						1 / is not
	more than 33 1/3%, check this box a						
t	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, che	ack this hox and s	ton here. The ora	anization ditalifies	as a nublicly sun	norted organization	▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 332023 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

IZAAK WALTON LEAGUE OF AMERICA -

Schedule A	A (For <u>m 99</u> 0 <u>o</u> i	r 990-EZ	2013 ROCKV	ILLE	CHAPTER				<u>52-1481039</u>	Page 4
Part IV	Supplem	ental I	Information. P	rovide th	ne explanations requ	ired by Par	t II, line 10, P	art II, line 17a or	r 17b, and Part III, line	12.
	Also comple	ete this p	part for any addition	nal info	rmation (See instruc	tions).				
COHEDI	י א פרינו	שמגם	TT TIME	1.0		ON EOD	Ошпер	TNCOME.		
SCHEDU	ULE A, .	PART	II, LINE	10,	EXPLANATI	ON FOR	OTHER	INCOME:		
MISCEI	LLANEOU	S								
1110001	принос									
2009 1	TRUOMA	\$	931.							
2011 2	: TRUOMA	\$	1,827.							
0010			1 000							
2012 2	AMOUNT:	\$	1,893.							
2013 7	AMOUNT:	¢	4,536.							
2013	HIOONI.	Υ	4,550.		····				<u></u>	
								· · · · · · · · · · · · · · · · · · ·		
	<u></u> .									
	 									
										
										
									· · · · · · · · · · · · · · · · · · ·	
										
										
							 		<u> </u>	
							<u>.</u>	·		
										

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

IZAAK WALTON LEAGUE OF AMERICA -ROCKVILLE CHAPTER

Employer identification number 52-1481039

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis-	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	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?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an his	torically important land area
	X Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		FAMILIE
			Held at the End of the Tax Year
а	Total number of conservation easements		2a 1
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements	ıt holds?	Yes X No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements d	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	blic 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		▶ \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	d gain, provide
-	the following amounts required to be reported under SFAS	•	•
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		▶ \$
	•		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

		LE CHAPTER				O+!-		2-14			<u>e Z</u>
	Organizations Maintaining C								-	-	—
-	ne organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	it are a si	gnificant u	use of its	collection	items	
`—	all that apply):		. —								
	ublic exhibition	C			hange progra	ams					
r	cholarly research	€	• []	Other							—
	reservation for future generations	-114						aa in Dam	VIII		
	a description of the organization's co	•		•	_			se III rai	ı Allı		
	he year, did the organization solicit o old to raise funds rather than to be ma					er sirmiar	assets		Yes		No
	Escrow and Custodial Arran					"Yes" to	Form 990	Part IV			10
	eported an amount on Form 990, Pa		ete ii tiic	organizatio	ii alisweleu	165 (0)	01111 990,	, raitiv, i	1116 3, 01		
1a Is the o	rganization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not	ıncluded			-	
	1 990, Part X?		,						Yes		No
	explain the arrangement in Part XIII	and complete the fo	llowing	table:							
·		·	ŭ						Amount		_
c Beginni	ng balance						1c				
d Addition	ns during the year						1d				
e Distribu	tions 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
	explain the arrangement in Part XIII										
Part V	Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0		1		
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years ba	ıck
1a Beginni	ng of year balance										
b Contrib	utions										
c Net inve	estment earnings, gains, and losses										
d Grants	or scholarships	 									
e Othere	xpenditures for facilities										
and pro	·										
	trative expenses										
	ear balance		<u> </u>		<u> </u>				l		—
	the estimated percentage of the cur	rent year end baland	-	g, column (a	a)) held as:						
	lesignated or quasi-endowment		%								
	ent endowment	%									
•	arily restricted endowment	%									
•	centages in lines 2a, 2b, and 2c shou	•									
	re endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for th	ne organiz	ation	ſ	V	
by:										Yes I	No_
• •	elated organizations								3a(i)	$\overline{}$	
• •	ted organizations to 3a(ii), are the related organization:	e lietad se raquirad d	on Schar	dula R2					3a(ii) 3b		
	e in Part XIII the intended uses of the	•									
	Land, Buildings, and Equipm		SWITTETIL	101103		***					
	Complete if the organization answere). Part IV	/. line 11a S	ee Form 990	. Part X. I	ine 10				
	Description of property	(a) Cost or o		1	or other		cumulate	d	(d) Bool	cvalue	
	bescription of property	basis (investi			(other)		preciation		(4) 500	· vaido	
1a Land					· · · ·						
b Building	ns.			33	2,164.				332	2,16	4.
_	old improvements				,						
d Equipm	·			14	7,921.	3	10,3	13.	3.	7,60	8.
e Other							•			·	
	es 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	mn (B), line 1	10(c))				369	777	2.
			-				:	Schedule			

52-1481039 Page **3**

. Complete if the organization answered "Yes"			
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat	ion Cost or end-of-year market valu
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuat	ion Cost or end-of-year market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		-	
(9)			
tal (Col (b) must equal Form 990, Part X, col (B) line 13)		<u> </u>	
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(=)			}
(7)			
(8)			
(8) (9)			
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)		•
(8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.			
(8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes"			, Part X, line 25.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990	, Part X, line 25.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes			, Part X, line 25.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)			, Part X, line 25.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)			, Part X, line 25.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)			, Part X, line 25.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line eart X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			▶ , Part X, line 25.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line eart X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			▶ , Part X, line 25.
(8) (9) Ital. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			Part X, line 25.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			Part X, line 25.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	to Form 990, Part IV, line		Part X, line 25.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	to Form 990, Part IV, line	(b) Book value	

Sche	dule D (Form 990) 2013 ROCKVILLE CHAPTER		52-1481039	Page 4
	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a.		
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	1 1		
а	Net unrealized gains on investments	2a		
þ	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	,	_2d		
e	Add lines 2a through 2d		2e 3	
3	Subtract line 2e from line 1		-3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1. Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a	Other (Describe in Part XIII.)	4b		
b	Add lines 4a and 4b	_ 	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	-
	t XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Return.	-
	Complete if the organization answered "Yes" to Form 990, Part IV, lin		•	
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		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
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.	1 1		
а	•	4a		
	Other (Describe in Part XIII)	46		
C	Add lines 4a and 4b		4c	•
5		8.)	5	
	rt XIII Supplemental Information.	4.0.	5 4 4 5 4 7 b 6 5 5	//
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		Part V, line 4; Part X, line 2; Par	ι Αι,
ines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information		
				.
			 	····
		 		

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

IZAAK WALTON LEAGUE OF AMERICA -

Employer identification number

Open to Public

Inspection

OMB No 1545-0047 2013

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Name of the organization IZAAK WALTON LEAG	IZAAK WALTON LEAGUE ROCKVILLE CHAPTER	JE OF AMERICA	- A:				Employer identification number 52-1481039
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	to substantiate the stance?	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	tton X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	toring the use of grant	funds in the United	d States.	·		
둞	Governments an	d Organizations in th	e United States. C	complete if the orga	anization answered "	Yes* to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II can	be duplicated if addit	tional space is need	Jed.			
1 (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 grant or assistance

332101 10-29-13

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table.

Schedule I (Form 990) (2013)

IZAAK WALTON LEAGUE OF AMERICA -

ROCKVILLE CHAPTER

Schedule I (Form 990) (2013) ROCKVILLE CHAPTER

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

52-1481039

ran III can de duplicated li additional space is needed.					•
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP	S	7,500.	0.		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	guired in Part I, lin	e 2, Part III, column	(b), and any other ad	dditional information	
PART I, LINE 2:					
EXPLANATION: FUNDS ARE PAID DIRECTLY	TO	INSTITUTIONS	OF	HIGHER LEARNING.	
		:			

332102 10-29-13

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

IZAAK WALTON LEAGUE OF AMERICA — Employ

Employer identification number

52-1481039 ROCKVILLE CHAPTER Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes Nο 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved (d) Loan to or (i) Written (a) Name of (b) Relationship (c) Purpose (e) Original (f) Balance due (g) In by board or committee? agreement? interested person with organization of loan principal amount default? organization? From Yes No То Yes Yes No ANONYMOUS RENOVATI 175,000. 142,995 X Х Х 142,995 Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (d) Type of (e) Purpose of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2013

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2013 ROCKVILLE CHAPTER

Part IV Business Transactions Involving Interested Persons.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia	aring c zation' nues?
				Yes	No
				 	
					
					ļ
				 	
Part V Supplemental Information					
Provide additional information for r	esponses to questions on Schedule L (see i	nstructions).			
CHEDULE L, PART II, LOA	NS TO AND FROM INTERES	STED PERSOI	NS:		
CHECKE BY THAT ITY EX	nto 10 Into Intol Intol	JIED IEROS			
A) NAME OF PERSON: ANON	IYMOUS				
C) DUDDOCE OF LOAM DEN	IOVANTON OF CLUB HOUSE				
C) PURPOSE OF LOAN: REN	OVATION OF CLUB HOUSE				
				<u>-</u>	
	The production of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of				
		-	_		
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

2013 Open to Public

OMB No 1545-0047

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

orm990. Inspection
Employer identification number

52-1481039

Name of the organization

IZAAK WALTON LEAGUE OF AMERICA - ROCKVILLE CHAPTER

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE UNITED STATES AND OTHER LANDS; TO PROMOTE MEANS AND OPPORTUNITIES

FOR THE EDUCATION OF THE PUBLIC WITH RESPECT TO SUCH RESOURCES AND

THEIR ENJOYMENT AND WHOLESOME UTILIZATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CONSERVATION PROGRAMS - SAVE OUR STREAMS; DESIGNATED AMERICAN CHESTNUT
TREE FARM; WILDLIFE FOOD PATCH; MAINTAIN HIKING/NATURE TRAILS;

RECYCLING; MAINTENANCE OF OVER 100 KESTRAL/WOOD DUCK BREEDING BOXES,

WILDLIFE HABITATS, AND WILDLIFE POPULATION MANAGEMENT.

EXPENSES \$ 989. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: THERE WAS ONE MARRIED COUPLE, AND BOTH SPOUSES WERE MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: MEMBERSHIP IS OPEN TO THE GENERAL PUBLIC UPON PAYMENT OF

APPROPRIATE DUES. DUES CLASSES INCLUDE SINGLE AND FAMILY MEMBERSHIP.

ADULT MEMBERS ARE EACH ENTITLES TO ONE VOTE.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: THE BOARD OF DIRECTORS, WHICH MANAGES THE ACTIVITIES OF THE CHAPTER, IS ELECTED BY THE GENERAL MEMBERSHIP. SIGNIFICANT DECISIONS ARE BROUGHT TO THE GENERAL MEMBERSHIP FOR VOTING AS REQUIRED BY THE BY-LAWS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)