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► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

, 20

D Employer identification number

Indianola, IA 50125

515-961-7631

F Group Exemption
Number ▶

Other (specify) ▶

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Check if the organization used Schedule O to respond to any question in this Part I ☒

[illegible]

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Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	58654	22 27772
23 Land and buildings	28614	23 115008
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	87268	25 142780
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	87269	27 142780

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? **To conserve, maintain, protect and restore nat resources.**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <u>Public shooting trap and rifle leagues, hunter education classes in conjunction with Iowa DNR, Hostr Youth Hunter education challenge (YHEC), Archery competitions, 4H, high school, and college shooting education and competitions, host Kid's fish day with Iowa DNR.</u> (Grants \$ <u>250</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	462
29 _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	462

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Craig McIntyre, President</u>				
<u>1911 West 4th Street, Indianola, IA 50125</u>	6	0	00	0
<u>Cleo Stroud, First Vice President</u>				
<u>11835 Roosevelt St., Indianola, IA 50125</u>	6	0	0	0
<u>Martin Biesemeyer, 2nd Vice President</u>				
<u>108 Phillip Place, Indianola, IA 50125</u>	6	0	0	0
<u>Erin Dobson, Secretary</u>				
<u>23774 Fillmore St, Hartford, IA 50118</u>	6	0	0	0
<u>Larry G. Lepper, Treasurer</u>				
<u>303 N. 14th St., Indianola, IA 50125</u>	6	0	0	0
<u>Matt Glas, Archery Chair</u>				
<u>305 SE Magazine Road, Ankenny, IA 50021</u>	6	0	0	0
<u>Jim Lear, Trap Chair</u>				
<u>903 Wright St., Norwalk, IA 50211</u>	6	0	0	0
<u>Charles Mannis, Rifle Chair</u>				
<u>410 West Boston Ave., Indianola, IA 50125</u>	6	0	0	0
<u>Shane Howard, Rental Chair</u>				
<u>740 S. 2nd Street, Carlisle, IA 50047</u>	6	0	0	0
<u>Dave Smith, Property Chair</u>				
<u>6838 Kennedy, Indianola, IA 50125</u>	6	0	0	0
<u>Chevyn Howard, Membership Chair</u>				
<u>740 S. 2nd Street, Carlisle, IA 50047</u>	6	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	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	✓
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	✓
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	✓
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	
c 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	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37b	✓
b Did the organization file Form 1120-POL for this year?	37b	✓
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	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e 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 ► None		
42a The organization's books are in care of ► Larry G. Lepper, Treasurer Telephone no. ► 515-961-7631 Located at ► 303 N. 14th Street, Indianola, IA ZIP + 4 ► 50125		
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)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	42c	✓
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	43	<input type="checkbox"/>
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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b 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	✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

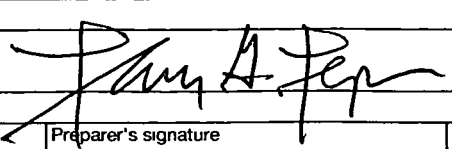
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A ☐ Yes ☐ No

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

Sign Here	Signature of officer		Date		
	 Larry G. Lepper, Treasurer Type or print name and title		MAY 11, 2015		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶		Phone no ▶	
	Firm's address ▶				

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

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.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Warren County Chapter of the Izaak Walton League of America

Employer identification number

42-6099776

Part I, Line 8: Other Revenue

Facility Rental Income: \$3,500

Vending and Pop Can Return: \$334

TOTAL= \$3,834

Part I, Line 10: Grants:

Emily Mann: \$250 scholarship

Convention expense grants: Lisa McIntyre \$520 (State and National)

Craig McIntyre \$20 (State)

Shane Howard \$40 (State)

Chevyn Howard \$40 (State)

Jean Laverty \$20 (State)

TOTAL= \$890

Part I, Line 16, Other Expenses:

Philadelphia Insurance \$5,178

Dues: \$120

IWLA DUES: \$9,270

FOOD: \$1,243

IOWA Sales Tax: \$1,745

Trap supplies: \$22,009

Damage Deposit Return: \$750

Range Expansion Project: \$86,394

Total: \$126,709

Part I, Line 20, Changes to Net Assets:

New Trap Building, trap machines, improvements to rifle range and two

new trap houses/ stations.

Investment \$100,275