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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Públic Inspection

A For the 2015 calendar year, or tax year beginning D Employer identification number В Check if applicable C Name of organization IZAAK WALTON LEAGUE OF AMERICA Address MOUNTAINEER CHAPTER 55-0640599 Doing business as]Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number PO BOX 1891 Final return/ 304-636-6044 termin-ated 333,468. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 26241 Amende return ELKINS, WV H(a) is this a group return F Name and address of principal officer BRUCE EVANS Applica 」Yes X No for subordinates? pending ELKINS, WV 26241 H(b) Are all subordinates included? JYes L Tax-exempt status X 501(c)(3) 」501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.IWLA.ORG/MOUNTAINEER H(c) Group exemption number ▶ L Year of formation: 1956 M State of legal domicile; WV Other > K Form of organization: X Corporation Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: CONSERVATION Activities & Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 <u>o.</u> 7b b Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** 19,553 123,222. Contributions and grants (Part VIII, line 1h) Ō. 0 Program service revenue (Part VIII, line 2g) 14,529. 34,943. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,963. -156. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 56,459 137,595. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,450 5,025. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. Benefits paid to or for members (Part IX, column (A), line 4) 6,274. 5,891. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 55,526 53,794. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 66,250. 64,710. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)
Revenue less expenses. Subtract line 18 from line 12 72,885. -9,791 **Beginning of Current Year End of Year** RS-OS(5 Total as Sts (Paki A Mine 16) 2016 599,505. 672,363. 20 865. 892. 21 Total liabilities (Part X, line 26) 598,613 498. Net assets or fund-balances. Subtract line 21 from line 20 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, Deckration of preparer (Ather than officer) is based on all information of which preparer has any knowledge. Sign BRUCE (EVANS PRESIDENT Here Type or print name and title Date Check X Print/Type preparer's name Preparer's signature **₽**00477073 CHRISTON Paid CHRISTY TRIBBLE CHRISTY TRIBBLE, CPA AC 20-4397455 Preparer Firm's name Use Only 122B 3RD STREET Firm's address Phone no. 304-637-2929 ELKINS, WV 26241 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

IZAAK WALTON LEAGUE OF AMERICA MOUNTAINEER CHAPTER

Form	1 990 (2015) MOUNTAINEER CHAPTER	55-0640599	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
†	Briefly describe the organization's mission: CONSERVATION		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	ers, the total expenses, a	and
4a	(Code) (Expenses \$ 64,710. including grants of \$ 5,025.) (Revenue CONSERVATION AND COMMUNITY INVOLVEMENT	ue\$)
			
4b	(Code) (Expenses \$ including grants of \$) (Revenience of \$)	ua \$	
-10	(Code) (Expenses 4) (Nevertheless 5)	10 4	′
		······································	
4c	(Code) (Expenses \$ including grants of \$) (Reveni	ue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 64,710.)	
<u>4e</u>	Total program service expenses ▶ 64,710.		00 (0045)

532002 12-16-15

MOUNTAINEER CHAPTER 55-0640599 Page 3 Form 990 (2015) Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 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? X If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IXI, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a] b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b 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 X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16

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17

18

X

X

17

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

Part V Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	_	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		 -
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	280		<u> </u>
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	•	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	 	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	 -	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
250	Part V, line 1 Did the exceptration have a controlled entity within the meaning of section 513/b)(13)?	34 35a	 	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	30a	 	 -
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
J J	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		Х
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	Х	
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rai	Check if Schedule O contains a response or note to any line in this Part V			
	Shook ii Conedule O contains a response of flote to any line in this rait v		V 1	<u> </u>
` 1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	•	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		. -	
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
U	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	1	,	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		-	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a_		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders	ĺ		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	1		l
С		<u> </u>	 	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(05.15
		I-Orn	uun	(2015)

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

`	Check if Schedule O contains a response or note to any line in this Part VI					<u> </u>			
Sec	ion A. Governing Body and Management								
			1 44		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14						
	If there are material differences in voting rights among members of the governing body, or if the governing	1							
	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	14						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other	-					
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			v			
	of officers, directors, or trustees, or key employees to a management company or other person?		41	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X			
6									
/a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			x			
	more members of the governing body?	ماداه	aldara ar	7a		┝┻			
D	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	o following:	7b		X			
8		ai by ti	ic following.	.	X				
_	The governing body?			8a 8b	X	┝			
b	Each committee with authority to act on behalf of the governing body?	aabad	at the	- SD	22	\vdash			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be recorganization's mailing address? If "Yes," provide the names and addresses in Schedule O	acneu	at the	9		х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Pavanu	e Code I	<u> </u>					
000	tion B. 1 oncies (This Section Direquests information about policies not required by the internal n	icveria	e code./	-	Yes	No			
100	Did the example to be local chapters, branches, or affiliates?			10a	163	X			
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such organization.	hanto	rs affiliates	IUa					
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	napte	s, aiilliaies,	10b					
112	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy hefo	ore filing the form?	11a	Х	\vdash			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ay bold	ore mining the form:	<u>-</u> -		\vdash			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		х			
b									
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "\"			12b		_			
·	in Schedule O how this was done	·, -		12c					
13	Did the organization have a written whistleblower policy?			13		X			
14	Did the organization have a written document retention and destruction policy?			14		X			
15	Did the process for determining compensation of the following persons include a review and approve	/al by i	ndependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a		Х			
	Other officers or key employees of the organization			15b		Х			
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement :	with a			ĺ			
_	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic		•						
	exempt status with respect to such arrangements?			16b					
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 (Sec	tion 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	n ın Sc	hedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, an	d finar	cial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	nd records.						
	CLYDE THOMPSON - 304-636-6044								
	1301 S HENRY, ELKINS, WV 26241								

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

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

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

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

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

Check this box if neither the organizat (A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	(do		Post		than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of	
	week (list any),, a do	100,	from the	from related organizations	other compensation	
	hours for	direc				8		organization	(W-2/1099-MISC)	from the	
	related	trustee or director	ustee		ŀ	ensat		(W-2/1099-MISC)	,	organization	
	organizations	al trus	nal tr		loyee	E				and related	
	below line)	diwdu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) BRUCE EVANS	3.00	ᆖ	트	ō	=	포동	2				
PRESIDENT	- 3,00	1						0.	0.	0.	
(2) GEORGE COLLETT	3.00	 		_	┢		\vdash				
VICE PRESIDENT		1				l	ŀ	0.	0.	0.	
(3) TRISH THOMASON	3.00	T			-						
SECRETARY		1						0.	0.	0.	
(4) CLYDE THOMPSOM	3.00	Π									
TREASURER								0.	0.	0.	
(5) GARY MEADE	3.00										
ASST TREASURER					L			0.	0.	0.	
(6) DON PHARES	1.00							_	_	_	
PAST PRESIDENT		╙				┕		0.	0.	0.	
(7) DON THOMASON	1.00	1					ŀ				
DIRECITOR		<u> </u>				<u> </u>	_	0.	0.	0.	
(8) CHRIS THOMPSON	1.00										
DIRECITOR	1 00	<u> </u>			ļ	├-	ļ	0.	0.	0.	
(9) STEVE WILSON	1.00	ł								,	
DIRECITOR	1.00	-	_	<u> </u>		├-	 _	0.	0.	0.	
(10) DICK HAMRICK	1.00	1						0.	0.	,	
DIRECITOR (11) RAY MEARNS	1.00	-	-	-	├	-	-	· ·	0,	0.	
DIRECITOR	1.00	1			ĺ			0.	0.	0.	
(12) TOM ROAT	1.00	┢	├	\vdash		\vdash	H	 	- 0.		
DIRECITOR	1700	1						0.	0.	0.	
(13) MIKE LUDDLE	1.00	\vdash	\vdash	\vdash	\vdash	\vdash	\vdash	1		-	
DIRECITOR		1					İ	0.	0.	0.	
(14) VIC THOMPSON	5.00		Т		Т	T					
ACTING TREASURER		1						0.	0.	0.	
		I^-			Г						
		1		ŀ							
						Γ					
						L					
		1									
		1	1	l	1	1	1	1	1	1	

Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees/	, and	d Hi	ghe	st C					/ E\	
(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) amate ount o other	
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	cer	r employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	pensat om the anizati I relate nizatio	on ed
	line)	Ē	lust	Officer	Key	e Hig	For		· · · ·				
													-
		_			_	_			- v				
			_		_								
									, ·				
							_			_			0
1b Sub-total c Total from continuation sheets to Part V	II, Section A						>	0.		0. 0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but a compensation from the organization	not limited to th	nose	liste	ed a	bov	e) wl	no r	l .	0,000 of reportable		<u>.</u>	· - ··	0
3 Did the organization list any former officer	, director, or tri	uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on	ſ		Yes	No
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the s	um of reportab	le c							the organization		3	-	X
 and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," corr 	accrue compe	nsat	tion	from	any	y uni			idual for services	•	5		X X
Section B. Independent Contractors	ipiete ochedu		0/ 3	acri	per	3071			-				<u> </u>
Complete this table for your five highest or the organization. Report compensation for	' - '	-								pens	ation f	rom	
(A) Name and busines:	s address	N	ON	E				(B) Description of s	services	С	(Comper		1
				-									
	_		<u> </u>				_						
											-		
								<u> </u>				<u> </u>	
Total number of independent contractors \$100,000 of compensation from the organ	· -	not I	ımıte	ed to		se li	sted	d above) who received r	nore than				
\$100,000 or compensation from the organ	nzation					_					Form 9	990 <i>(</i>	2015)

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MOUNTAINEER CHAPTER

Part*VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Giffs, Grants and Other Similar Amounts 1 a Federated campaigns 1a 16,251. 1b **b** Membership dues 1c c Fundraising events 106,500. d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 471 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 123,222 Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 10,715 10,715. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 800. 6 a Gross rents 0. **b** Less rental expenses 800. c Rental income or (loss) 800 800 d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 192,720. assets other than inventory b Less: cost or other basis 188,906 and sales expenses 3,814 c Gain or (loss) 3,814 3,814. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 7,035 Part IV, line 18 5,519. b Less: direct expenses 1,516 1,516. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 8,574 Part IV, line 19 1,448. b Less: direct expenses 7,126. 7,126 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 200 and allowances 0 **b** Less cost of goods sold 200. 200. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 3,557 11 a WAYS AND MEANS 999999 3,557 UNREALIZED GAIN ON INV 900099 -13,355. -13,355. C d All other revenue -9,798. e Total. Add lines 11a-11d 137,595. 4,557. 0. 9,816. Total revenue. See instructions. 12

532009 12-18-15

Form 990 (2015)

MOUNTAINEER CHAPTER

Part |X | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b. Program service Managèment and 7b, 8b, 9b, and 10b of Part VIII. **expenses** generăl expenses expenses Grants and other assistance to domestic organizations 1,025 1,025. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 4,000 4,000 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,652. 5,652. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 239 239 10 Payroll taxes Fees for services (non-employees) a Management **b** Legal 1,005. 1,005. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 3,248. 3,248 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 813. 813. 13 Office expenses Information technology Royalties 15 6,962. 6,962. Occupancy 16 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 1,513. 1,513. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 5,896. 5,896. 22 Depreciation, depletion, and amortization 6,690. 6,690. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 17,926. 17,926. NATIONAL MEMBERSHIP DUE 5,920. YOUTH ACTIVITY 5,920. 3,821. WAYS AND MEANS 3,821. ¢ d All other expenses e 64,710. 64,710. 0. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

55-0640599 Page 11

Pa	τX	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
			_	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		10,308.	1	109,538.
	2	Savings and temporary cash investments		40,000.	2	40,000.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	80.	4		
	5	Loans and other receivables from current and fo				
	l	trustees, key employees, and highest compensa				
	1	Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributin	g		
	ļ	employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ř	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis. Complete Part VI of Schedule D	10a 272,516			
	b	Less: accumulated depreciation	10b 104,863		10c	167,653. 355,172.
	11	Investments - publicly traded securities		315,841.	11	355,172.
	12	Investments · other securities. See Part IV, line	1	65,483.	12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	599,505.	16	672,363.
	17	Accounts payable and accrued expenses		892.	17	865.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
es	22	Loans and other payables to current and former	officers, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and disqualified persons.			
iab	1	Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
	1	Schedule D .		892.	25	865.
	26	Total liabilities. Add lines 17 through 25			26	803.
		Organizations that follow SFAS 117 (ASC 958				
Ş		complete lines 27 through 29, and lines 33 ar	nd 34.	598,613.	ļ	671,498.
<u>a</u> u	27	Unrestricted net assets		390,013.	-	0/1,430.
Bal	28	Temporarily restricted net assets			28	<u> </u>
밀	29	Permanently restricted net assets			29	
ュ		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 📖			
ō		and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds		30		
Ąŝ	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	E00 C12	32	671 400
_	33	Total net assets or fund balances	• •	598,613. 599,505.	33	671,498.
	34_	Total liabilities and net assets/fund balances	•	1 223,203.	34	672,363. Form 990 (2015)

Both consolidated and separate basis

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

☐ Consolidated basis

review, or compilation of its financial statements and selection of an independent accountant?

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

Form **990** (2015)

X

X

2b

2c

За

3b

consolidated basis, or both. Separate basis

Act and OMB Circular A-133?

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.lrs.gov/form990.

2015

Open to Public Inspection

Name of the organization

IZAAK WALTON LEAGUE OF AMERICA MOUNTAINEER CHAPTER

Employer identification number 55-0640599

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 (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type !!! non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (ı) Name of supported (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization other support (see support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Section	fails to qualify under the tests lis A. Public Support	ted below, pleas	se complete Part					
	(Complete only if you checked to		•	•	on failed to qualify i	under Part III. If th	e organız	ation
Part II	Support Schedule for Or	rganizations	Described in	Sections 170)(b)(1)(A)(iv) and	170(b)(1)(A)(vi)	
Schedule /	A (Form 990 or 990-EZ) 2015 MU					33-004		Page 2

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	38,171.	43,389.	36,976.	38,238.	142,388.	299,162.	
2	Tax revenues levied for the organ-							
	ızatıon's benefit and either paid to		ļ					
	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	38,171.	43,389.	36,976.	38,238.	142,388.	299,162.	
5	The portion of total contributions			·		i		
	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)						222	
	Public support. Subtract line 5 from line 4					<u> </u>	299,162.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2011 38,171.	(b) 2012 43,389.	(c) 2013 36, 976.	(d) 2014 38, 238.	(e) 2015 142,388.	(f) Total 299,162.	
	Amounts from line 4	30,1/1.	43,309.	30,970.	30,230.	144,300.	299,102.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties	9,293.	8,620.	9,035.	10,354.	11,716.	49,018.	
_	and income from similar sources	9,493.	0,020.	3,033.	10,334.	11,710.	49,010.	
9	Net income from unrelated business						}	
	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 VI.)						348,180.	
11	• • • • • • • • • • • • • • • • • • • •	-1- (12	340,100.	
12	Gross receipts from related activities	•		d fourth or fifth to				
13	First five years. If the Form 990 is forganization, check this box and stop	•	s ilist, second, tilli	u, louren, or mer e	ax year as a section	11 30 1(0)(3)		
Se	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2015 (-		column (fl)		14	85.92 %	
15	Public support percentage from 2014		•	olanii (i)		15	82.64 %	
	33 1/3% support test - 2015. If the			n line 13, and line	14 is 33 1/3% or r			
106	stop here. The organization qualifies				141000 17070 011	nord, driddk triid b	▶ X	
ŀ	33 1/3% support test - 2014. If the		-		Une 15 is 33 1/3%	6 or more, check t	•	
•						5 51 111515, 511551.	▶ □	
17:	and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
	b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
•	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the							
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization						ns	
				, ,		edule A (Form 996		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	ınclude any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus- iness under section 513					į			
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								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and			1	+		<u> </u>		
,,	3 received from disqualified persons								
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)				1				
	ction B. Total Support		·	•	,	<u>' </u>			
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
9	Amounts from line 6		1						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
ŀ	Unrelated business taxable income						i		
	(less section 511 taxes) from businesses			1			1		
	acquired after June 30, 1975								
(Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain								
	or loss from the sale of capital assets (Explain in Part VI.)	<u> </u>	1	1	<u> </u>	<u>1 </u>	<u> </u>		
13	Total support. (Add lines 9, 10c, 11, and 12)								
	First five years. If the Form 990 is fo	r the organization'	s first, second, the	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,		
	check this box and stop here			,	•		▶□		
Se	ction C. Computation of Publ	ic Support Pe	rcentage						
	Public support percentage for 2015 (column (f))		15	%		
16			-	("		16	%		
	Section D. Computation of Investment Income Percentage								
_	Investment income percentage for 20				•	17	%		
18		om 2014 Schedule A, Part III, line 17							
	•	om 2014 Schedule A, Part III, line 17 <u>18</u> % the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
		-					▶ □		
1	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
,	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20			-			•			
~	The state of the s			,	0.1		0		

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		_	Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
3a	1	_		
3a				
3a			-	
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	-2	-		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	١,			
3c	- 3	-		
3c	İ			
3c	38	,		
4a				
4a	30	,	•	
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		•		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	48	3		
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	_			
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	41			
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5b 5c 6 7 8 9a 9b 9c 10a 10b	40	<u>`</u>		
5b 5c 6 7 8 9a 9b 9c 10a 10b				
5b 5c 6 7 8 9a 9b 9c 10a 10b	1			
5b 5c 6 7 8 9a 9b 9c 10a 10b	-			
5b 5c 6 7 8 9a 9b 9c 10a 10b	_ ا			
6 7 8 9a 9b 9c 10a 10b	56			
6 7 8 9a 9b 9c 10a 10b				
6 7 8 9a 9b 9c 10a 10b				
7 8 9a 9b 9c	\ <u>\</u>	_		
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9a 9b 9c 10a	7			
9a 9b 9c 10a				
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10b				
10b				
	10	a	├	
	40	h	ŀ	
n 990 or 990-EZ) 2015			<u> </u>	2015

Schedule A (Form 990 or 990-EZ) 2015	MOUNTAINEER	CHAPTER

	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	73 00 10 333 Fage 0
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
٠_	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		·=	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	10		
	Total (add lines 1a, 1b, and 1c)	1d		
—е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		}
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1 1	·····	1
2	Enter 85% of line 1	2	· · · · · · · · · · · · · · · · · · ·	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	·····	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1	· · · · · · · · · · · · · · · · · · ·	
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting ord	anization (see
•	instructions).	,	\	,
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

(iii) Distributable
(iii)
COSTRUCTION OF
mount for 2015

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Schedule A (Form 990 or 990-EZ) 2015

IZAAK WALTON LEAGUE OF AMERICA

Schedule A	(<u>Form 990 or 990-EZ) 2015 MOUNTAIN</u>	EER CHAPTER	55-0640599 Page 8
Part VI	Supplemental Information. Provide Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c,	the explanations required by Part II, line 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Par	10; Part II, line 17a or 17b, Part III, line 12, t IV, Section B, lines 1 and 2; Part IV, Section C.
•	line 1; Part IV, Section D, lines 2 and 3; Part Section D, lines 5, 6, and 8, and Part V, Sections instructions.)	IV, Section E, lines 1c, 2a, 2b, 3a and 3b tion E, lines 2, 5, and 6. Also complete th	o, Part V, line 1, Part V, Section B, line 1e; Part V, lis part for any additional information.
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_			
			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

IZAAK WALTON LEAGUE OF AMERICA MOUNTAINEER CHAPTER

Employer identification number 55-0640599

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, line 6.						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2							
3	Aggregate value of 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 advised funds						
	are the organization's property, subject to the organization's exclusive legal control?						
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only						
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
	impermissible private benefit?		Yes No				
Pai			t IV, line 7.				
1	Purpose(s) of conservation easements held by the organizat						
	Preservation of land for public use (e.g., recreation or	education) Preservation of a historic	cally important land area				
	Protection of natural habitat	Preservation of a certifie	d 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					
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
C	Number of conservation easements on a certified historic sti	• •	2c				
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	l f				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	rganization during the tax				
	year >						
4	Number of states where property subject to conservation ea	· · · · · · · · · · · · · · · · · · ·					
5	Does the organization have a written policy regarding the pe		—				
•	violations, and enforcement of the conservation easements		└─ Yes └─ No				
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, and enforcing conser	vation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	elling of					
7	s s	dling of violations, and enforcing conservation	n easements during the year				
8	Does each conservation easement reported on line 2(d) abor	va satisfy the requirements of eastion 170/b)	(A)/(D)/(3)				
0	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170(f)(Yes No				
9	In Part XIII, describe how the organization reports conservat						
3	-	•	·				
	include, if applicable, the text of the footnote to the organizal conservation easements.	mon s imanciai statements that describes the	organization's accounting for				
Pai	t III Organizations Maintaining Collections of	of Art. Historical Treasures, or Oth	er Similar Assets.				
	Complete if the organization answered "Yes" on Form		· · · · · · · · · · · · · · · · · · ·				
	If the organization elected, as permitted under SFAS 116 (AS		at and halance sheet works of art				
	historical treasures, or other similar assets held for public ex						
	the text of the footnote to its financial statements that descri		c of public service, provide, in r art Am,				
b	If the organization elected, as permitted under SFAS 116 (AS	· · · · · · · - · · · ·	nd balance sheet works of art, historical				
_	treasures, or other similar assets held for public exhibition, e						
	relating to these items.	addansing or recourser in functionaries or public	o del vide, previde trie relieving amounte				
	(i) Revenue included on Form 990, Part VIII, line 1		▶ 4				
	(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 financial de					
-	the following amounts required to be reported under SFAS 1	_	, p. 51140				
а	Revenue included on Form 990, Part VIII, line 1		▶ \$				
	Assets included in Form 990, Part X		Š S				

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

Schedule D (Form 990) 2015

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		NEER CHAPTE								Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Hist	orical Tr	easures, c	or Other	Similar	Asset	S (continu	ed)
3	Using the organization's acquisition, accessi	on, and other records	, check	any of the	following that	t are a sig	nificant use	of its c	ollection	items
•	(check all that apply).									
а	Public exhibition	d			hange progra	ıms				
þ	Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's co							ın Part	XIII.	
5	During the year, did the organization solicit o					er sımılar a	assets		ı	
Da	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or							<u> </u>		
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		e if the	organizatio	n answered "	'Yes" on F	orm 990, P	art IV, li	ne 9, or	
10	——————————————————————————————————————		on tor	a a nativibiliti a n	o or other ea	aata aat :-				
ıa	Is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermedia	ary for c	contribution	is or other as:	sets not ir	nciuaea		V	
.		and complete the fello		abla:				لسسا	Yes	∟ No
D	If "Yes," explain the arrangement in Part XIII	and complete the folio	owing t	able:					Amazumt	
С	Beginning balance						1c		Amount_	
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo	orm 990. Part X. line 2	1. for e	escrow or co	ustodial acco	unt liabilit			Yes	□ No
	If "Yes," explain the arrangement in Part XIII.						,			
Par).			
		(a) Current year		rior year	(c) Two year		1) Three year	s back	(e) Four y	ears back
1a	Beginning of year balance						•			
b	Contributions									,
С										
đ	Grants or scholarships									
е	Other expenditures for facilities						•			
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balance	(line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Temporanly restricted endowment									
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ssion of the organizat	ion tha	it are held a	ind administe	red for the	e organizati	on	_	
	by.									es No
	(i) unrelated organizations	•		•					3a(i)	
	(ii) related organizations								3a(ii)	
D	If "Yes" on line 3a(ii), are the related organiza	·							3b	
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		vment i	runas.						
T a	Complete if the organization answere		Dort IV	/ lino 11a 9	200 Earm 990	Dort V I	no 10			
	· • · · · · · · · · · · · · · · · · · ·	(a) Cost or oth						1	/d) Dook	· · · · · · · · · · · · · · · · · · ·
	Description of property	basis (investme			or other (other)		cumulated reciation		(d) Book	value
10	Land	Dadio (invocana	5111,		2,342.	- dop.		+-	102	,342.
	Buildings				0,357.	1	00,877	, 		,480.
	Leasehold improvements	 			-, -, -, -,		,-,	+		,
	Equipment				4,061.		3,948	3.		113.
	Other				5,756.		38		5	,718.
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part X	. colun	nn (B). line						,653.
	127	,	,	1-77	/		Sc	hedule		990) 2015

MOUNTAINEER CHAPTER

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation Cost or en	d-of-year market value
Financial derivatives				
Closely-held equity interests				
Other	<u> </u>			· · · · · · · · · · · · · · · · · · ·
(A)	 	-		
(B)	-			 _
(C) (D)	†···	- 		
(E)				
(F)				
(G)			····	
(H)				
tal. (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	valuation: Cost or en	d-of-year market value
(1)	<u> </u>			
(2)	 			
(3)		 		
(4)	 			
(5)	 			
(6)			····	
(7)	 			
(9)	 			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	- 			
Complete if the organization answered "Yes	" on Form 990, Part IV, I	ne 11d. See Form 990	, Part X, line 15.	
) Description	····		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				<u> </u>
(9)				
ntal. (Column (b) must equal Form 990, Part X, col. (B) In Part X Other Liabilities.	ne 15.)	 		<u> </u>
	" on Form 900. Port IV. I	uno 11o or 116 Coo For	000 Port V Ivos 0	-
Complete if the organization answered "Yes (a) Description of liability	On Form 990, Part 14, 1	(b) Book value	T 990, Part X, line 2	o
		(b) Book value	-	
(1) Federal income taxes (2)			-	
			-∤	
			1	
(3)			1	
(3) (4)			<u>.</u> -	
(3) (4) (5)			- - -	
(3) (4) (5) (6)			-	
(3) (4) (5) (6) (7)			-	
(3) (4) (5) (6)				
(3) (4) (5) (6) (7) (8)	ne 25.)			
(3) (4) (5) (6) (7) (8) (9)		e to the organization's	financial statements	that reports the

532053 09-21-15

	(Form 990) 2015 MOUNTAINEER CHAPTER		<u> 55-0640599</u>	Page 4
Part XI	Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1 Total re	evenue, gains, and other support per audited financial statements		1	
	nts included on line 1 but not on Form 990, Part VIII, line 12 ⁻	1 1		
	realized gains (losses) on investments	2a		
	ed services and use of facilities	2b	-	
	eries of prior year grants	2c	_	
	(Describe in Part XIII.)	2d	⊣	
	nes 2a through 2d		2e	
	ict line 2e from line 1		3	
	nts included on Form 990, Part VIII, line 12, but not on line 1	1.1		
	ment expenses not included on Form 990, Part VIII, line 7b	4a	⊣	
	(Describe in Part XIII.)	4b	┥,	
	ies 4a and 4b evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c 5	·
	Reconciliation of Expenses per Audited Financial Statem	ents With Expenses n		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•	ei netuiii.	
	expenses and losses per audited financial statements			
	nts included on line 1 but not on Form 990, Part IX, line 25.		1	
	ed services and use of facilities	2a		
	ear adjustments	2b		
c Other I	•	2c 2c		
	(Describe in Part XIII.)	2d		
	nes 2a through 2d			
	ict line 2e from line 1		3	
	nts included on Form 990, Part IX, line 25, but not on line 1:			
	ment expenses not included on Form 990, Part VIII, line 7b	4a		
	(Describe in Part XIII.)	4b	-	
· ·	nes 4a and 4b	10	4c	
	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	Supplemental Information.			
Provide the o	descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	t IV, lines 1b and 2b; Part V, lir	ne 4, Part X, line 2; Part	XI,
lines 2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional information.		
	,			
				
				<u> </u>
		·		
		-		
				
				

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Internal Revenue Service Name of the organization IZAAK WALTON LEAGUE OF AMERICA Emplo

Employer identification number 5.5 = 0.6.4.0.5.9.9

MOUNTAINEER CHAPTER	35-0040599
FORM 990, PART VI, SECTION B, LINE 11:	
REVIEWED BY BOARD PRIOR TO SUBMISSION	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST	
· · · · · · · · · · · · · · · · · · ·	*-
	