

Department of the Treasury Internal Revenue Service

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

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

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

$\overline{\mathbf{A}}$	For the	e 2017 cale	ndar year, or tax year beginning , 2017, and ending			, 20	
В	Check if	f applicable:	D Employ	er identification r	umber		
	Address	s change	C Name of organization Izaak Walton League of America Jefferson County Chapte Doing business as			23-7000889	
$\overline{\sqcap}$	Name c		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telepho	ne number	
$\bar{\Box}$	Initial re	•	P. O. Box 934			(304) 728-8051	
ñ		um/terminated	Company of the second s				
$\overline{\Box}$		ed return	Kearneysville, WV 25430		G Gross re	eceipts \$	173,875
$\exists$		tion pending		H(a) is this a cr	ouro return for	subordinates? Ye	s 🗸 No
_	гфриод	mon pending		••	•	s included? Te	
_	Tay-eye	empt status				list. (see ınstructı	
<u>:</u> -	Website			H(c) Group	exemption	number ▶	
ĸ			✓ Corporation Trust Association Other ► L Year of formation.		T	of legal domicile	wv
	art I	Summ		1347	σταισ	0.1092	
-	1		escribe the organization's mission or most significant activities: The conse	ervation o	f wildlife	and natural res	OUESES
0	! '	_			·······································		
Governance	1	through e	ducation, training, participation and beneficial use.				
Ē		Chook th	us box ▶☐ if the organization discontinued its operations or disposed of n	nore than	25% of	ite not seeste	
Š.	3		of voting members of the governing body (Part VI, line 1a)		3		-
	4		of independent voting members of the governing body (Part VI, line 1b)		4		0
Se Se	1				5		0
Activities &	5				6		
ţ	6		mber of volunteers (estimate if necessary)		7a		1,150
٩	7a		related business revenue from Part VIII, column (C), line 12		7b		0
	b	net unre	lated business taxable income from Form 990-T, line 34	Prior Ye		Current Y	<u>0</u>
	١ ۾		tions and grants (Dort VIII line 1b)	11101 10		our ent	
P	8		tions and grants (Part VIII, line 1h)		192,747		171,750
9	9	_	service revenue (Part VIII, line 2g)				
é	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		2,131		2,125
Expenses 3 MM & Revenue	2 11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
2	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		194,878		173,875
5	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		2,200		1,800
m	14		paid to or for members (Part IX, column (A), line 4)				
(Se	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)				
Sã	16a		onal fundraising fees (Part IX, column (A), line 11e)				
<u>.</u>	b		draising expenses (Part IX, column (D), line 25)				
	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		108,237		163,343
N U	18		penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		110,437		165,143
<u></u>	19	Revenue	less expenses. Subtract line 18 from line 12 ECEIVED		84,441		8,732
200 of 600 of 60	<u> </u>		ارة المالية الم	inning of Cu		End of Y	
5 39 5	20				553,607		562,339
Net Asse	21		bilities (Part X, line 26)   [27]		0		0
			ets or fund balances. Subtract line 21 from line 20		553,607		562,339
P	art II	Signa	ture Block				
			ury, I declare that I have examined this return, including accompanying schedules and statemer			ny knowledge an	d belief, it is
tri	ue, corre	ect, and comp	lete Declaration of preparer (other than officer) is based on all information of which preparer ha	s any knowi	eage. 		
			W/ durseau treasurer		08/	10/18	
	gn	<b>✓</b> ✓Sigr	nature of officer	Da	te /		
He	ere		N. W. CAMPEAU, TREASURER				
			e or print name and title	_			
P	aid	Print/Ty	ppe preparer's name Preparer's signature Date		Check	☐ if PTIN	
	repar	er			self-em	ployed	
	se Or	l	name ►	Firm	n's EIN ▶		
		Firm's	address ▶	Pho	ne no.		
Ma	ay the	IRS discus	s this return with the preparer shown above? (see instructions)		<u> </u>		s 🗌 No
Fo	r Paper	rwork Redu	uction Act Notice, see the separate instructions. Cat. No. 1	11282Y		Form	<b>990</b> (2017)

) (Revenue \$

Other program services (Describe in Schedule O.)

Total program service expenses ▶

(Expenses \$

including grants of \$

165,143

	0 (2017)		ι	Page 3
Part l	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Г	Yes	No
	complete Schedule A	1	✓	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	EMAN.		1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines 1c and 8a? If "Yes" complete Schedule G. Part II.	10		

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or demostra government on Bot IX column (A) line 12 if "Yes" complete Schodule I. Porte Lond II.	20b		
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		<b>√</b>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>√</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
A	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<del> </del>
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	24a 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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		1
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		1
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):	4,	ų ,	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>▼</b>
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>
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		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	36		<b>√</b>
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	
		Form	990	(2017)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	· · ·	·	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			İ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		}
С	reportable gaming (gambling) winnings to prize winners?	1c	7	~~
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			<del> </del>
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a	, i		١٠,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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		<del> </del>
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	1		
	account)?	4a		✓_
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	1		
	(FBAR).		, , ,	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
U	gifts were not tax deductible?	6b		{
7	Organizations that may receive deductible contributions under section 170(c).	OD		<del>  ,                                   </del>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	( )	ĺ .	,
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		}
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		L_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
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		<b>-</b>
9	Sponsoring organizations maintaining donor advised funds.	9a		~
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:	30		<del> </del>
a	Initiation fees and capital contributions included on Part VIII, line 12			
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:	) !		[
а	Gross income from members or shareholders			}
b	Gross income from other sources (Do not net amounts due or paid to other sources			{
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	L	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			1
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			!
_		{		l
140	<u> </u>	44-		
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		├—
U	in 100, has it med a form 120 to report these payments: if No, provide all explanation in schedule O.	ישריו		

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ions.
Sooti	Check if Schedule O contains a response or note to any line in this Part VI	• •	•	<u>. [₹]</u>
Secu	on A. Governing Body and Management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year   1a	_	165	No
14	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		, ,	
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		· •
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	<b>√</b>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	, , , ', ,	ره در موجود معرود	ا ۲۳ م د که کومروکر
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
0	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	بــــا	✓_
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
10a	Did the organization have local chapters, branches, or affiliates?	40-	Yes	No
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?	10a	-	<b>V</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	<b>V</b>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	7	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	_
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	1	•
13	Did the organization have a written whistleblower policy?	13		<b>√</b>
14	Did the organization have a written document retention and destruction policy?	14	1	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14	•	
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		<b>√</b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			<u> </u>
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		<b>√</b>
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		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in the statements available to the public during the tax year.			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and red	cords:	<b>•</b>	
	W. N. Company, EASE Dispuise Door Ct. Ct. Johns El. 20250 (422) 420 0000			

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Fart VII	Compensation of Officers, Directors,	Trustees, Key Employe	es, Highest Compensated Employee	s, and
	Independent Contractors			

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Estimated Reportable Reportable Average box, unless person is both an hours per compensation compensation from amount of officer and a director/trustee) eek (list an from related other Individual t Institutional trustee Key employee employee hours for the organizations compensation lighest compensated related organization (W-2/1099-MISC) from the rganizations (W-2/1099-MISC) organization below dotted and related organizations (1) James A. Butler **President** (2) Jeffrey T. Welch **Vice President** (3) Jerry Bonanno Director (4) Fredrick Osbourn Director 0 (5) Sam C. Shade III Director (6) Cliff Starliper Secretary (7) William N. Campeau Treasurer (10) (12) (13)

	(A) Name and title		box, office	unles er and	s pe dad	ntion more rson irect	than on the structure of the structure o	an ee)	(D) Reportable compensation from the	(E) Reportation compensation related organization	on from a		(F) Estimated amount of other compensation	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		fro orga and	m the nization related nization	n t
(15)												_		
(16)														
(17)													<del></del>	
(18)											-	<u> </u>		
(19)								-						
(20)												•		_
(21)										<del></del>	_			
(22)								-						
(23)			ļ		_		-	_		<u> </u>	_			
			<u> </u>	_	_	_								
(24)														
(25)							_			·	_			
1b c d	Sub-total	·-				 		<b>&gt;</b>	0		0			0
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w	<del></del>			) of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc							oloyee, or high	-		3	Yes	No V
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of reg	portal an \$1	ble ( 150,	000	nper	nsatio	n a s,"	nd other comp	ensation fr	om the			3
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	ompe	nsat	tion	fro	n any	un un	related organiz	ation or inc		5		1
	on B. Independent Contractors			4					Al A		- 0400			
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
_	(A) Name and business add	ress							(B) Description of s	ervices	_	(C) Compens		
				-					<del></del>					
									· · · · · · · · · · · · · · · · · · ·	_				
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				:

Form **990** (2017)

Part VIII		Statement of Revenue				rage o
		Check if Schedule O contains a response or note to		s Part VIII	<u></u>	· · · · · □
		-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a				"
Grants nounts	þ	Membership dues 1b 120,190			,	•
Gifts, ilar Ar	С	Fundraising events 1c 47,366			ì	
	d	Related organizations 1d		ŀ		'
Contributions, and Other Sim	e	Government grants (contributions) 1e				
utio	f	All other contributions, gifts, grants, and similar amounts not included above				
o ii		. , ,,154				,
io i	g	Noncash contributions included in lines 1a-1f: \$	. "	1,	<i>'</i>	
_	h	Total. Add lines 1a–1f ▶  Business Code	171,750		,	
Program Service Revenue	2a	Dusiness code				
Šé	b			-		
- -	c					<del></del>
eΖ	d					
S E	e					
gra	f	All other program service revenue .				<del>-</del>
Pro	g	Total. Add lines 2a–2f	•			. , , ,
	3	Investment income (including dividends, interest,			l ·	1
		and other similar amounts) ▶	2,125	2,125		
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties <u></u>				
		(i) Real (ii) Personal	* * + 12 ft 14	4 3 6	The make the	17 1 ( 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m
	6a	Gross rents	, , , , , , , , , , , , , , , , , , , ,			and the second
	b	Less: rental expenses			Ĭ -	
	С	Rental income or (loss)	- "		, , ,	المستخدة المستخدة المستخدة المستخدمة المستخدمة المستخدمة المستخدمة المستخدمة المستخدمة المستخدمة المستخدمة الم
	d 70	Net rental income or (loss) ▶  Gross amount from sales of (i) Securities (ii) Other				
	7a	Gross amount from sales of (i) Securities (ii) Other assets other than inventory	•			{
	b	Less: cost or other basis				1
	_	and sales expenses .	1	į	, . *	
	С	Gain or (loss)				Í
	d	Net gain or (loss)				
en	8a	Gross income from fundraising			,	, ,
Other Revenu		events (not including \$ of contributions reported on line 1c).			,	,
her F	_	See Part IV, line 18 a				
δ		Less: direct expenses b	,		~	
		Net income or (loss) from fundraising events .   Gross income from gaming activities.  See Part IV, line 19				
	ь	Less: direct expenses b				
	C	Net income or (loss) from gaming activities		-	-	
	_	Gross sales of inventory, less		· · · · · · · · · · · · · · · · · · ·		<u> </u>
		returns and allowances a				
	ь	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code	···-	-		**
	11a					
	b					
	С				-	<u> </u>
	d	All other revenue				
	е	<b>Total.</b> Add lines 11a–11d				
	12	Total revenue. See instructions.	172 975	2 125		

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons		ne in this Part IX .	40)	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	800	800	,	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,000	1,000	٧	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			,	
4 5	Benefits paid to or for members 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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				· · · · · · · · · · · · · · · · · · ·
ь	Legal				
C	Accounting				·
d	Lobbying		TOTAL DE LE CARACTERISTA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
e	Professional fundraising services. See Part IV, line 17		A TONE OF THE PROPERTY.	المسائد المستعمل المناها المناها	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				<u> </u>
12	Advertising and promotion				
13	Office expenses	2,885	2,885		
14	Information technology				
15	Royalties				
16	Occupancy	61,546	61,546		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				· · · · · · · · · · · · · · · · · · ·
20	Interest ,				L
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	2,840			
23	Insurance	3,458	3,458		· · · · · · · · · · · · · · · · · · ·
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	0.1 -4.1-0	92,614	92,614		
b		32,014	32,014		
c					<del></del>
d					
e	All other expenses	92,614	92,614		
25	Total functional expenses. Add lines 1 through 24e	165,143			
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)	100,110			

	art X	Balance Sneet				
		Check if Schedule O contains a response or note to ar	ny line in this Par	t X	·_•	<u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		197,842	1	207,289
	2	Savings and temporary cash investments	[	212,110	2	214,235
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former office		}	(	•
		trustees, key employees, and highest compensated	1.5			
		Complete Part II of Schedule L	L.		5	
	6	Loans and other receivables from other disqualified persons (as defin	ed under section			,
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing				,
		sponsoring organizations of section 501(c)(9) voluntary employ				
ts		organizations (see instructions). Complete Part II of Schedule ${\sf L}\ $ .	<u> </u>		6	
Assets	7	Notes and loans receivable, net			7	
ď	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	<del></del>
	10a	Land, buildings, and equipment: cost or		"	•	
		other basis. Complete Part VI of Schedule D	326,048			أسسنس مستسمي
	b	Less: accumulated depreciation	185,233	143,655		140,815
	11	Investments—publicly traded securities	<u> </u>		11	
	12	Investments—other securities. See Part IV, line 11	F-	<del></del>	12	
	13	Investments—program-related. See Part IV, line 11	r		13	
	14	Intangible assets	<b>-</b>	<del></del>	14	
	15	Other assets. See Part IV, line 11	-			
—	16	Total assets. Add lines 1 through 15 (must equal line 34) .		553,607	16 17	562,339
	17	Accounts payable and accrued expenses			18	
	18 19	Grants payable	F		19	
	20		<b>⊢</b>	<del></del>	20	
	21	Tax-exempt bond liabilities			21	
rn.	22	Loans and other payables to current and former office		<del></del>		<del> </del> -
Liabilities	22	trustees, key employees, highest compensated em			,	* * * * *
Ē	!				22	
Lia	23	Secured mortgages and notes payable to unrelated third pa	ļ.	<del></del>	23	<u> </u>
_	24	Unsecured notes and loans payable to unrelated third parti	<del>}-</del>		24	<del> </del>
	25	Other liabilities (including federal income tax, payables t	-			<del></del>
		parties, and other liabilities not included on lines 17-24). Co				
	}	of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25	1	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check he	ere 🕨 🔲 and			,
90	}	complete lines 27 through 29, and lines 33 and 34.	1			;
au	27	Unrestricted net assets			27	
Bal	28	Temporarily restricted net assets	[		28	
ᅙ	29	Permanently restricted net assets			29	
Ē	ł	Organizations that do not follow SFAS 117 (ASC 958), check h	ere▶ 🔲 and			
5		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	[		30	
<b>SS</b> 8	31	Paid-in or capital surplus, or land, building, or equipment fu	-		31	
Ę	32	Retained earnings, endowment, accumulated income, or of			32	
Š	33	Total net assets or fund balances		553,607		562,339
	34	Total liabilities and net assets/fund balances	<u> </u>	553,607	34	562,339
						Form <b>990</b> (2017)

Form 99	0 (2017)			F	age 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			73,875
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	65,143
3	Revenue less expenses. Subtract line 2 from line 1	3			8,732
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	53,607
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		Ę	62,339
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other				1.
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	in	1-1	1. 2.
	Schedule O.		[		-[
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	2a	1
	If "Yes," check a box below to indicate whether the financial statements for the year were com			, n'	1 ,
	reviewed on a separate basis, consolidated basis, or both:		1	٠ ٩ ١.,	1 - 4
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			و الله الله الله الله الله الله الله الل	1
b	Were the organization's financial statements audited by an independent accountant?		. 2	2b	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a 🗔	19. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13	7.5
	separate basis, consolidated basis, or both:		9 5	e	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	/ersig	ht 🗀		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant	? 2	2c	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın 🔚	1.,	
	Schedule O.		<u>.</u>		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın 🗀	1	1

Form **990** (2017)

### 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 chantable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

	•					' -		
	Part Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
	organization is not a private founda						115.	
1	A church, convention of church		•		-	·	20	
2	☐ A school described in section	-						
3	☐ A hospital or a cooperative hos		•			- •	<b>–</b> 1	
4	A medical research organization						iii). Enter tl	ne
	hospital's name, city, and state	e:						
5	An organization operated for	the benefit of a	college or university	owned o	r operate	ed by a government	al unit des	cribed in
	section 170(b)(1)(A)(iv). (Com	•						
6	A federal, state, or local govern							
7	An organization that normally			port from	a gover	nmental unit or from	the gener	al public
	described in section 170(b)(1)		·					
8	A community trust described in							
9	☐ An agricultural research organi							
	or university or a non-land-gra university:	nt college of agr	iculture (see instructio	ons). Ente	er the nan	ne, city, and state of	the college	e or
10	✓ An organization that normally	eceives: /1\ mor	e than 331a% of its si	inport fro	m contri	hutions membershir	fees and	aross
	receipts from activities related	to its exempt ful	nctions—subject to c	ertain exc	ceptions,	and (2) no more that	า 33¹/₃่% of	its
	support from gross investment acquired by the organization a						businesses	3
11	An organization organized and				-	•		
12	☐ An organization organized and	•		-			ny out the I	numneae
	of one or more publicly suppo							
	Check the box in lines 12a thro	•						
а	☐ <b>Type I.</b> A supporting organ	zation operated	, supervised, or contr	olled by i	ts suppo	rted organization(s).	typically by	v aivina
	the supported organization	•	•	-				
	supporting organization. Y	ou must comple	ete Part IV, Sections	A and B				
b	☐ <b>Type II.</b> A supporting orga	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by ha	aving
	control or management of				persons	that control or man	age the sup	ported
	organization(s). You must	=						
C							ılly ıntegrat	ed with,
_	its supported organization(							
d		-		-			_	٠,
	that is not functionally integration requirement (see instruction						o an attent	iveness
_	_ ` `	•	•					
е	Check this box if the organ functionally integrated, or						ılı, Type III	
f	Enter the number of supported of				-	ion.		
a	Provide the following information						• • ـ	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amo	unt of
	(,	<b>,</b> , , =	(described on lines 1-10		ur governing	support (see	other supp	ort (see
			above (see instructions))	docu	ment?	instructions)	instruct	ions)
				Yes	No			
(A)			- · · · · · · · · · · · · · · · · · · ·					
~~·		L						
(B)		1		[	[			
(C)				Ĺ				
				<del> </del>	<b> </b>			
(D)				]				
		ļ		<del> </del>	ļ			
(E)								
Tota					<del>                                     </del>			

Part							
	(Complete only if you checked the Part III. If the organization fails to						amy under
Secti	on A. Public Support	quality dried	er the tests it	sted below, p	icase comple	7.te i di t iii.)	<del></del>
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f), Total
1	Gifts, grants, contributions, and	(2) 2010	(5) 25 1 1	(0, 20.0	(0, 20.0	(0) = 0 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	membership fees received. (Do not		,	]	ļ	/	
	include any "unusual grants.")				ļ.		
2	Tax revenues levied for the						
	organization's benefit and either paid		1	ł		/	}
	to or expended on its behalf		<u> </u>				
3	The value of services or facilities		1			/	i
	furnished by a governmental unit to the	1	1	1		V	
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by			Í		1	ĺ
	each person (other than a				1 /	İ	
	governmental unit or publicly			1		ļ ·	]
	supported organization) included on		1.		<b>.</b> .		ļ
	shown on line 11, column (f)				Y	,	
^	• •			/	<del> </del>		
6 Socti	Public support. Subtract line 5 from line 4 on B. Total Support	l	<u> </u>		<u> </u>	i	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> ,2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4	(a) 2013	(0) 2014	(6),2013	(4) 2010	(6) 2017	(i) Total
8	Gross income from interest, dividends,			/			-
ŭ	payments received on securities loans,						
	rents, royalties, and income from	ĺ	/	1			ĺ
	similar sources						ļ
9	Net income from unrelated business						\
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or		<u> </u>			1	
	loss from the sale of capital assets					İ	
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	.,	•			12	
13	First five years. If the Form 990 is for the	, -	n's first, secon	id, third, fourth	n, or fifth tax y	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he		<u> </u>	· · · · ·	<u> </u>	<u> </u>	<u>· · · ▶ </u>
	ion C. Computation of Public Suppor		<del></del>			T	
14	Public support percentage for 2017 (line					14	%
15	Public support percentage from 2016 Sci 331/3% support test—2017. If the organ					21-0/	%
16a	box and stop here. The organization qua				na line 14 is 3.		Check this
ь	331/3% support test—2016./if the organi	-		_			ore sheek
b	this box and stop here. The organization						· · · ►
17a							
	10% or more, and if the organization me						
	Part VI how the organization meets the	facts-and-circ	cumstances" te	est. The organ	ization qualifie	s as a publicly	supported
	organization						🏲 🗀
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization r		ts-and-circum	stances" test.	The organization	ion qualifies as	a publicly
	supported organization						▶ □
18	Private foundation. If the organization di	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

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

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	1					
	received. (Do not include any "unusual grants.")	72,480	85,040	105,217	153,241	124,384	540,362
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	40,180	33,405	31,304	39,506	47,366	191,761
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	112,660	118,445	136,521	192,747	171,750	732,123
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 amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)		,			, n	732,123
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6	112,660	118,445	136,521	192,747	171,750	732,123
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	1,705	1,844	1,878	2,131	2,125	9,683
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1,705	1,844	1,878	2,131	2,125	9,683
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	689	580	219	0	0	1,488
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	115,054	120,869	138,618	194,878	173.875	743,294
14	First five years. If the Form 990 is for the organization, check this box and stop he	e organization			•	ear as a section	
Secti	ion C. Computation of Public Suppor	t Percentage	9				
15	Public support percentage for 2017 (line 8			3, column (f))		15	98.50 %
16	Public support percentage from 2016 Sch	•	-			16	98.47 %
	ion D. Computation of Investment In						
17	Investment income percentage for 2017 (		<del>-</del>	y line 13, colun	nn (f))	17	1.30 %
18	Investment income percentage from 2016	Schedule A, F	Part III, line 17			18	1.31 %
19a	331/3% support tests—2017. If the organi 17 is not more than 331/3%, check this box	ization did not	check the box	on line 14, an			6, and line
b	331/3% support tests—2016. If the organiz line 18 is not more than 331/3%, check this l						31/3%, and
20	Private foundation If the organization di	•	_			•	

## Part IV S

**Supporting Organizations** 

**Section A. All Supporting Organizations** 

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	<u> </u>	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	,	.,' }
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		· · ·
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	د	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		EXT 1:1
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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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>5a</b>	1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	Section of the sectio
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	6	· ·	
7	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).	7		
8	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).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
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.	10a		
	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.)	10b		

_				<u> </u>
Part	Supporting Organizations (continued)		T	
4.4			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			(
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
<b>L</b>	below, the governing body of a supported organization?  A family member of a pamen described in (a) shave?	11a 11b	<u> </u>	<u> </u>
	A family member of a person described in (a) above?  A 25% controlled earthy of a person described in (b) or (b) above? If "Yes" to a board provide detail in Part III.	11c	-	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  on B. Type I Supporting Organizations	116		L
occu	on b. Type I oupporting Organizations	<del></del>	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	<del></del>	163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	, ,		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			,
	controlled the organization's activities. If the organization had more than one supported organization,			,
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	" ·	ı	,
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		,	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		>	
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	. • •	,	7. 64
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	'	,	
	or management of the supporting organization was vested in the same persons that controlled or managed	٢	فَكُنْ يَكُنَّ عُنْ	\$ 25
	the supported organization(s).			
Secti	on D. All Type III Supporting Organizations			
_		26.33.	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	25 £ £		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	اروساور به دراز المساور به دراز	30 133	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	أعطاسه	ئدَّنْت -	250-00
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
	significant voice in the organization's investment policies and in directing the use of the organization's	1	,	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		· '
Secti	ion E. Type III Functionally Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ction	e)
		nsu u	CHOIL	<b>.</b>
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	ana in	at= :at	íal
С	The organization supported a governmental entity. Describe in Fart VI now you supported a government entity (	see iii:	Suuci	ioris). 
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		~	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		l

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	izations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (explai	n in Part VI). See			
instructions. All other Type III non-functionally integrated supporting organ	ızat	ions must complete Section	ns A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recovenes 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	l					
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7		]			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a					
<b>b</b> Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other		\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 4 3 4 7 7			
factors (explain in detail in Part VI):	~ '	أراجى وأراقك جاها بعالم	2 2 5 6 3 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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,	1	}				
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 Recovenes of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount		,	Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1.	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3.	4	,				
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions).						
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporting	g organization (see			
instructions)						

Schedul	e A (Form 990 or 990-EZ) 2017			Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	rted		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.		<del> </del>	
8	Distributions to attentive supported organizations to which	h the organization is res	Donsive	
_	(provide details in <b>Part VI</b> ). See instructions.		F-0.1.0.1	•
9	Distributable amount for 2017 from Section C, line 6	<del></del>	<del></del>	
10	Line 8 amount divided by line 9 amount		<del></del>	
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.	·		
3	Excess distributions carryover, if any, to 2017	,		, , , , , , , , , , , , , , , , , , , ,
а	(			
b	From 2013			,
С	From 2014	*****		40 1 41 4 4 4 4 4 4
d	From 2015		, rn	
е	From 2016		,	, his , a , it
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	· 1		
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)	` `	`	1 5 2 5 5
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			. 1
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2018. Add lines 3 <sub>j</sub> and 4c.			,
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014		-	
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
**	
<del></del>	

## 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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Empl					mployer identification number			
Izaak Walton League of America, Inc. Jefferson County Chapter				23-7000889				
Par		<b>Organizations Maintaining Donor Adv</b>	ised Funds or Other Similar Fun	ds or	Accounts.			
		Complete if the organization answered '						
			(a) Donor advised funds		(b) Funds and other accounts			
1	Total	number at end of year						
2		egate value of contributions to (during year)						
3		egate value of grants from (during year) .		1				
4		egate value at end of year		<del>                                     </del>	<del>-</del>			
5	Did t	ne organization inform all donors and donor	advisors in writing that the assets h	eld in o	donor advised			
•		are the organization's property, subject to the						
6		ne organization inform all grantees, donors, a						
	only f	or charitable purposes and not for the bene	fit of the donor or donor advisor, or f	or any	other purpose			
		·						
Par		Conservation Easements.						
		Complete if the organization answered '	'Yes" on Form 990. Part IV. line 7.					
1	Pum	ose(s) of conservation easements held by the						
•	-	reservation of land for public use (e.g., recrea	<del>-</del>	f a histo	orically important land area			
		rotection of natural habitat	· · · · · · · · · · · · · · · · · · ·		ified historic structure			
	_	reservation of open space		, a oo, t	med filstofie structure			
2		plete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in th	e form of a conservation			
_		nent on the last day of the tax year.	ord a qualified conscivation contribution	) 	Held at the End of the Tax Year			
_		• •			<del> </del>			
a				• •	2a			
b		acreage restricted by conservation easement			2b			
C		per of conservation easements on a certified l			2c			
d		per of conservation easements included in						
•		ic structure listed in the National Register .			2d			
3		per of conservation easements modified, trans	sterred, released, extinguished, or ten	nınatec	by the organization during the			
	tax y		tin					
4		per of states where property subject to conse			 . handling of			
5		the organization have a written policy re			·			
_		ions, and enforcement of the conservation ea						
6	Stan	and volunteer hours devoted to monitoring, inspec	ting, nandling of violations, and enforcing	conserv	ation easements during the year			
_	<b>&gt;</b>							
7		int of expenses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	conser	vation easements during the year			
_	<b>\$</b>	·			4704.141/71/71			
8		each conservation easement reported on line						
					000			
9		rt XIII, describe how the organization reports						
		ce sheet, and include, if applicable, the text of		nancial	statements that describes the			
		nization's accounting for conservation easeme						
Pari		Organizations Maintaining Collection			r Similar Assets.			
		Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.					
1a		organization elected, as permitted under SF						
		s of art, historical treasures, or other similar						
	publi	c service, provide, in Part XIII, the text of the t	ootnote to its financial statements that	t descr	ibes these items.			
b	If the	organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenu	e statement and balance sheet			
	work	s of art, historical treasures, or other similar	assets held for public exhibition, ed	ducatio	n, or research in furtherance of			
		c service, provide the following amounts relat						
	(i) R	evenue included on Form 990, Part VIII, line 1			. ▶ \$			
	(ii) A	sets included in Form 990, Part X			. <b>&gt;</b> \$			
2	If the	organization received or held works of art	historical treasures or other similar	r assets	s for financial gain, provide the			
_		ving amounts required to be reported under S			and break the			
а		nue included on Form 990, Part VIII, line 1 .			<b>▶</b> \$			
		ts included in Form 990. Part X			• •			

Schedule	D	(Form	990)	2017

Page	2

Part									
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and	other rec	ords, ch	eck any of th	ne follov	ving that are a	significant	use of its
а	☐ Public exhibition		d	☐ Loa	ın or exchanç	ge prog	rams		
b	☐ Scholarly research		е	Oth	er				
С	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.	ion's collection	s and exp	lain how	they further	the org	janization's exe	mpt purpo	se in Part
5	Dunng the year, did the organization	solicit or receiv	e donatio	ns of an	t, historical t	reasure	s, or other simi	ar	
	assets to be sold to raise funds rather	than to be main	ntained as	part of t	the organizat	ion's co	illection?	☐ Ye	s 🗌 No
Part									
	Complete if the organization 990, Part X, line 21.		_						Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?								s 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and com	plete the	following	table <sup>.</sup>				
							/	Amount	
С	Beginning balance					10	:		
ď	Additions during the year					1d	<del></del>		
е	Distributions during the year					1e	<del></del>		
f	Ending balance					1 <u>f</u>	<del></del>		
2a	Did the organization include an amoun								
	If "Yes," explain the arrangement in Pa	art XIII. Check h	ere if the	explanat	ion has been	provide	ed on Part XIII .	<u> </u>	_Ц
Par									
	Complete if the organization								
		(a) Current year	(b) t	nor year	(c) Two yea	rs back	(d) Three years bad	k (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and		ì		ł			ļ	
	losses	<u> </u>							
d	Grants or scholarships	<del></del>							
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t			ice (line i	1g, column (a	a)) held	as:		
а	Board designated or quasi-endowment	nt 🕨	<b>%</b>						
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	9/	ó						
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of	the orga	nization 1	that are held	and ad	ministered for t	he	
	organization by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o					·		3b	
4	Describe in Part XIII the intended uses	of the organiza	ation's en	dowment	t funds.				
Par							<del></del>		
	Complete if the organization	answered "Y	es" on Fo	rm 990	, Part IV, lin	e 11a.	See Form 990	, Part X, I	ine 10.
	Description of property		r other basis stment)	(b) Cos	st or other basis (other)		Accumulated epreciation	(d) Bool	value
1a	Land				119,001		ಪ		119,001
b	Buildings				27,091		17,872		9,219
С	Leasehold improvements					L			
d	Equipment				133,023		125,987		7,036
е	Other				46,933		41,374		5,559
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form	990, Par	X, colur	nn (B), line 1	0c.) .			140,815
				_		· ·			

Part VII	Investments—Other Securities.	000 D-	. 157 12	. C F	000 Dark V Br. 40
	Complete if the organization answered "Yes" on Fe				
	(a) Description of security or category (including name of security)	(b) Book v	ralue		od of valuation of-year market value
(1) Financial	derivatives				
	eld equity interests				
(A)					
(B)					
(C)					<del></del>
(D)				•	
(E)			<del> </del>	-	
(F) (C)				<del></del> .	
(G) (H)					
<del></del>	November of Community and Alling 101				
	o) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related.		<u></u>		
Part VIII	Complete if the organization answered "Yes" on F	orm 990, Pai	t IV, line 11c	. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book		(c) Met	nod of valuation of-year market value
(1)					
(2)		<del>- </del> -		-	
(3)					<u> </u>
(4)		<del></del>			
(5)			<del></del>		
(6)					
(7)			+		
(8)					
(9) Total (Column (	b) must equal Form 990, Part X, col. (B) line 13.) ▶	1	51	The state of the s	The state of the s
Part IX	Other Assets.				37 8 30 8 30
	Complete if the organization answered "Yes" on F	orm 990, Pai	rt IV, line 11d	d. See Form	990, Part X, line 15.
	(a) Description				(b) Book value
(1)					
(2)					
(3)					
(4)					···
(5)					
_(6)	- Annual Control of the Control of t				
_(7)					
_(8)					
(9)	mn (b) must equal Form 990, Part X, col. (B) line 15.)			>	
Part X	Other Liabilities.				
raitx	Complete if the organization answered "Yes" on F line 25.	orm 990, Pa	rt IV, line 11e	e or 11f. See	Form 990, Part X,
1.	(a) Description of liability (b) Book value	,			· · · · · · · · · · · · · · · · · · ·
(1) Federal II	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶			:=	
2. Liability fo	r uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the or	ganization's fin	ancial stateme	nts that reports the
organization	's liability for uncertain tax positions under FIN 48 (ASC 740). C	heck here if the	text of the foo	otnote has bee	n provided in Part XIII 📋

Part			e per Return.	
	Complete if the organization answered "Yes" on Form 990,		<del></del>	
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	1 1	
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part			ses per Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	f ]	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	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:		27/2	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII.)		(	
C	Add lines <b>4a</b> and <b>4b</b>			
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5	
	XIII Supplemental Information.			
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar			K, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any addit	ional information.	
•••••				
				,
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chedule D (For	rm 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
		•••••••••••••••••••••••••••••••••••••••
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### SCHEDULE G (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

Open to Public

Izaak \	Walton League of America, Inc. Jeff	ferson County Cl	hapter			23-	7000889
Parl					vered "Yes" on	Form 990, Part IV,	line 17.
	Form 990-EZ filers are r						
1	Indicate whether the organization	on raised funds			•		
а	Mail solicitations				ion of non-govern	-	
b	Internet and email solicitation	ns			ion of governmen	-	
C	☐ Phone solicitations		g [	] Special	fundraising events	5	
d	☐ In-person solicitations						
2a	Did the organization have a writ						
	or key employees listed in Form		-		-	•	
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pr	ursuant to agreen	nents under which th	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	· · · · · · · · · · · · · · · · · · ·		
1					-		
2							
3							
4							
5						· · ·	
6							
7							:
8							
9							
10							
Total				▶			
3	List all states in which the orga registration or licensing.	anization is regis	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from
	***************************************						
			·			·	
				•			

Fart II

Fá	rt II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions	on answered "Yes" on and gross income on F		
	<u> </u>	gross receipts greater tha	(a) Event #1  Trap League (event type)	(b) Event #2  Skeet League (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	30,602	5,417		36,019
4	2	Less: Contributions Gross income (line 1 minus line 2)	30,602	5,417		36,019
	4	Cash prizes				
	5	Noncash prizes				
sesue	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	416			416
Direc	8	Entertainment				
	9	Other direct expenses .	21,332	2,575		23,907
	10 11	Direct expense summary. Ac Net income summary. Subtra			<b>&gt;</b>	24,323 11,696
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" on Form 990	0, Part IV, line 19, or r	reported more
Revenue			(a) Brngo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
~	l					
	1	Gross revenue				
	2	Gross revenue				
Expenses						
Expenses	2	Cash prizes				
	2	Cash prizes		96	□ <b>V</b> 20 94	
Expenses	2 3 4	Cash prizes  Noncash prizes  Rent/facility costs	☐ Yes% ☐ No	☐ Yes%	□ Yes%	
Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .	□ No	□ No	□	
Expenses	2 3 4 5	Cash prizes	No No dd lines 2 through 5 in c	olumn (d)	□ No	
Expenses	2 3 4 5 6 7 8 Er	Cash prizes	No  dd lines 2 through 5 in c  y. Subtract line 7 from I  rganization conducts ga  onduct gaming activities	olumn (d)	□ No	🗌 Yes 🗌 No

chedul	e G (Form 990 or 990-EZ) 2017
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
C	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
- <b></b> -	
<b></b>	

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

### Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

aak Walton League of America, Inc. Jefferson County Chapter	23-7000889
art VI, Section B, Line 11b - The Form 990 is reviewed, after its' completion, at the appropriate monthly meeting	of the Board of Directors
nd Officers.	
art VI, Section B, Line12c - The bylaws stipulate that no member can be compensated for or make a profit from	any activity performed
or the organization. There is constant monitoring of all activities at the facility. All financial transactions of the	organization are
eviewed by the appropriate officers.	
art VI, Section C, Line 19 - The information is made available to any individual who makes a request.	
art IX, Line 24a:	
rues \$58,598	
icense and fees \$75	
rogram services \$3,923	
rogram supplies \$26,875	
wards and trophies \$3,143	
otal Other Expense \$92,614	

Schedule O (Form 990 or 990-EZ) (2017)		Page 2
Name of the organization	Employer identification number	
zaak Walton League of America, Inc. Jefferson County Chapter	23-7000889	
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