EXTENDED TO NOVEMBER 15, 2019

Fo

partment of the Tremal Revenue Ser	ncome Tax ept private foundations) e made public. information.	2018 Open to Public Inspection			
For the 201	8 calend	ar year, or tax year beginning	and ending		
Check if applicable	Name of	organization		D Employer identification	on number

B	Check if applicabl	C Name of organization IZAAK WALTON LEAGUE OF AMERICA		D Employer identifie	cation number
	Addre	MOUNTAINEER CHAPTER			
\sqsubseteq	Name chang Initial			55-0	640599
\vdash	ireturn Final	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 1891	Room/suite	E Telephone number	636–6044
<u> </u>	return termin				205,440.
$\overline{}$	ated ∏Amend	City or town, state or province, country, and ZIP or foreign postal code ELKINS, WV 26241		G Gross receipts \$	
\vdash	lreturn □ Applic			H(a) Is this a group re for subordinates	
_	tion pendir	, ELKINS, WV 26241	2	H(b) Are all subordinates in	= =
1 7	Fax-exe	empt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	nr 1 1527	1	list (see instructions)
		te: NWW.IWLA.ORG/MOUNTAINEER	<u> </u>	H(c) Group exemption	
		organization: X Corporation	L Year		State of legal domicile: WV
	art][Summary			
-	1	Briefly describe the organization's mission or most significant activities CONSI	ERVATI	ON	
Governance					
r.	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets
o e	3	Number of voting members of the governing body (Part VI, line 1a)		3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	0
Activities &	1	Total number of volunteers (estimate if necessary)		6	0
Act		Total unrelated business revenue from Part VIII, column (C)-line 12. EIVED		7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 38 CEIVED	ــ ان د	7b	0.
		Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
ne		141	ולטו 🗀	24,571.	18,497.
Revenue		Program service revenue (Part VIII, line 2g)	┦≅┞	24,989.	40,153.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)OGDEN, UT		39,339.	-48,830.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,-10c,-and-1-1e)——————————————————————————————————		88,899.	9,820.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,400.	6,300.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
'n	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,418.	6,370.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ñ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		56,897.	56,825.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		65,715.	69,495.
	19	Revenue less expenses Subtract line 18 from line 12		23,184.	-59,675.
Assets or d Balances			Beg	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		708,981.	649,306.
EA B	i	Total liabilities (Part X, line 26)	_	905.	905.
Ž:		Net assets or fund balances Subtract line 21 from line 20		708,076.	648,401.
		Signature Block		-A	1 1-1 15 1 6 1
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
ıue,	COLLEC	t, and complete, Declaration of preparer (other than officer) is based on all information of whi	ich preparer i	nas any knowledge.	"
Sigr	,	Signature of officer		Date /	
Here		LYDE THOMPSON, TREASURER		5/22	12019
	<u> </u>	Type or print name and title			
		Print/Type preparer's name Preparer's signature	<u>'D</u>	Date, Check	X PTIN
aid	ļ	CHRISTY TRIBBLE CHRISTY TRIBBLE		5/18/19 If self-employe	— I I
^о гер	arer	Firm's name CHRISTY TRIBBLE, CPA AC		Firm's EIN	20-4397455
Jse	Only	Firm saddress 122B 3RD STREET			
		ELKINS, WV 26241		Phone no. 304	4-637-2929
Иау	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
3200	12-31	LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2018)

(1

Form 990 (2018)

Form 990 (2018) MOUNTAINEER CHAPTER
Part IV. Checklist of Required Schedules

			Yes	No
1 `	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_ X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X
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		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8_		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
40	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	^	-
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	\dashv	<u> </u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		v
m-	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	- 1	<u> </u>
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
• •	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	gordinate of the state of the s		990 //	

| Porm 990 (2018) MOUNTAINEER CHAPTE

	. (continued)		V	
22`	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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			
	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		_ <u>X</u> _
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u> </u>
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		<u> </u>
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)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			w
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		$\frac{x}{x}$
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u>X</u>
٠.		24		Х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
UZ.	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
	Part V, line 1	34	ł	<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>x</u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-004		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	i	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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 1a 0	_		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
832004	12-31-18	Form	990 (2018)

	TYAAK WALTON	N LEAGUE O	F AMERICA			
Form 990 (2018)	MOUNTAINEER				55-0640599	Pao
Part V. Statements R	egarding Other IRS	S Filings and T	ax Compliance	(continued)		

			_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					10.7/6
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions))				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account	count)?	_	4a		X
þ	If "Yes," enter the name of the foreign country	<u> </u>				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR)	3	Miller.	W/11/14	<i>Milita</i>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	L	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit				
	any contributions that were not tax deductible as charitable contributions?		-	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts		l		
	were not tax deductible?		-	6b	265. 46. 25	44 224/248
7	Organizations that may receive deductible contributions under section 170(c).			George St. George St.	44. Hilly	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	rices provided to the pa	yor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		Ļ	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required				
	to file Form 8282?	ı	7	7c	11. 8200	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		Willian.	18.ZZZ	H. H.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		_	7h	U/.60	1.111.1380
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained in	by the	2		Single State of the State of th	Williams.
^	sponsoring organization have excess business holdings at any time during the year?		2	8	1 47	* 15800.0
9	Sponsoring organizations maintaining donor advised funds.		3		ulistiu.	
a	Did the sponsoring organization make any taxable distributions under section 4966?		⊦	9a		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<i>i</i>	9b	234111	10400
	Section 501(c)(7) organizations. Enter	ا م				
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
	Section 501(c)(12) organizations. Enter	ן מטו				
··	Gross income from members or shareholders	11a	2			
h	Gross income from other sources (Do not net amounts due or paid to other sources against	i ia				
_		11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		^	12a	X/49/2; */#/	NO 47 404
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	3	Wille.		W. W.
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a	12,77,2777,14	///// **E4#
	Note. See the instructions for additional information the organization must report on Schedule O		3			
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	, ,	13b	8			
С	To the second of	13c				*
	Did the organization receive any payments for indoor tanning services during the tax year?		Ť	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N		¥/	19,11,11 utic 12.5.	11/1/kg	(27 r. 4/) Godstad /
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment i	ncome?	F	16	$\neg \uparrow$	X
	If "Yes," complete Form 4720, Schedule O		7/2		Mills.	
				Form	990 (2018)

MOUNTAINEER CHAPTER

Form 990 (2018)

55-0640599

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 \mathbf{X} Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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. b 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 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? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? X b Each committee with authority to act on behalf of the governing body? 8h Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 11/1/1/19 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a Х **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE 17 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply Own website X Upon request Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records CLYDE THOMPSON -304-636-6044 1301 S HENRY, ELKINS,

Form 990 (2018) MOUNTAINEER CHAPTER

55-0640599

Page 7

Part VIII 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

X Check this box if neither the organiza (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per					s both r/trus		compensation	compensation from related	amount of other
	week (list any	ğ					Ė	from the	organizations	compensation
	hours for	Individual trustee or director				2		organization	(W-2/1099-MISC)	from the
	related	lee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal t		oloyee	mo a				and related
	below line)	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BRUCE EVANS	3.00	=	=	ō :	2	₹ 5	2			
PRESIDENT	3.00	1						0.	0.	0.
(2) STEVE WILSON	3.00		 	-			-	*	•	•
VICE PRESIDENT		i						0.	0.	0.
(3) TRISH THOMASON	3.00									
SECRETARY						ļ		0.	0.	0.
(4) CLYDE THOMPSON	3.00	Ì								
TREASURER		1						0.	0.	0.
(5) GARY MEADE	3.00									
ASST TREASURER								0.	0.	0.
(6) TOM DITTY	1.00									
PAST PRESIDENT							_	0.	0.	0.
(7) DON THOMASON	1.00	ļ						_	_	_
DIRECTOR								0.	0.	0.
(8) CHRIS THOMPSON	1.00	ļ								
DIRECTOR	1 00							0.	0.	0.
(9) GEORGE COLLETT	1.00	ļ							,	0
DIRECTOR	1 00							0.	0.	0.
(10) DICK HAMRICK DIRECTOR	1.00	1						0.	0.	0.
(11) RAY MEARNS	1.00						\vdash	<u> </u>	0.	0.
DIRECTOR	1.00	ł						0.	0.	0.
(12) TOM ROAT	1.00	\vdash	-					•	•	
DIRECTOR		1						0.	0.	0.
(13) MIKE LUDDLE	1.00							-		-
DIRECTOR		1						0.	0.	0.
(14) ROCKY SIMMONS	1.00									
DIRECTOR		1					}	0.	0.	0.
										
		ļ								
				لبلا				<u></u>	<u> </u>	200

Page 8

Part VIII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		l .		- <u>-</u> -
(A)	(B))) Pos	C) utuan			(D)	(E)		(F)
Name and title	Average hours per		not c	heck	more	than o		Reportable	Reportable	- 1	Estimated
	week					s both or/trus		compensation	compensati		amount of
	(list any	_					Ė	from the	from relate organization		other compensation
	hours for	Individual trustee or director						organization	(W-2/1099-MI		from the
	related	0 a	stee			sate		(W-2/1099-MISC)	(** 27 1000 ****	· ,	organization
	organizations	truste	al tru:		e Ace	age.		(17 27 1000 111100)			and related
	below	geap	Institutional trustee		np9	ss co	a				organizations
	line)	Indiv	Instil	Officer	Keye	Highest compensated employee	Former				
										i	
-											
<u> </u>											
		_								\longrightarrow	
								-			
		_			<u> </u>	-			-		
					L		Ļ				
1b Sub-total								0.		0.	0.
c Total from continuation sheets to Part VI	I, Section A							0.		0.	0.
d Total (add lines 1b and 1c)								0.		0.	0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	е	0
compensation from the organization											Yes No
2. Did the eventualist set of factors										[
3 Did the organization list any former officer,		stee	е, ке	y en	пріо	yee,	or r	nignest compensated en	nployee on	Ľ	1
line 1a? If "Yes," complete Schedule J for s										<u> </u>	3 X
4 For any individual listed on line 1a, is the su									ne organization	-	A X
and related organizations greater than \$150										+	4 A
5 Did any person listed on line 1a receive or a					-		elate	ed organization or individ	lual for services	ŀ	5 X
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule) I fo	or su	ch r	pers	on					5 X
· · · · · · · · · · · · · · · · · · ·	mnoncoted and			* 00	ntro	otor	o +b	ant recovered more than C	100 000 of some		an from
Complete this table for your five highest countries the organization. Report compensation for the organization.									•	pensau	ion irom
(A)	ne calendar ye	ai e	HUIII	g w	uii)I VVII	1 1111	(B)	zai		(C)
Name and business	address	NC	NE				- 1	Description of s	ervices	Cr	ompensation
							_	·			•
							\dashv				***
		-									
							\Box				
							ı				
					_						
							Ī				
2 Total number of independent contractors (in	ncluding but no	t lın	nited	to t	_		ed	above) who received mo	re than	78 MAG 1979 12 11 1971	
\$100,000 of compensation from the organiz	ation				0)					
											orm 990 (2018)

On Patricia	min julituudan	Check if Schedule O cont	aine a reenonee	or note to any lin	e in this Part VIII			
		SHECK II GUILGUE & COIL	ans a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
, Grants	ı	Federated campaigns Membership dues Fundraising events	1a 1b	17,925.	really the county			
Giffts,	4	d Related organizations	1d			at stay		
s, (•	e Government grants (contribut	, 					
ution s	1	f All other contributions, gifts, gran	· I I	570	100	10.4		
iğ ç		similar amounts not included abo		572.		and services are services and services and services and services are services are services and services are s		
Contributions, (Noncash contributions included in lines Total. Add lines 1a-1f	1a-1f \$		18,497.			COMMUNICATION DE LA COMPANION
بنات		<u>, , , , , , , , , , , , , , , , , , , </u>		Business Code	AND THE PROPERTY OF THE CAPTURE OF THE PROPERTY OF THE PROPERT	4		
ė	2 8	a						
ervic	, t	·						
n Si	(·						
graf Rev	Š	·						
Program Service Revenue		All other program service reve	enue				<u> </u>	<u> </u>
	l	Total. Add lines 2a-2f			······································		7 (1991)	
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	10,881.			10,881.
	4			proceeds				
	5	Royalties	(i) Real	(II) Personal			42.78.88/8/////8/88.87.64/33	
	6 6	Gross rents	950.			9 Sept.		
	t	Less rental expenses	0.					
	٠	Rental income or (loss)	950.			100 miles		
		Net rental income or (loss)		<u> </u>	950.	950.	///A/DANKE///// Y-////NOTO-1	79.788850 15~11.1888, 11114.sks
	7 a	Gross amount from sales of	(i) Securities 220,744.	(II) Other	H.		260	il.
	,	assets other than inventory Less cost or other basis	220,744.					
	•	and sales expenses	191,472.					
	٠	Gain or (loss)	29,272.				Maria Cara Almania A	Carlo Carlo
	۰	Net gain or (loss)			29,272.			29,272.
ē	8 a	Gross income from fundraising	- '	}	12.00	4.0		
Other Revenu		including \$ contributions reported on line	of					
Ŗ		Part IV, line 18	ac) See	4,327.		7.6	70	7.0
ther	b	Less direct expenses	b	1 2 22 2	and the same of th	e de la companya del companya de la companya del companya de la co	The same of the sa	
0		Net income or (loss) from fund	Iraising events		2,001.			2,001.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a				1970	
		Less direct expenses	b	1,822.	6,217.	6,217.	CAMATA STATE OF THE STATE OF	
		 Net income or (loss) from gam Gross sales of inventory, less 			0,217	0,217		
-	: •	and allowances		207.				
	b	Less cost of goods sold	b		Seesale Committee Committe			
		Net income or (loss) from sale		<u> </u>	207.	207.	76:0996 hama H Minaji	шантт
		Miscellaneous Revenue	e	Business Code				
		WAYS AND MEANS UNREALIZED LOSS	ON INV	900099	2,930. -61,135.	2,930.		-61,135.
	b	·	OTA TIAA	700033	01,133.			-01,133.
	d							
	е	-		•	-58,205.			
	12	Total revenue. See instructions		•	9,820.	10,304.	0.	-18,981.

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 (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII expenses general expenses expenses Grants and other assistance to domestic organizations 300 300. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 6,000. 6,000. 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 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,917. 5,917. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 453 453. 10 Payroll taxes Fees for services (non-employees) 11 Management а **b** Legal 1,307. 1,307. c Accounting Lobbying Professional fundraising services. See Part IV, line 17 3,576. 3,576. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 412. 412. Office expenses 13 Information technology 14 15 Royalties 10,787. 10,787. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,065. 1,065. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 6,592. 6,592. 22 Depreciation, depletion, and amortization 098 8,098. 23 Other expenses. Itemize expenses not covered 24 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.) 16,162. NATIONAL MEMBERSHIP DUE 16,162. YOUTH ACTIVITY 5,042. 5,042. WAYS AND MEANS 3,690. 3,690. d RANGE SUPPLIES 94. 94. e All other expenses 69,495. 69,495. 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. if following SOP 98-2 (ASC 958-720)

Form **990** (2018)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X End of year Beginning of year 13,739. 8,297. Cash - non-interest-bearing 1 105,260. 95,433, Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 I oans and other receivables from other disqualified persons (as defined under section 4958(t)(1)), persons described in section 4958(c)(3)(U), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other 283,339. basis. Complete Part VI of Schedule D 10a 124,274. 163,972. 159,065. b Less accumulated depreciation 10b 10c 426,010. 271,339. 11 Investments - publicly traded securities 11 115,172. 12 Investments - other securities | See Part IV. line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 708,981. 649,306. 16 16 905. 905. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 905. 905. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. or Fund Balances 708,076. 648,401. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 708,076. 648,401. 33 Total net assets or fund balances 33

> 649,306. Form **990** (2018)

Total liabilities and net assets/fund balances

708,981.

34

Forn	1 990 (2018) MOUNTAINEER CHAPTER	<u> 55-0</u>	640599	Page 12
Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
•	1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,820.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,495.
3	Revenue less expenses Subtract line 2 from line 1	3	-59	,675 .
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	708	,076 <u>.</u>
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		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	648	<u>,401.</u>
Pa	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			\	es No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		inia.	
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	3411	
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		There !	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O	Sept of the	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	igle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	

832012 12-31-18

Form **990** (2018)

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.

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

OMB No 1545-0047

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 12, check only one box) 1 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 5 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) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III 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 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) (i) Name of supported (n) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other i your governing document (described on lines 1-10 organization support (see instructions) support (see instructions) No Yes above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2018 MOUNTAINEER CHAPTER 55-0640599 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and		, ,	, ,		, ,	
	membership fees received (Do not						
	include any "unusual grants ")	38,238.	142,388.	36,615.	39,235.	33,998.	290,474.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		,				
3	The value of services or facilities					,	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	38,238.	142,388.	36,615.	39,235.	33,998.	290,474.
5	The portion of total contributions						
	by each person (other than a			-11	pre-		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
Ġ	Public support. Subtract line 5 from line 4	tyanggamaninananggamagantangga Tatikanisistim, ililikasistanggantang	rodnyngraddagarfyggarffinniffigat.godt. At sút st súturstústústús			attyriggarenniggarenniggaren (j. 1881). 21. ústús - Mandalandski (j. 1884).	290,474.
	ction B. Total Support						•
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	38,238.	142,388.	36,615.	39,235.	33,998.	290,474.
8	Gross income from interest,	-					
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	10,354.	11,716.	23,309.	11,510.	11,831.	68,720.
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)						
11	Total support. Add lines / through 10				ájavatárásátásátásátásátásátásátásátásátásátá		359,194.
12	Gross receipts from related activities,	etc (see instruction	ns)	,		12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth tax	x year as a section	501(c)(3)	
_	organization, check this box and stor		<u>.</u>				ightharpoonup
Sec	ction C. Computation of Publi	c Support Per	centage			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2018 (li	ne 6, column (f) di	vided by line 11, co	olumn (f))		14	80.87 %
15	Public support percentage from 2017	Schedule A, Part I	I, line 14			15	81.66 %
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or me	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				$\triangleright X$
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on li	ne 13 or 16a, and l	line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			ightharpoons
17a	10% -facts-and-circumstances test	- 2018. If the orga	anızatıon dıd not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
-	and if the organization meets the "fac-	ts-and-circumstand	es" test, check th	s box and stop h	ere. Explaın in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"	test The organizat	ion qualifies as a p	ublicly supported	organization		ightharpoons
b	10% -facts-and-circumstances test	- 2017. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	e "facts-and-circur	nstances" test, che	eck this box and	stop here. Explain	ın Part VI how the	
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organizatio	n did not check a t	oox on line 13, 16a	<u>, 16b, 17a, or 17b,</u>	check this box ar	nd see instructions	
					C-L-	dula A /Form 990	*** 000 EZ\ 0040

Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))

17 % 18 %

18 Investment income/percentage from 2017 Schedule A, Part III, line 17

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

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 - 2017. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 MOUNTAINEER CHAPTER

Rant V 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)

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
- 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 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 12a or 12b 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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)
- 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)
- 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.)

,	Yes	No
	906 216.	22/20/38.
1		7772000
73000000000000000000000000000000000000		
	1277777	8 List 101-11/2
2 5.685.37666.	206.185	2.1/11/26
3a		ł
	245.68691/III	\$11.6290044
<u>3b</u>		
	MALE SA	Malle.
3с		
Allin Paris	line St.	\$ 14 1/m
7/1/1/1/1/19:14 5 (5):17	4/11/16334	35454/11h
4a		L
	MIN SON	16. THIII
4b	tro////////	THE PARTY
2007. IJJ 3. 1886 S. 1886.		
(1788*1991), [Mil. 188631		
	W. 27 22 220.	2532.3.80
4c	-58/A'/MA	CHERINIE IN IN
UBUTEE.	47.27 2	12 m
5a		
5b		
_		
5c	101154360	1. 11/2/1/1/11
BALLANI BALLANI		
	GALICOLIA III S	Mill Williams
6	hull jans	Marine
	Tablio .	
7		
	4.112310	164.746
Mithelit Sec	Lilling to	GGA AMA
8		
	(Manish)	KRIKI MAK
9a	1811/22571111	28.88890000
Militaria de la companya del companya de la companya del companya de la companya		
9b		
	14.6km	21001/11/12
9c	6.89 (c) 28 c) VIII -	47 H 20 1 / ///
	·	an commence
10a	11.11.12.81.18.	46225666
10b		

	Supporting Organizations (continued)			
		9807 750	Yes	No
	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)		74.77B	WHA!
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		 -
	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.	11c_		L
Sec	tion B. Type I Supporting Organizations		l	T
		55,44.57.4448	Yes	No WWW
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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	enormalista	lastosillii.	32412M38
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year		4.648.H.	\$\$\frac{1}{2}\delta \delta \de
~	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	LLLINGEL)	19-14-186 19-186
Sec	tion C. Type II Supporting Organizations		<u> </u>	1
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
·	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			
	the supported organization(s).	1	2778.03	7.4.4.4
Sec	tion D. All Type III Supporting Organizations		•	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1115/13		%
	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	G. ////		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			3//2014
	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			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	lite Willer	dinast	SZEC.
	supported organizations played in this regard.	3	l	
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
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			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instantiations and (b) below.	tructions)	Yes	Na.
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	127 C 2011 11/1	WWW.	No
a	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	W / HISCHELY /	WZ4/978/74
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Si Silliki.	11/11/11/11	
-	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	anounistes alla	e romantilla
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	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.	За	mar spilliffel	-ui / DUIT 651
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			11/11/18
_	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		····· ································

	edule A (Form 990 or 990-EZ) 2018 MOUNTAINEER CHAPTER	≡		5-0640599 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov 20, 1970 (explain in Pa	art VI) See instructions. All
`	other Type III non-functionally integrated supporting organizations must c	omplete S	Sections A through E	
Sect	ion 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 - Mınimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1000000000	opportunities and Companies Companies is proprieting the	Market and a contraction of the
	instructions for short tax year or assets held for part of year).	86008600		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other		การเกาะเกาะเกาะเกาะเกาะเกาะเกาะเกาะเกาะเกาะ	gggggggggggggggggggggggggggggggggggggg
	factors (explain in detail in Part VI)			Malalania misan mining sa mangar
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	Main Programme Control of the Contro	
2	Enter 85% of line 1	2		
3	Mınımum 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	MANAMANTAN SA COLOM	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	illy integra		nization (see

Schedule A (Form 990 or 990-EZ) 2018

55-0640599 Page 7 Schedule A (Form 990 or 990 EZ) 2018 MOUNTAINEER CHAPTER Part 1/2 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 2 4 68 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2018 Tours 2 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions. Excess distributions carryover to 2019. Add lines 3_j and 4c Breakdown of line 7 a Excess from 2014 **b** Excess from 2015 c Excess from 2016 d Excess from 2017

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 MOUNTAINEER CHAPTER	55-0640599 Pa	age 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of 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 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 Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	r 17b, Part III, line 12, 1 and 2, Part IV, Section C, V, Section B, line 1e, Part V,	
	······································		-
	· · · · · · · · · · · · · · · · · · ·		
		_	

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.

Name of the organization

IZAAK WALTON LEAGUE OF AMERICA MOUNTAINEER CHAPTER

Employer identification number 55-0640599

[Pa	rtil Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (dunng 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 advise	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be i	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose of	conferring
	impermissible private benefit?		Yes No
P _a	Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	of a conservation easement on the last
	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
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located -	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	: holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	
	and section 170(h)(4)(B)(ii)?		L Yes No
9	In Part XIII, describe how the organization reports conservation	· ·	
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes t	he organization's accounting for
i Doi	conservation easements	Art Historical Transuuras or Otl	roy Cimilay Acasta
Fai	Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
D	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items		. .
	(i) Revenue included on Form 990, Part VIII, line 1		\$
_	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treatment of the following state of the state o		gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	. .
a	Revenue included on Form 990, Part VIII, line 1		S
<u>b</u>	Assets included in Form 990, Part X		> \$

832051 10-29-18

Schedule D (Form 990) 2018

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

		NEER CHAPT						55-06	40599	Page 2
<u> </u> Ha	Companizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, o	r Othe	r Simila	r Asset	s (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	t are a si	gnıfıcant	use of its o	collection it	ems
•	(check all that apply)									
а	Public exhibition		d \square	Loan or exc	hange progra	ams				
b	Scholarly research	1	е 🗌	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	in how th	ey further th	ne organizatio	on's exer	npt purpo	se in Part	XIII	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	sures, or othe	er sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the organ	nization's co	llection?] Yes	☐ No
IP ai	rt(IVI Escrow and Custodial Arran	gements. Comp	lete if the	e organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa			•						
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for d	contribution	s or other as	sets not	ncluded			
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able [.]					_	
		·	J						Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990. Part X. line	21. for e	escrow or cu	ustodial acco	unt liabil			Yes	No
	If "Yes," explain the arrangement in Part XIII						,	_		一"
Pa							10			
		(a) Current year		Prior year	(c) Two yea			years back	(e) Four y	ears back
1a	Beginning of year balance	(4) 5 4 7 5 7 5	1-7-	<u>.</u>	(5) 1.115 / 54		(4)	jours susit	(6) : 56: 7	ouro buon
	Contributions									
G	Net investment earnings, gains, and losses				<u> </u>					
d	Grants or scholarships								<u> </u>	
	Other expenditures for facilities		1		-					
·	and programs									
f	Administrative expenses		 						<u> </u>	
g	End of year balance		 							
2	Provide the estimated percentage of the curr	ent year end haland	e (line 1d	a column (a)	l Naldas				<u> </u>	
a	Board designated or quasi-endowment	erit year erid balanc	% %	y, column (a,	n neid as					
b	Permanent endowment	%	_″							
	Temporarily restricted endowment	%								
ŭ	The percentages on lines 2a, 2b, and 2c short									
32	Are there endowment funds not in the posse	•	ation tha	t are held ar	nd administa	rad far th	e organiz	ation		
Ç	by	ssion of the organiz	auon ma	i ale lielu al	ia administer	ea ioi iii	e organiz	ation	[v	es No
	(i) unrelated organizations								3a(ı)	C2 NO
	(ii) related organizations								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	rad on S	obodulo D2					3b	$\overline{}$
4	Describe in Part XIII the intended uses of the								SD 1	
	tVI■ Land, Buildings, and Equipm		willent	unus						
4-4-	Complete if the organization answered		n Part IV	/ line 11a S	aa Form 990	Dart Y	line 10			
									(d) Pools	
	Description of property	(a) Cost or of basis (investigation)		' '	or other (other)		ccumulat preciation		(d) Book v	value
4	Lond	Dasis (IIIVesti	inent)		· ·	ue	pi eciatioi		100	3/12
	Land	 			2,342.	-	112 2	0.3		<u>,342.</u>
	Buildings				0,357.	-	113,2			,154.
	Leasehold improvements	-		1	4,884.		9,4			<u>,439.</u>
	Equipment				5,756.		1,6	40.	4	<u>,130.</u>
е	Other	1						- 1		

Schedule D (Form 990) 2018

159,065.

Total. Add lines 1a through 1e (Column (d) must equal Form 990. Part X. column (B), line 10c.)

MOTOTOR	T11000	ATT - DEST
MOUNTA	TNEEK	CHAPTE

Part VII Investments - Other Securities.	-			·
Complete if the organization answered "Yes"	on Form 990, Part IV, line			
(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
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) 2900.199 DFA US CORE	1			
(B) EQUITYI 1 PORTFOLIO	59,599.	END-OF-	YEAR MARKET	VALUE
(C) 973.086 T ROWE PRICE				
(D) GROWTH STOCK FUND	55,573.	END-OF-	YEAR MARKET	VALUE
(E)				
(F)				
(G)				
(H)			Total	W 1 2001 W. 1111181. 2005 21118111111111111
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	115,172.	agging in the property of the second of the	iniam televisional distribution of the control of t	(eggidənig) - i improfitationinini filminini qilisi - i dilidikki i i yoʻpinininini qoʻping egani qoʻping qoʻping toʻping toʻping takinininini Kanna anrastaninini dali (oʻping kanasti) (oʻping takininini dilidiki)
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of				
(a) Description of investment	(b) Book value	(c) Method of	valuation Cost or end	d-of-year market value
(1)			<u> </u>	<u> </u>
(2)				
(3)				
(4)	<u> </u>			·······
(5)				
(6)				
(7)				
(8)				
(9)		4444444 (5.185899441./16.1988444	B////b/\$hbb/hb? P! Hilliholds - 466	3. M.
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part XX Other Assets.		Spiritelle and the state of the	andistration and the second second	anni di
Complete if the organization answered "Yes" of	on Form 900. Port IV. line:	11d Soc Form 000	Dort V. Iron 15	
	Description	i id See Foili 990	, Part A, line 15	(b) Book value
(1)				(b) Sook value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	<u> </u>			
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		•	
Part:X Other Liabilities.		•		<u> </u>
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f See Fori	m 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		and the state of t
(1) Federal income taxes				
(2)			7	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)			
2. Liability for uncertain tax positions. In Part XIII, provide		the organization's f	inancial statements t	nat reports the
organization's liability for uncertain tax positions under		_		
				edule D (Form 990) 2018

	edule D (Form 990) 2018 MOUNTAINEER CHAPTER		<u>55-</u> 0640599 _{Pag}	e 4
Pa	Reconciliation of Revenue per Audited Financial Sta	tements With Revenue ر	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a		
1	* Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	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 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	Ent habitat	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	J	5	
Pã	rtXIII Reconciliation of Expenses per Audited Financial St		s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, Ii	ne 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а		2a		
b		2b		
c		2c		
d		2d		
e		24	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а		4a		
b				
_	,	4b		
С	Add lines 4a and 4b	<u> </u>	4c	
с 5	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I. line 1	<u> </u>		
c 5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990. Part I. line 1 TEXIII Supplemental Information.	8.)	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990. Part I. line 1 TEXIII Supplemental Information.	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b, Part	4c 5	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

mation.	
test infor	
<u>-e</u>	
) for t	
-orm99(
w.irs.gov/Form9	
www.ir	
Go to ww	
▲	

2018	Open to Public	Inspection

OMB No 1545-0047

Nan	Name of the organization IZAAK WALTON LEAGUE MOUNTAINEER CHAPTER	TON LEAGUE ER CHAPTER	E OF AMERICA R	Ą				Employer identification number 55-0640599
ď	ি Partil	nd Assistance						
-	Does the organization maintain records to substantiate the amount of	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	uo
	criteria used to award the grants or assistance?	tance?						☐ Yes 💢 No
٧,	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for monit	oring the use of grant	funds in the United	States			
6	Section Se	Somestic Organia 5.000 Part II can	zations and Domestic	c Governments. (Complete if the org	anization answered "\	'es" on Form 990, Part	IV, line 21, for any
	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	, ,							,
	,							
	-							
0 E	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations listed in the line 1 table	nd government org	ions	listed in the line 1 table				
₹		see the Instructi	ons for Form 990.					Schedule I (Form 990) (2018)

MOUNTAINEER CHAPTER

Part

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2018)

Page 2

55-0640599

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Rartival Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information (d) Amount of non-cash assistance ٥. 6,000. (c) Amount of cash grant (b) Number of recipients 9 (a) Type of grant or assistance COLLEGE SCHOLARSHIPS

Schedule I (Form 990) (2018)

832102 11-02-18

SCHEDULE 0 -

Department of the Treasury

(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.

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Internal Revenue Service Name of the organization

IZAAK WALTON LEAGUE OF AMERICA

Employer identification number

MOUNTAINEER CHAPTER	55-0640599
FORM 990, PART VI, SECTION B, LINE 11B:	
REVIEWED BY BOARD PRIOR TO SUBMISSION	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST	
-	