

Short Form

Return of Organization Exempt From Income Tax

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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Warren County Chapter of the Izaak Walton League of America		D Employer identification number 42-6099776
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO Box 183		E Telephone number 515-961-7631
	City or town, state or province, country, and ZIP or foreign postal code Indianola, IA 50125		F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.warrenikes.com

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **91727**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	42110
	2 Program service revenue including government fees and contracts	2	31048
	3 Membership dues and assessments	3	11653
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	3082	
c Less: direct expenses from gaming and fundraising events	6c	1478	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1604	
7a Gross sales of inventory, less returns and allowances	7a	0	
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8	3834	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	90249	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	890
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	6791
	15 Printing, publications, postage, and shipping	15	622
	16 Other expenses (describe in Schedule O)	16	126709
	17 Total expenses. Add lines 10 through 16 ▶	17	135012
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-44763
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	87268
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	100275
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	142780

Part II Balance Sheets (see the instructions for Part II)

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

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

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

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

What is the organization's primary exempt purpose? **To conserve, maintain, protect and restore nat resources.**

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

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

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

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

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

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

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

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

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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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

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

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

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

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

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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization Warren County Chapter of the Izaak Walton League of America	Employer identification number 42-6099776
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Part I, Line 8: Other Revenue

Facility Rental Income: \$3,500

Vending and Pop Can Return: \$334 TOTAL= \$3,834

Part I, Line 10, Grants:

Emily Mann: \$250 scholarship

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

Craig McIntyre \$20 (State)

Shane Howard \$40 (State)

Chevyn Howard \$40 (State)

Jean Laverty \$20 (State) TOTAL= \$890

Part I, Line 16, Other Expenses:

Philadelphia Insurance \$5,178

Dues: \$120

IWLA DUES: \$9,270

FOOD: \$1,243

IOWA Sales Tax: \$1,745

Trap supplies: \$22,009

Damage Deposit Return: \$750

Range Expansion Project: \$86,394 Total: \$126,709

Part I, Line 20, Changes to Net Assets:

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

new trap houses/ stations. Investment \$100,275