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Form

Department of the Treasury Internal Revenue Service

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

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

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

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

OMB No 1545-0047 2014 Open to Public Inspection

Ē	For the 20 Check if applica		15	D Employe	r identification number
Ī	Address change	LAKE MANSFIELD TROUT CLUB		٠, ١	135000
	Name change	Doing business as  Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephon	
	Initial return	4400 NEBRASKA VALLEY ROAD	_	802-	253-7565
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code			
ſ	Amended return	STOWE VT 05672  F Name and address of principal officer	1	<b>G</b> Gross rec	eipts \$ 880,479
Ē	Application pend		H(a) Is this a g	roup return for s	ubordinates? Yes X No
		9 STUART WEPPLER 440 NEBRASKA VALLEY ROAD	H(h) Are all si	ubordinates incl	uded? Yes No
		STOWE VT 05672	1		(see instructions)
_	Tax-exempt sta	72	-		,
1	Website	NA	H(c) Group e	emption numbe	or ►
ĸ	Form of organiz			2006	M State of legal domicile VT
_	Part I	Summary			
		y describe the organization's mission or most significant activities			
	sر عر	CIAL/RECREATION CLUB			
	and	POSTMARK REC	EIVED		
	egovernance 2 Chec	POSTWINITE TO THE			
•	2 Chec	k this box  If the organization discontinued its operations or disposed of more than 25	% of its net as	ssets	
	3 Num	cer of roung members of the governing body (rail 142, in g 4) 1 3 20.0	9 2016	3	15
	= 1	per of independent voting members of the governing body (Part VI, line 1b)		4	15
	5 Total	number of individuals employed in calendar year 2014 (Part V, line 2a) CGDEN	_	5	25
		number of volunteers (estimate if necessary)  SERVICE CENTE	R	6	0
		unrelated business revenue from Part VIII, column (C), line 12		7a	23,634
	<b>b</b> Net u	nrelated business taxable income from Form 990-T, line 34	Prior Y	7b	20,545 Current Year
	8 Cont	ibutions and grants (Part VIII, line 1h)		6,471	409,906
	9 Prog	am service revenue (Part VIII, line 2g)		9,476	439,909
	<b>O</b> D   -	tment income (Part VIII, column (A), lines 3, 4, and 7d)		9,837	12,622
	11 Othe	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2	8,902	13,902
	i	revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,686	876,339
		s and similar amounts paid (Part IX, column (A), lines 1–3)			0
	14 Bene	fits paid to or for members (Part IX, column (A), line 4)			0
	ဖွာ 15 Sala	ies, other compensation, employee benefits (Part IX, column (A), lines 5–10)	36	3,231	413,482
	15 Sala 16a Profe b Tota	ssional fundraising fees (Part IX, column (A), line 11e)  RECEIVED  RECEIVED			0
	<b>b</b> Tota				
	<b>"   17</b> Othe	expenses (Part IX, column (A), lines 11a–11d, 11 24e) expenses Add lines 13–17 (must equal Part IX, column (A) Line 25) 9 2016 nue less expenses Subtract line 18 from line 12		9,931	390,688
	18 Tota	expenses Add lines 13-17 (must equal Part IX, column (A) Line 25) 9 2016		13,162	804,170
		nue less expenses Subtract line 18 from line 12		1,524	72,169
	20 Tot-	[	Beginning of C	0,731	End of Year 2,617,448
	2 <u>19</u>	assets (Part X, line 16)		88,097	1,050,395
	20 41 10ld	ssets or fund balances Subtract line 21 from line 20		32,634	1,567,053
,	Part II	Signature Block		<u>,                                    </u>	
		s of perjury, I declare that I have exemined his return, including accompanying schedules and statemi	ents and to the	hest of my kn	owledge and belief it is
		nd complete Declaretion of preparer (other than officer) is based on all information of which preparer			
		1 Omh	<del></del> -	91	15/2016
	Sign	Signatur of officer		Date	
	lere	( J. T. Burke			
		type/or print name and title	$\Omega$ .		
•		Type preparer's name  Preparer's sgnature  Preparer's sgnature  Carrie E. Martin, CPA  (s name	Date	Check	ıf PTIN
		rie E. Martin, CPA Carrie E. Martin, CPA	09/1	2/16 self-em	
				Firm's EIN	03-0322133
•	Ise Only	PO Box 732, 1072 LaPorte Rd			000 000 =====
-		scuss this return with the preparer shown above? (see instructions)		Phone no	802-888-7781
-			X Yes No		
	or Paperwork AA	Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2014)

orm 990 (2014)	LAKE MANSFIELD TE	ROUT CLUB	03-0135990	Page 2
	tatement of Program Serv	-		
	· · · · · · · · · · · · · · · · · · ·	a response or note to any line	n this Part III	
	ribe the organization's mission RECREATION CLUB			
,				
	<u> </u>	<u> </u>		
		program services during the year which	were not listed on the	□ ., <b>\ \ \</b>
•	990 or 990-EZ? scribe these new services on Sched	tule O		Yes X No
		e significant changes in how it conducts	s any program	
services?	inization souse sendesting, or mak	o dignimodrit changes in now it conducts	, any program	Yes X No
If "Yes," des	scribe these changes on Schedule	0		
4 Describe the	e organization's program service ac	complishments for each of its three larg	gest program services, as measured by	
			ount of grants and allocations to others,	
the total exp	penses, and revenue, if any, for eac	h program service reported		
4 (0 )	) (F		) (Daniel C	
4a (Code	) (Expenses \$ N DDODEDTV FOD TH	Including grants of \$	) (Revenue \$ S WHICH INCLUDES LAKE,	DAM )
		ATIONAL ACTIVITIES	•	DAM,
	IES/LODGING.			
	•			
4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	
4c (Code	) (Expenses \$		) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
4C (Code	) (Expenses \$	including grants or \$	) (Nevenue \$	
4d Other progra	am services (Describe in Schedule	0)		<del></del>
(Expenses		uding grants of \$	) (Revenue \$	)
	am service expenses			

	n 990 (2014) LAKE MANSFIELD TROUT CLUB 03-0135990		P	age 3
P	art IV Checklist of Required Schedules		T.	T
	504/ \( \) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		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 (see instructions)?	2	<b>├</b> ──	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		
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		$\Box$	
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			ļ
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-	$\vdash \vdash$	<del></del>
10		40		х
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<del>                                     </del>	<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	ı	£ 1	1

а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"
	complete Schedule D. Part VI

- **b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- **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 Part X, line 16°? If "Yes," complete Schedule D, Part IX
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
  - **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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
  - **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
- 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
- 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
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
  - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2014)

X

X

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

X

X

X

X

X

X

 $\frac{\mathbf{x}}{\mathbf{x}}$ 

X

X

X

X

X

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		<u>X</u>
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		<u> </u>
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	<i>5</i> , <i>5</i> ,	24d		
25a		1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			37
	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			v
	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)	20-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201		X
_	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	280		X
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
30	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
31	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
-	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301 7701-2 and 301 7701-37 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, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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		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	X	L
			000	

	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	2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	_25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	ノ	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b	_X_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorized and the calendar year.	ority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	al			1
	account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶				1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	unts			1
	(FBAR)				
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	?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
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 contributions of	ρΓ			
7	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	•			ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good and services provided to the payor?	S	,		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		15		
·	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	. [	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	<del></del>	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	•	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10	b			
11	Section 501(c)(12) organizations. Enter	1			
а	Gross income from members or shareholders	a	_  :		
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them )		_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	<b></b>	<del></del>
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O				-
b	Enter the amount of reserves the organization is required to maintain by the states in which	. 1			
	the organization is licensed to issue qualified health plans  13	<del>                                     </del>			
C	Enter the amount of reserves on hand	<u> </u>	-		37
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Vos." has it filed a Form 720 to recent these payments? If "No." arounds an explanation in Schedule O.		14a		X
<u>_b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

Form 990 (2014) LAKE MANSFIELD TROUT CLUB 03-0135990 Page 6 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.  $|\mathbf{X}|$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 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 15 1b **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 2 X 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 ĸ Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 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 Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X 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 X with a 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? 16b Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request X 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 19 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 4400 NEBRASKA VALLEY ROAD CHASITY FAGANT

VT 05672

STOWE

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

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

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

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

(A) Name and Title	(B) Average							(D) Reportable	<b>(E)</b> Reportable	(F) Estimated	
	hours per week	(do not check more than one box, unless person is both an						compensation from	compensation from related	amount of other	
	(list any					r/trustee	∍)	the	organizations	compensation	
	hours for related	Indiv	Insti	Officer	Key	High	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations below dotted	dividual	ution	욕	Key employee	est cc oyee	Э			and related organizations	
	line)	Individual trustee or director	Institutional trustee		byee	Highest compensated employee				-	
	-		8			ated					
(1)WILLIAM ADAMS	1.00										
DIRECTOR	0.00	x						o	0	0	
(2) THOMAS BROCK	0.00	122		_		+			0		
(2, 2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	1.00										
DIRECTOR	0.00	x						0	0	0	
(3) TIM BURKE											
	1.00										
DIRECTOR	0.00	X						0	0	0	
(4) MIKE HATHAWAY	1 00										
D-TD-T-G-T-OD	1.00	٠,		1						•	
DIRECTOR (5) JOHN HYNES	0.00	X	<u> </u>		<u> </u>	++		0	0	0	
(5) JOHN HINES	1.00										
INDIVIDUAL	0.00	x						0	0	0	
(6) PETER KUNIN			_			1 1					
(-,	1.00										
DIRECTOR	0.00	X						0	0	0	
(7) WILBUR MANN, JR.											
	1.00				ļ						
DIRECTOR	0.00	X						0	0	0	
(8) DR. DALE NEIL	1 00										
	1.00	~-								•	
DIRECTOR NOLAN	0.00	X		_	-	$\vdash$		0	0	0	
(9) PETER NOLAN	1.00										
DIRECTOR	0.00	x						o	О	0	
(10) STEVEN RILEY	0.00	1	<u> </u>		_	1 1					
	1.00										
DIRECTOR	0.00	X						0	О	0	
(11) PALL SPERA	-										
	1.00										
DIRECTOR	0.00	X						0	0	Form <b>990</b> (2014	

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week	bo	x, unl	Pos check ess pe	erson	than o	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other			
	(list any hours for related organizations below dotted line)	or director	,	nd a Officer	Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		from to from to organize and rel organiza	the ation ated	
		ustee	trustee		8	pensate							
(12) DEAN ECONOMOU				-	-		-						
PRESIDENT	40.00			x				52,829	0				0
(13) SCOTT BOARDMAN	0.00							32/323		<u> </u>			
1st VICE PRESIDENT	1.00			x				0	0				0
(14) STUART WEPPLER	0.00	<u> </u>		1		<del>                                     </del>			•				
	1.00								•				_
2nd VICE PRES/TREASU (15) KENNETH VALENTII	0.00	$\vdash$	ļ.—	X	-	-		0	0	<del> </del>			0
(15)TERREDITI VALLENTII	1.00												
SECRETARY	0.00	<u> </u>	ļ	X	ļ	_		0	0				0
(16)													
(17)													
(18)					<u> </u>								
(19)													
1b Sub-total	<u> </u>	1	1	1	ı	J _	▶	52,829					
c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion <i>i</i>	A			<b>&gt;</b>	52,829					
Total number of individuals (in reportable compensation from				thos	se lis	ted a	abov			1			
3 Did the organization list any fo				trust	ee	kev e	emp	lovee or highest compensa	uted.			Yes	No
employee on line 1a? If "Yes,"  For any individual listed on line	complete Sche	dule	J for	suc	h ind	dıvidu	Jal				3		X
organization and related orgai													v
<ul><li>individual</li><li>Did any person listed on line 1</li></ul>	la receive or acc	crue	com	pens	atio	n fror	n ar	ny unrelated organization or	individual		4		X
for services rendered to the or Section B. Independent Contractor		∕es,"	con	plet	e So	hedu	ıle J	for such person			5		X
Complete this table for your fit     compensation from the organi	ve highest comp												
	(A) business address	<u> </u>	0.100						(B) tion of services	<del>)</del>	Cr	(C) ompensa	ition
				•			T		<del></del>				
						_	-						
	· · · ·												
												-	
2 Total number of independent								ose listed above) who					<del></del>
received more than \$100,000	or compensatio	11 110	m th	е ого	janiz	zatior	1 📂		0		For	m 99(	0 (2014)

Pa	rt V		ment of Reve		ntains a	response or	r note to any line	in this Part VIII		Π
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
t s	1a	Federated car	mpaigns	1a				TEVENUE		312-314
iran		Membership o		1b		361,141				
S, G		Fundraising e		1c						
ar/a		Related organ		1d						
S,C		Government grants		1e						
Program Service Revenue Contributions, Gifts, Grants   Amounts		All other contribution	•	1f		48,765				
Sont	g h		ons included in lines 1a	-1f	\$		409,906			
9	''_	Total. Add into	es 1a-11			Busn Code	103,300			
en.	2a	MEALS				721000	244,753	244,753	Ì	
Ş.	b	LODGING				722210	183,553	183,553		<del></del>
<u>s</u>	c		ANEOUS PROGR	AM EV	ENTS	532000	10,571	10,571	-	
Ser.	d	LOCKER				110000	700	700		
Ē	e	FISH				812900	332	332		
ogre	f	All other progr	ram service reve	nue						
4	g	Total. Add line				<b>•</b>	439,909			
	3		come (including	dıvıder	nds, intere	est,	12,622		12,622	
:	4	and other sim			at band a	roopeds	12,622		12,622	
	4 5	Royalties	nvestment of tax	(-exem	рт вопа р	roceeds -	· <del>········</del>			
	3	Royallies	(ı) Real		(u) F	Personal				<del></del>
	6a	Gross rents	(i) Near			CISOILAI				
	b	Less rental exps								
	c	Rental inc or (loss)								
	d								i	
		a Gross amount from			(n)	Other				
		sales of assets other than inventory			<u> </u>					
	b	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)								
	d	Net gain or (lo	oss)			<b>•</b>			1	
a	8a	Gross income fr	om fundraising eve	nts						
Ď		(not including \$								
eve		of contributions	reported on line 1c	)						
Other Revenue		See Part IV, line	: 18	а						
ğ	b	Less direct ex	xpenses	b						
J			(loss) from fund		events	<b>•</b>				
	9a		om gaming activitie	es					***************************************	
		See Part IV, line		а						
		Less direct e	•	b						
			r (loss) from gan	_	tivities	<u> </u>				
	10a		f inventory, less							
		returns and al		а		7,030				
		Less cost of	_	þ		_4,140				
	С		r (loss) from sale	s of in	ventory	<b>•</b>	2,890	2,890		
	4.0		cellaneous Revenue			Busn Code			4 4 6 4	
	11a	LOGGING :	INCOME			900099	11,012		11,012	
	þ					-				
	C	All a45 == :						-		
	d	All other rever Total. Add in				<b>•</b>	11,012			
	12		es i la-i lu e See instructio	ne			876 339	442 799	23 634	

## Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. A

Secti	Check if Schedule O contains a response			implete column (A)	
Do n	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		i		
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	52,829			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	300 103			
7	Other salaries and wages	308,103	<del> </del>		
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions)	7,285			
10	Other employee benefits Payroll taxes	45,265			
11	Fees for services (non-employees)	45,205			
	Management				
b	·		<del></del> .		
	Accounting	6,990			
	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,516 2,912			
13	Office expenses	2,912			<del></del>
14	Information technology				
15	Royalties	40 057			
16	Occupancy	48,257	<del>"</del>		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		,		
19	Conferences, conventions, and meetings				
20	Interest	10,181		-	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	61,397	· ·-		
23	Insurance	37,403			
24	Other expenses Itemize expenses not covered	•			
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	FOOD EXPENSE	129,553			
b	REPAIRS & MAINTENANCE	27,474			
С	BANK CARD FEES	10,057			
d	LAUNDRY	6,379			
е	· ·	48,569			
25	Total functional expenses Add lines 1 through 24e	804,170	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				
			L	1	ı

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 80,913 111,414 Cash-non-interest bearing 1 64,508 76,387 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 8,559 6,410 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 13,422 6,412 Notes and loans receivable, net 56,425 50,120 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 2,338,309 other basis Complete Part VI of Schedule D 10a 1,866,793 1,825,498 10b 10c b Less accumulated depreciation 549,610 571,708 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets Other assets See Part IV, line 11 15 2,670,731 2,617,448 16 Total assets Add lines 1 through 15 (must equal line 34) 16 7,338 18,220 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 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 22 398,249 249,665 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 782,510 782,510 of Schedule D 1,188,097 1,050,395 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Net Assets 210,000 30 Capital stock or trust principal, or current funds 210,000 87,739 31 87,739 Paid-in or capital surplus, or land, building, or equipment fund 1,269,314 1,184,895 32 Retained earnings, endowment, accumulated income, or other funds 1,482,634 1,567,053 Total net assets or fund balances 2,670,731 2,617,448 Total liabilities and net assets/fund balances

Form	1 990 (2014) LAKE MANSFIELD TROUT CLUB 03-0135990			Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	. Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,339
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,170
3	Revenue less expenses Subtract line 2 from line 1	3		2,169
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>2,634</u>
5	Net unrealized gains (losses) on investments	5	1	2,250
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	1,56	7,053
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			`	Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_ [ ]	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
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 on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
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 basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the 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			
	Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit 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			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.qov/form990.

OMB No 1545-0047

Open to Public Inspection

lame	of the organization	1	Employer	identification number
L	AKE MANSFIELD TROUT CLUB		03-0	135990
	Organizations Maintaining Donor Advised Fu Complete If the organization answered "Yes" to F	nds or Other Similar Funds or Ac		· · · · · · · · · · · · · · · · · · ·
		(a) Donor advised funds	(I	) 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 (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing tha	it the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl	lusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or done	or advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	art II Conservation Easements.			
_	Complete if the organization answered "Yes" to F	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check	all that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impor	tant land	d area
	Protection of natural habitat	Preservation of a certified historic s	structure	•
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conserv	ation_	
	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 structure inc	luded in (a)	2c	<u> </u>
d	Number of conservation easements included in (c) acquired after 8/17/	/06, and not on a	1	
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	ktinguished, or terminated by the organization	n during	g the
	tax year ▶			
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the yea	ır	
	<b>•</b>			
7		conservation easements during the year		
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easem	·		
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that des	cribes t	the
_	organization's accounting for conservation easements	11: 4 : 17		<u> </u>
Pa	art III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F		mılar	Assets.
		· · · - · · · · · · · · · · · · · · · ·		
та	If the organization elected, as permitted under SFAS 116 (ASC 958), r			
	works of art, historical treasures, or other similar assets held for public		ance of	
_	public service, provide, in Part XIII, the text of the footnote to its finance			•
Ø	If the organization elected, as permitted under SFAS 116 (ASC 958), to			
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of	
	public service, provide the following amounts relating to these items			, r
	(i) Revenues included in Form 990, Part VIII, line 1		<b>•</b>	\$
_	(ii) Assets included in Form 990, Part X	a Alban a and a sanata (c. C	<b>●</b> تاريد.	ъ
2	, ,	• • •	ue the	
_	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items		¢.
a L	Revenue included in Form 990, Part VIII, line 1  Assets included in Form 990. Part X		<b>&gt;</b>	· \$
D	ASSES HOUGE III FUIII 330. FAILA		_	ש

Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	(investment)	(other)	depreciation	
1a Land		393,171		393,171
<b>b</b> Buildings		1,757,043	405,501	1,351,542
c Leasehold improvements				
d Equipment		103,018		103,018
e Other		85,077		85,077
Total. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Part X, colu	ımn (B), line 10c )	<b></b>	1,932,808

Part VII Investments—Other Securities.  Complete if the organization answered "Yes" to	Form 990, Part IV, line	11b See Form 990, Part X, line 12
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
tal. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶		
Part VIII Investments—Program Related.		
Complete if the organization answered "Yes" to	Form 990, Part IV, line	11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
)		
2)		
9)		
)		
5)		
s)		
')		
3)		
9)		
tal. (Column (b) must equal Form 990, Part X, col. (B) line 13 ) ▶		
Part IX Other Assets.		
Complete if the organization answered "Yes" to	Form 990, Part IV, line	11d See Form 990, Part X, line 15
(a) Description		(b) Book value
2)		
3)		
4)		
5)	<del></del>	
S)		
S) ')		
5) 7) 8)		
5) 7) 3) 9)		<b>&gt;</b>
5) 6) 7) 8) 9) stal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities.		<b>&gt;</b>
(5) (7) (8) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Form 990, Part IV, line	
6) 7) 8) 8) tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to	Form 990, Part IV, line	
tal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.	Form 990, Part IV, line	
(a) Description of liability		
(a) Description of liability  75  76  77  78  79  79  79  70  70  71  72  73  74  75  76  77  78  78  79  79  70  70  70  70  70  70  70  70	(b) Book value	
c)  c) c) c) c) c) c) c) c) c) c) c) c)	(b) Book value 751, 910	
tal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to line 25.  (a) Description of liability  DEF. FUNDS-DEBT REDUCTION/CAPITAL  DEPOSITS ON STOCK	(b) Book value	
tal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to line 25.  (a) Description of liability  1) Federal income taxes  2) DEF. FUNDS-DEBT REDUCTION/CAPITAL  3) DEPOSITS ON STOCK	(b) Book value 751, 910	
tal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to line 25.  (a) Description of liability  1) Federal income taxes 2) DEF. FUNDS-DEBT REDUCTION/CAPITAL 3) DEPOSITS ON STOCK 4)  5)	(b) Book value 751, 910	
tal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to line 25.  (a) Description of liability  1) Federal income taxes  2) DEF. FUNDS-DEBT REDUCTION/CAPITAL  3) DEPOSITS ON STOCK  4)  5)	(b) Book value 751, 910	
tal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to line 25.  (a) Description of liability  1) Federal income taxes  2) DEF. FUNDS-DEBT REDUCTION/CAPITAL  3) DEPOSITS ON STOCK  4)  5)  6)  7)	(b) Book value 751, 910	
7) 3) 3) 4al. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to line 25.  (a) Description of liability  1) Federal income taxes  2) DEF. FUNDS-DEBT REDUCTION/CAPITAL  3) DEPOSITS ON STOCK  4) 5) 6) 77	(b) Book value 751, 910	
7) 3) 3) 3) tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to line 25.  (a) Description of liability  1) Federal income taxes 2) DEF. FUNDS-DEBT REDUCTION/CAPITAL 3) DEPOSITS ON STOCK 4) 5) 6) 7)	(b) Book value 751, 910	

Part XIII Supplemental Information.

c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)

4c

5

Schedule D (Form 990) 2014 LAKE MANSFIELD TROUT CLUB

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Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

2014

Open to Public

Department of the Treasury Internal Revenue Service ► 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. Inspection

Employer identification number

Name of the organization

LAKE MANSFIELD TROUT CLUB

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Form 990, Part VI, Line 6 - Classes of Members or Stockholders

Corporation is organized with stockholders, limited to 200 and Guest

Members limited to 50. The Guest Members pay the same dues as

the stockholders and enjoy the same benefits but are not issued stock and

do not have voting rights.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The stockholders elect the secretary, an internal auditor and 5 directors.

The board of directors have the power to fill all vacancies among the officers.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
DIRECTORS REVIEW FORM 990 AND COMPARE TO IN-HOUSE FINANCIALS TO INSURE
RETURN AMOUNTS TIE TO RECONCILED ACCOUNTING REPORTS, AND THAT ALL OTHER
INFORMATION IS COMPLETE AND ACCURATE. DIRECTOR PROVIDES COPIES TO OFFICERS
PRIOR TO SUBMISSION.

Form 990, Part VI, Line 15a - Compensation Process for Top Official EXECUTIVE DIRECTOR SALARY IS RECOMMENDED BY THE FINANCE COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE SALARIES OF KEY EMPLOYEES ARE RECOMMENDED BY THE FINANCE COMMITTEE AND

APPROVED BY THE BOARD OF DIRECTORS. NO COMPENSATION FOR OFFICERS.

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Name of the organization

Employer identification number

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Form 990, Part VI, Line 18 - No Public Disclosure Explanation

TAX RETURNS, GOVERNING DOCUMENTS, ETC. ARE MADE AVAILABLE TO THE PUBLIC

UPON WRITTEN REQUEST RECEIVED BY THE BOARD OF DIRECTORS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public