


Form 990



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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

LATROBE SPORTSMAN'S ASSOCIATION INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)

PO BOX 453

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

LATROBE, PA 15650

F Name and address of principal officer

DAVE MATHENY
2150 RAYMOND AVENUE
LATROBE, PA 15650

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (7) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1940

M State of legal domicile PA

Part I

Summary

Activities & Governance

1

Briefly describe the organization's mission or most significant activities

TO PROMOTE, AID AND ENCOURAGE NON-PARTISAN LEGISLATION AND POLICIES LOOKING TO THE CONSERVATION OF OUR NATURAL RESOURCES, ESPECIALLY OF GAME, FISH, FORESTS, AND STREAMS, AND TO PROMOTE HIGHER ETHICS AMONG SPORTSMEN

2

Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	25,689
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	9,243

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,785	3,025
9	Program service revenue (Part VIII, line 2g)	320	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7 d)	4,555	5,054
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89,946	38,249
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	98,606	46,328

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,200	0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	51,610	38,487
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	52,810	38,487
19	Revenue less expenses Subtract line 18 from line 12	45,796	7,841

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	481,398	490,206
21	Total liabilities (Part X, line 26)		0
22	Net assets or fund balances Subtract line 21 from line 20	481,398	490,206

Part II

Signature Block

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

2016-05-15

Date

JOHN URBAN TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

PATSY A IEZZI JR

Preparer's signature

PATSY A IEZZI JR

Date

2016-05-16

Check ☐ if self-employed

PTIN

P00367947

Firm's name

▶ PATSY A IEZZI JR PC

Firm's EIN ▶

25-1673053

Firm's address ▶

140 S MAIN STREET 201
GREENSBURG, PA 156013133

Phone no

(724) 832-7171

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)