2017 Form 990

June 30, 2018

Public Disclosure Copy

STATEMENT THAT THIS IS A TAX RETURN NOT A FINANCIAL STATEMENT

The accompanying federal income tax return does <u>NOT</u> constitute a financial statement. We have not audited, reviewed or compiled the accompanying income tax return and, accordingly, do not express an opinion or any other form of assurance on it.

An income tax return is not intended to constitute financial statements prepared in accordance with generally accepted accounting principles. Accordingly, it does not necessarily include all financial information or disclosures required by generally accepted accounting principles. If the omitted financial information or disclosures were included with the tax return, they might influence the users' conclusions about the taxpayer's financial position, results of operations and cash flows. Accordingly, this income tax return is not designed to be used in lieu of financial statements.

RECORD RETENTION

Copies of your tax returns are enclosed for your files. It is your responsibility to retain copies of your tax information. We recommend the following guidelines:

- Tax returns keep indefinitely.
- Supporting documentation keep for 8 years.
- · Records supporting your tax basis in personal, investment and business assets and gift

documentation - keep indefinitely.

Please note: Eide Bailly retains copies of tax returns, workpapers and other tax information for a period of eight years. After that, we dispose of all records. If you have questions regarding retention of tax records, please contact us.

		** PUBLIC DISCLOSURE COPY	* *								
	Ω	nn Return of Organization Exempt Fron	n Income Tax	OMB No. 1545-0047							
Forr	Form JJU Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 2017										
Department of the Treasury											
Intern	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.										
AF	or th	e 2017 calendar year, or tax year beginning JUL 1, 2017 and ending	<u>JUN 30, 2018</u>								
Bca	heck if		D Employer identification	ation number							
	Addre	western Association of Fish and									
	_]chanı ⊐Name			20250							
	_]chanı ⊐Initial	Doing business as		29350							
	_returr]Final	Number and street (or P.O. box if mail is not delivered to street address)Room/s2700 W. Airport Way	uite E Telephone number (208)	331-9431							
	returr∟ termi		G Gross receipts \$	3,816,557.							
	ated Amer	nded Boigo TD 83705	H(a) Is this a group retu								
	_returr]Appli		for subordinates?								
L	⊥tiòn pend	same as C above	H(b) Are all subordinates incl								
<u> </u>	ax-ex			st. (see instructions)							
		ite: • www.wafwa.org	H(c) Group exemption								
			Year of formation: 1922 M								
	irt I	Summary									
_	1	Briefly describe the organization's mission or most significant activities: Promotin	g the preserva	tion of							
Governance		natural resources to sustain fish and wildli	fe in western	states.							
ina	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net ass	ets.							
No.	3	Number of voting members of the governing body (Part VI, line 1a)		24							
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b)	24								
Activities &	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	18								
iviti	6	Total number of volunteers (estimate if necessary)		30							
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.							
	b	Net unrelated business taxable income from Form 990-T, line 34		0.							
			Prior Year	Current Year							
ne	8	Contributions and grants (Part VIII, line 1h)	2,569,867. 1,006,179.	2,102,304. 1,661,342.							
Revenue	9	Program service revenue (Part VIII, line 2g)	236.	406.							
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,372.	52,505.							
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,613,654.	3,816,557.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,600.	0.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.							
Ś		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	173,816.	410,075.							
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.							
bei		Total fundraising expenses (Part IX, column (D), line 25) b 0.									
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,198,362.	3,059,221.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,388,778.	3,469,296.							
	19	Revenue less expenses. Subtract line 18 from line 12	224,876.	347,261.							
or			Beginning of Current Year	End of Year							
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,484,383.	2,485,477.							
t As nd B	21	Total liabilities (Part X, line 26)	1,750,054.	1,403,887.							
_	22	Net assets or fund balances. Subtract line 21 from line 20	734,329.	1,081,590.							
	nrt II	5									
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta		knowledge and belief, it is							
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	barer has any knowledge.								
		Cignoture of officer	Data								
Sig	า	Signature of officer	Date								

Here	Deb VonDeBur, Treasurer/CFO									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature Date								
Paid	Kim Hunwardsen, CPA	Kim Hunwardsen, CPA 03								
Preparer	Firm's name EIDE BAILLY LLP		Firm's EIN 🕨 45-0250958							
Use Only	Firm's address 877 W. MAIN ST.									
	BOISE, ID 83702		Phone no. 208 - 344 - 7150							
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)									
732001 11-2	732001 11-28-17LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2017)									

_	Western Association of Fish and	~
	990 (2017)Wildlife Agencies82-0329350Paget IIIStatement of Program Service Accomplishments	<u> </u>
1 0		٦
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	<u> </u>
	The Western Association of Fish and Wildlife Agencies promotes the	
	preservation of natural resources in order to sustain fish and	—
	wildlife in the western states.	—
		—
2	Did the organization undertake any significant program services during the year which were not listed on the	—
2		_
	prior Form 990 or 990-EZ?	J
2		_
3		נ
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a		.)
	The Western Association of Fish and Wildlife Agencies publishes	
	wildlife conservation and scientific findings, holds semi-annual	
	conferences and workshops to provide education to members, presents	
	awards, and exchanges scientific information. WAFWA focuses on four	
	main initiatives including Western Native trout (WNTI), Sagebrush	
	Ecosystem, Western Grasslands and Crucial Habitat Assessment Tool	
	(CHAT).	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
		_
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		. ′
		—
		—
		-
		—
		—
		—
		—
		—
		—
		—
		—
<u> </u>		—
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 2,707,872.	
<u>4e</u>	Total program service expenses ► 2, /0/, 8/2. Form 990 (201	

Form	1990 (2017) Wildlife Agencies 82-0329	350	P	age 3
Pa	rt 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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
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	Х	
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	-		
U	-	8		x
9	Schedule D, Part III			
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
40	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10		10		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Λ
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,		х	
	Part VI	11a	Λ	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	5			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
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	Х	
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		Х
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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-		<u> </u>
	complete Schedule G, Part III	19		Х

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х
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		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	Х	
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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		X
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		X
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	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	000		x
	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		<u> </u>
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	Х	
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?	1		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

Western Associa	tion of	Fish	and
Wildlife Agenci	es		

Form	990 (2017) Wildlife Agencies 82-0329	350	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	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 16			
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	X	
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 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (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		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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 or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
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:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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 the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		1

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Part VI	Governance Management an	d Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" respon-
I GIL VI	dovernance, management, an	
	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			Х
Sec	tion 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 1a 24			
	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 1b 24			
2	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		Х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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	9		х
Sec	tion 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		Х
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?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b	Х	
	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			
	taxable entity during the year?	16a		X
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		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Deb VonDeBur - (208) 331-9431			
	2700 W. Airport Way, Boise, ID 83705			

X

Part VII	Со	mpensation of Officers,	Directors,	Trustees,	Key Employees,	Highest (Compensated
	Em	ployees, and Independ	ent Contrac	ctors			

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.

Check this box if neither	the organization nor an	y related organ	nization comp	ensated any	current officer,	director,	or trustee

Name and Title Average hows per week One Descint hows per balance mut director/matter balance mut director/matter balance mut director/matter per and attractor/matter per and attractor per and attractor per and attractor per and attractor	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per week week (list any hours for nelated organizations belows line)bours for any form the state and a metabolic and any form the organizationscompensation form the organizations (W-2/1099-MISC)compensation organizations and velated organizations(1) Curt Melcher3.00 related organizations below line)XX0.0.0.(2) Robin Jennison3.00 storeXX0.0.0.0.(3) Mike Foulks3.00 storeXX0.0.0.0.(4) J. D. Strong metator3.00 third vice-President6.00 to 0.XX0.0.0.(6) Carter Smith Bascutive Director2.00 third vice-President0.0.0.0.0.(6) Carter Smith terter Xine Parasitic Science2.00 third vice-President0.0.0.0.0.(7) Travis Rapley Director2.00 third vice-President0.0.0.0.0.(7) Travis Rapley Director2.00 third vice-President0.0.0.0.0.(10) Charlton Bonham Director2.00 third vice-President0.0.0.0.0.(11) Virgil Moore Director2.00 third vice-President0.0.0.0.0.(12) Jim Bonglas Director2.00 third vice-President0.0.0.0.0.(13) Travis Rapley Director2.00 third vice-President0.<	Name and Title	Average	(do	not c	Pos	ition) than	one	Reportable	Reportable	Estimated
Week (list any hours for related organizations below line)Inform organization (W-2/1099-MISC)Other compensation (W-2/1099-MISC)(1) Curt Melcher3.000 Hine)XX0.0.President6.000 form the organizations organizationsXX0.0.(2) Robin Jennison3.000 First Vice-PresidentXX0.0.0.(3) Mike Powlks3.000 second Vice-PresidentXX0.0.0.(4) J.D. Strong3.000 tide Vice-PresidentXX0.0.0.Third Vice-President6.000 tide Vice-PresidentX0.0.0.0.(6) Carter Smith2.000 tide Vice-PresidentX0.0.0.0.(7) Travis Ripley2.000 tide Vice-PresidentX0.0.0.0.(8) Sam Cotten2.000 tide Vice-President2.000 tide Vice-President0.0.0.0.(10) Christine Cleghorn2.000 tide Vice-President0.0.0.0.0.(11) Virgil Moore2.000 tide Vice-President0.0.0.0.0.(12) Jin Bouglas2.000 tide Vice-PresidentX0.0.0.0.(13) Travis Ripley2.000 tide Vice-PresidentX0.0.0.0.(13) Tony Wasley2.000 tide Vice-PresidentX0.0.0.0.(13)			box	, unle	ss pe	rson	is bot	h an			
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(1) Curt Melcher 3.00 x x 0 0.			e or d	tee			sated		U U	(W-2/1099-1015C)	
(1) Curt Melcher 3.00 x x 0 0.			ruste	l trus		/ee	mpen		(00-2/1033-10130)		-
(1) Curt Melcher 3.00 x x 0 0.			dualt	utiona	L_	mploy	est col	5			
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(3) Mike Fowlks 3.00 X X 0. 0. 0. Second Vice-President 6.00 X X 0. 0. 0. (4) J.D. Strong 3.00 X X 0. 0. 0. mird Vice-President 6.00 X X 0. 0. 0. Executive Director 4.00 X 0. 0. 0. 0. Executive Director 4.00 X 0. 0. 0. 0. Commissioner 4.00 X 0. 0. 0. 0. 0. (1) Travis Ripley 2.00 X 0.	(2) Robin Jennison	3.00									
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(6) Carter Smith 2.00 X 0. 0. 0. Executive Director 4.00 X 0. 0. 0. 0. Assistant Deputy Minister 4.00 X 0. 0. 0. 0. Assistant Deputy Minister 4.00 X 0. 0. 0. 0. Commissioner 4.00 X 0. 0. 0. 0. Director 4.00 X 0. 0. 0. 0. Director 4.00 X 0. 0. 0. 0. 0. Director 4.00 X 0. 0	(5) Brant Kirychuk										
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(7) Travis Ripley 2.00 0 0 0 0 Assistant Deputy Minister 4.00 X 0 0 0 0 (8) Sam Cotten 2.00 0 0 0 0 0 0 Commissioner 4.00 X 0 0 0 0 0 0 (9) Christine Cleghorn 2.00 X 0 </td <td>(6) Carter Smith</td> <td></td>	(6) Carter Smith										
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(8) Sam Cotten 2.00 X 0. 0. 0. Commissioner 4.00 X 0. 0. 0. 0. (9) Christine Cleghorn 2.00 X 0. 0. 0. 0. Director 4.00 X 0. 0. 0. 0. (10) Charlton Bonham 2.00 X 0. 0. 0. 0. Director 4.00 X 0. 0. 0. 0. 0. (11) Virgil Moore 2.00 X 0. 0. 0. 0. 0. Director 4.00 X 0. 0. 0. 0. 0. Director 4.00 X 0. 0. 0. 0. 0. (13) Tony Wasley 2.00 X 0. 0. 0. 0. Director 4.00 X 0. 0. 0. 0. (14) Alexa Sandoval 2.00 Director <td< td=""><td>(7) Travis Ripley</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(7) Travis Ripley										
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(9) Christine Cleghorn 2.00 X 0. <td>(8) Sam Cotten</td> <td></td>	(8) Sam Cotten										
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(12) Jim Douglas 2.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(11) Virgil Moore										_
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(13) Tony Wasley 2.00 0. 0. 0. 0. Director 4.00 X 0. 0. 0. 0. (14) Alexa Sandoval 2.00 X 0. 0. 0. 0. Director 4.00 X 0. 0. 0. 0. 0. Director 4.00 X 0. 0. 0. 0. 0. (15) Terry Steinwand 2.00 X 0. 0. 0. 0. 0. Director 4.00 X 0. 0. 0. 0. 0. 0irector 4.00 X 0. 0. 0. 0. 0. Director 4.00 X 0. 0. 0. 0. 0. (17) Jennifer Psyllakis 2.00 0. 0. 0. 0. 0. 0. Director 4.00 X 0. 0. 0. 0. 0.	(12) Jim Douglas										_
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(14) Alexa Sandoval 2.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(13) Tony Wasley										_
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(15) Terry Steinwand 2.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(14) Alexa Sandoval										_
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(16) Jim Unsworth (Until Mid-Year) 2.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(15) Terry Steinwand										_
Director 4.00 X 0.			X						0.	0.	0.
(17) Jennifer Psyllakis 2.00 0.											_
Director 4.00 X 0. 0. 0.			X						0.	0.	0.
	-										<u> </u>
	Director	4.00	X						0.	0.	

732007 11-28-17

82-0329350 Page 8

Form 990 (2017) Wildlife	Agencie	es							82-03	329	350	Paç	ge 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average				itior			Reportable	Reportable			nated	1
	hours per	box	not ch , unles	ss pe	rson	is bot	h an	compensation	compensatior	n	amo	unt of	f
	week	offic	cer and	dad	irecto	or/trus	tee)	from	from related		ot	her	
	(list any	ctor						the	organizations	;	compe	ensati	on
	hours for	r dire				ted		organization	(W-2/1099-MIS	C)	fror	n the	
	related	itee o	ustee			ensat		(W-2/1099-MISC)			orgar	izatio	'n
	organizations	ıl trus	nal tr		oyee	duo					and I	elate	d
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				organ	izatior	าร
	line)	Ind	lns	Offi	Key	Hig	Б						
(18) Ty Gray	2.00												
Director	4.00	Х						0.		0.			0.
(19) Martha Williams	2.00												
Director	4.00	Х						0.		0.			0.
(20) Bob Broscheid	2.00												
Director	4.00	Х						0.		0.			0.
(21) Scott Talbott	2.00												
Director	4.00	х						0.		0.			0.
(22) Kelly Hepler	2.00							-		-			
Director	4.00	x						0.		0.			0.
(23) Brett Elkin (From Mid-Year)	2.00							•••					
Director		x						0.		0.			Ο.
(24) Kelly Susewind (From Mid-Year)	2.00									••			<u> </u>
Director	4.00	v						0.		0.			Ο.
(25) David G. Smith	2.00									••			<u> </u>
Administrator	4.00	v						0.		0.			Ο.
(26) Larry Kruckenberg	17.50	~				<u> </u>		0.		••			0.
	20.50			х				0.	135,02	6			Ο.
Executive Secretary	20.30			Λ				0.	135,02				0.
1b Sub-total								131,556.	135,02	0.	2.2	,87	
c Total from continuation sheets to Part VI								131,556.	135,02	-		, 87 , 87	
d Total (add lines 1b and 1c)											34	, 0 /	4.
2 Total number of individuals (including but n	ot limited to th	lose	liste	d al	bov	e) wł	no r	eceived more than \$100	,000 of reportable	Э			1
compensation from the organization													<u> </u>
											Y	'es 🛛	No
3 Did the organization list any former officer,								•					
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su	im of reportab	le co	ompe	ensa	atior	n and	d ot	her compensation from	the organization				
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J i	for such individual			4	x	
5 Did any person listed on line 1a receive or a	accrue comper	nsat	ion fr	rom	any	/ unr	elat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated ind	depe	ende	nt c	onti	racto	ors	that received more than	\$100,000 of com	pens	ation fro	m	
the organization. Report compensation for	the calendar y	ear	endir	ng v	vith	or w	ithi	n the organization's tax	year.				
(A)								(B)			(C)		
Name and business	address	NC	ONE	3				Description of s	ervices	С	ompens	ation	
2 Total number of independent contractors (i	ncluding but n	ot li	mited	d to	tho	se lis	stec	d above) who received m	nore than				

Western	Association	of	Fish	and
Wildlife	e Agencies			

Form 990 Wildlif	e Agencie	es							82-032	9350
Part VII Section A. Officers, Directors,	Trustees, Key Ei	mplo	oyee	es, a	nd H	High	lest	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			(C Pos	C) ition			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) Deb VonDeBur	20.00 25.00			x				121 556	0	20 070
Treasurer/CFO	25.00							131,556.	0.	32,872
Fotal to Part VII, Section A, line 1c								131,556.		32,872

Form 990 (2017)

Western Association of Fish and Wildlife Agencies

Pa	τνι							
		Check if Schedule O cont	ains a response	or note to any li	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d f g	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ions) 1e 1, ts, and 1f 1a-1f: \$	5,000. 922,028. 175,276.	2,102,304.			
<u> </u>				Business Code				
Program Service Revenue	2a b c d	Membership Dues Conferences and		813410 110000	980,736. 680,606.	980,736. 680,606.		
<u></u>	е							
ā	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		►	1,661,342.			
	3 4	Investment income (including other similar amounts) Income from investment of tax	x-exempt bond p	proceeds	406.			406.
	5	Royalties		····· •				
	b	Gross rents Less: rental expenses Rental income or (loss)						
		Net rental income or (loss)	-		52,505.			52,505.
		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				52,505.
	с	Less: cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (loss)		····· 🕨				
evenue	8 a	Gross income from fundraising including \$ contributions reported on line	of					
Other Revenue		Part IV, line 18 Less: direct expenses	a					
		Net income or (loss) from func		····· ►				
		Gross income from gaming ac Part IV, line 19 Less: direct expenses	а					
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less and allowances	returns a					
		Less: cost of goods sold		-				
ļ	С	Net income or (loss) from sale						
ļ		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	c							
		All other revenue						
	е 12	Total. Add lines 11a-11d Total revenue. See instructions.		P	3,816,557	1.661.342	0.	52,911.
	14					_, ~ ~ _ , ~ _ 2 •	J •	

	1 990 (2017) Wildlife Age rt IX Statement of Functional Expense			82-03	29350 _{Page} 1
	ion 501(c)(3) and 501(c)(4) organizations must comp		er organizations must or	molete column (A)	
JUD	Check if Schedule O contains a respons		-		X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 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 individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ŭ	organizations, foreign governments, and foreign				
	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	155,783.		155,783.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	207,483.		207,483.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	14,428.		14,428.	
9	Other employee benefits	10,046.		10,046.	
0	Payroll taxes	22,335.		22,335.	
1	Fees for services (non-employees):				
а	Management				
b	Legal	50,737. 3,500.	50,737. 3,500.		
		5,500.	5,500.		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	1,745,442.	1,745,442.		
2	Advertising and promotion	17,798.	17,798.		
3	Office expenses	253,509.	68,680.	184,829.	
4	Information technology	42,268.		42,268.	
5	Royalties	-			
6	Occupancy	16,598.		16,598.	
7	Travel	70,216.	70,216.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	300,090.	300,090.		
0	Interest	4,170.	4,170.		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	31,348.		31,348.	
3	Insurance				
4	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 0.)				
а	Grant Expenditures	434,517.	434,517.		
b	Field Gear & Supplies	12,695.	12,695.		
с	Repairs & Maintenance	4,748.		4,748.	
d	Business Licensing Expe	27.	27.		
е	All other expenses	71,558.		71,558.	
5	Total functional expenses. Add lines 1 through 24e	3,469,296.	2,707,872.	761,424.	(
6	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)

82-0329350 Page 11

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			959,151.	1	814,554.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			474,778.	3	441,987.
	4	Accounts receivable, net			202,720.	4	427,939.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual	ified per	sons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(d	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr)	. Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
◄	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			87,562.	9	62,343.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		727,511.			
	b	Less: accumulated depreciation	10b	69,026.	689,832.	10c	658,485.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			80.040	14	00.1.00
	15	Other assets. See Part IV, line 11		······ -	70,340.	15	80,169.
	16	Total assets. Add lines 1 through 15 (must equ			2,484,383.	16	2,485,477.
	17	Accounts payable and accrued expenses			1,024,980.	17	681,042.
	18	Grants payable			201 700	18	
	19	Deferred revenue			321,720.	19	397,253.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and forme					
bilit		key employees, highest compensated employee					
Lial		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrel		F		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines	•				
					403,354.	25	325,592.
	26	Total liabilities. Add lines 17 through 25		F	1,750,054.	26	1,403,887.
	20	Organizations that follow SFAS 117 (ASC 958			1,,00,0010	20	1/100/00/1
s		complete lines 27 through 29, and lines 33 ar					
ice.	27	Unrestricted net assets			734,329.	27	1,081,590.
alar	28	Temporarily restricted net assets			,	28	_,,
аВ	29					29	
ň		Organizations that do not follow SFAS 117 (A					
ц Г		and complete lines 30 through 34.					
ts (30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ea				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Ne	33	Total net assets or fund balances		F	734,329.	33	1,081,590.
	34	Total liabilities and net assets/fund balances			2,484,383.	34	2,485,477.
					, . = , = . • •		Form 990 (20

Form 990 (2017)
Part X Balance Sheet

Form	Western Association of Fish and Wildlife Agencies	82-03	29350	Pa	ne 12
_	rt XI Reconciliation of Net Assets			1 43	<u>go</u>
	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	3,816	5,5	57.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,469	9,2	96.
3	Revenue less expenses. Subtract line 2 from line 1	3			61.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	734	1,3	29.
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	1,081	L,5	90.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer				
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Department of the Treasury	
Internal Revenue Service	

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

Name	of the	organizat	ion
			Wes

Organization type (check one):

Western	Association	of	Fish	and
Wildlife	Agencies			

82-0329350

Filers of:	Section:
Form 990 or 990-EZ	\fbox{X} 501(c)(4) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

501(c)(3) exempt private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Form

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

82-0329350

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$76,771.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 38,695.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 15,000.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$11,457.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$ <u>92,530.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

82-0329350

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$25,666.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 12,833.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$80,165.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$260,487.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

82-0329350

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$1,264,006.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$20,291.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
<u>15</u>	Name, address, and ZIP + 4	\$5,000.	Person X Payroll (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

723452 11-01-17

Schedule B	(Form	990,	990-EZ,	or 990-P	F) (2017)
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Employer identification number

82-0329350

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
2452 11 01		\$Sabadula B /Earm (100 000-E7 or 000-PE) (2

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2017)				Page 4			
Name of org					Employer identification number			
Wester	rn Association of Fish	and						
Wildl:	ife Agencies				82-0329350			
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of	ributions to organizations	described in secti	on 501(c)(7), (8), or	r (10) that total more than \$1,000 for			
	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions	of \$1,000 or less for th	he year. (Enter this info. once	^{ls} ► \$			
	Use duplicate copies of Part III if addition							
(a) No. from		(a) 11aa af			winting of how with in hold			
Part I	(b) Purpose of gift	(c) Use of	gift	(a) Desc	cription of how gift is held			
		(e) Trans	fer of gift					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee			
(a) No								
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Desc	cription of how gift is held			
Part I								
F		(a) Trana	for of gift					
	(e) Transfer of gift							
	Transferee's name, address, a	в	elationshin of tra	nsferor to transferee				
-								
(a) No. from	(b) Purpose of gift	(c) Use of	~: <i>it</i> t		cription of how gift is held			
Part I	(b) Fulpose of gift	(c) Use of	gin	(d) Desc	cription of now gift is neid			
Ļ								
		(e) Trans	fer of gift					
			-					
ŀ	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee			
(a) No. from								
`from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	cription of how gift is held			
1 4111								
f		(e) Trans	fer of gift	-				
		.,	-					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee			
Γ								

Department of the Treasury Internal Revenue Service	-	If the organization is describe Go to www.irs.gov/Form990 for			Open to Public Inspection			
If the organization and	wered "Yes," or	n Form 990, Part IV, line 3, or F	orm 990-EZ, Part V, li	ne 46 (Political Campaign A	ctivities), then			
 Section 501(c)(3) or 	rganizations: Con	nplete Parts I-A and B. Do not co	omplete Part I-C.					
 Section 501(c) (oth 	 Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. 							
 Section 527 organiz 	zations: Complete	e Part I-A only.						
If the organization and	swered "Yes," or	n Form 990, Part IV, line 4, or F	orm 990-EZ, Part VI, I	ine 47 (Lobbying Activities)	, then			
 Section 501(c)(3) or 	rganizations that	have filed Form 5768 (election u	nder section 501(h)): C	Complete Part II-A. Do not cor	nplete Part II-B.			
 Section 501(c)(3) or 	rganizations that	have NOT filed Form 5768 (elect	tion under section 501	(h)): Complete Part II-B. Do no	ot complete Part II-A.			
If the organization and	wered "Yes," or	n Form 990, Part IV, line 5 (Prox	ky Tax) (see separate	instructions) or Form 990-E	Z, Part V, line 35c (Proxy			
Tax) (see separate ins	tructions), then							
 Section 501(c)(4), (5 	ō), or (6) organiza	tions: Complete Part III.						
Name of organization		Association of	Fish and	Emplo	yer identification number			
	Wildlif	e Agencies			82-0329350			
Part I-A Comp	lete if the org	ganization is exempt und	ler section 501(c)	or is a section 527 or	ganization.			
1 Provide a descript	ion of the organiz	ation's direct and indirect politic	al campaign activities	in Part IV.				
2 Political campaign	activity expendit	ures		▶\$_				
3 Volunteer hours for	r political campa	gn activities						
		ganization is exempt und						
1 Enter the amount	of any excise tax	incurred by the organization une	der section 4955	▶\$				
2 Enter the amount	of any excise tax	incurred by organization manag	ers under section 4955	₅▶\$				
3 If the organization	incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No			
4a Was a correction r	nade?				Ves 🗌 No			
b If "Yes," describe	in Part IV.							
Part I-C Comp	lete if the ore	panization is exempt und	ler section 501(c)	· · ·	;)(3).			
1 Enter the amount	directly expended	d by the filing organization for se	ction 527 exempt func	tion activities > \$				
2 Enter the amount	of the filing organ	ization's funds contributed to ot	her organizations for s	ection 527				
exempt function a	ctivities			▶\$_				
•		s. Add lines 1 and 2. Enter here a		-				
line 17b				▶\$_				
4 Did the filing organ	nization file Form	1120-POL for this year?			Yes No			
5 Enter the names, a	addresses and er	nployer identification number (El	N) of all section 527 pe	olitical organizations to which	the filing organization			
made payments. F	For each organiza	tion listed, enter the amount pai	d from the filing organi	zation's funds. Also enter the	amount of political			
		omptly and directly delivered to			e segregated fund or a			
political action cor	nmittee (PAC). If	additional space is needed, prov	vide information in Part	: IV.				
(a) Nam	ie	(b) Address	(c) EIN	(d) Amount paid from				
					contributions received and promptly and directly			
				funds. If none, enter -0	delivered to a separate			
					political organization.			
					If none, enter -0			

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

SCHEDULE C

(Form 990 or 990-EZ)

OMB No. 1545-0047

2017

Western	Association	of	Fish	and
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Schedule C (Form 990 or 990-EZ) 2017 Wildlife Agencies 82-0329350 Page 2 Part II-A | Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under

section 501(h)).	ation is exe	empt under sectio		ea Form 5768 (e	election under
A Check if the filing organization be	elongs to an af	filiated group (and list i	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share of e	xcess lobbying) expenditures).			
B Check ► if the filing organization ch	necked box A a	and "limited control" pr	ovisions apply.		
Limits on I (The term "expenditures	Lobbying Expe s" means amo		.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influence	a legislative bo	ody (direct lobbying)	[
c Total lobbying expenditures (add lines 1a	a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add	lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter the	amount from th	ne following table in bo	th columns.		
If the amount on line 1e, column (a) or (b) is	: The lol	bbying nontaxable am	nount is:		
Not over \$500,000	20% o	f the amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the exe	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500,00	0 \$175,0	00 plus 10% of the exe	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,0	00 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (enter 25	% of line 1f)				
h Subtract line 1g from line 1a. If zero or le	•				
i Subtract line 1f from line 1c. If zero or les					
j If there is an amount other than zero on e					
reporting section 4911 tax for this year?					Yes No
(Some organizations that ma	ade a section	veraging Period Under 501(h) election do not rate instructions for li	have to complete all o	of the five columns	below.
l	obbying Expe	enditures During 4-Ye	ar Averaging Period		İ
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

Western Association of Fish and

Schedule C (Form 990 or 990-EZ) 2017 Wildlife Agencies Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t)
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5)	, or se	ection	
	501(c)(6).			V.	N.
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			X	77
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3	- 1	X
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A,	lines 1 a	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

(Form 990) SCHEDULE D (Form 990) ► Complete if the organization answered "Yes" on For Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a			n Form 990,		OMB No. 1545-0047		
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9	Attach to Fori	n 990.		n	Open to Public Inspection
	e of the organizati		n of Fi	sh and			ployer identification number
	-	Wildlife Agencies					82-0329350
Pa	rt I Organiza	ations Maintaining Donor Advise	ed Funds or	Other Sim	ilar Funds or	Accou	unts.Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	ie 6.				
			(a) Doi	nor advised fur	nds	(b) Fur	nds and other accounts
1	Total number at er	nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5	-	on inform all donors and donor advisors in	•				
	-	on's property, subject to the organization's	-				Yes No
6		on inform all grantees, donors, and donor a					
		oses and not for the benefit of the donor o				•	
Pa	impermissible priv	ate benefit? ation Easements. Complete if the org					
1		servation easements held by the organizat	-		110111330,1 211	iv, iii e i	
•		of land for public use (e.g., recreation or e	· ·		tion of a historica	llv impo	rtant land area
		f natural habitat	sucation		tion of a certified		
		of open space				motorio	
2		through 2d if the organization held a quali	fied conservati	on contributior	n in the form of a	conserv	ation easement on the last
	day of the tax yea	e e 1					Held at the End of the Tax Year
а		onservation easements				2a	
b							
с	Number of conser	vation easements on a certified historic str	ucture include	d in (a)		2c	
d	Number of conser	vation easements included in (c) acquired	after 7/25/06,	and not on a hi	istoric structure		
	listed in the Nation	nal Register				2d	
3		vation easements modified, transferred, re					n during the tax
	year 🕨						
4	Number of states	where property subject to conservation ea	sement is loca	ted 🕨			
5	•	tion have a written policy regarding the pe		ng, inspection,	handling of		
	,	orcement of the conservation easements i					
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of vie	plations, and er	nforcing conserva	ation eas	sements during the year
_							
7		es incurred in monitoring, inspecting, hand	dling of violatio	ns, and enforce	ing conservation	easeme	nts during the year
0		vation easement reported on line 2(d) abov	a action the r	auiromonto of	f agation 170/b)//	\/D\/i\	
8							Yes No
9)(4)(B)(ii)? be how the organization reports conservati					
Ũ		ble, the text of the footnote to the organiza			-		
	conservation ease					or garnza	alon o accounting for
Pa		ations Maintaining Collections o	f Art, Histo	rical Treasu	ures, or Othe	r Simi	lar Assets.
	Complete it	the organization answered "Yes" on Form	990, Part IV, I	ne 8.			
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to	report in its re	venue statement	and bal	ance sheet works of art,
	historical treasure	s, or other similar assets held for public exl	hibition, educa	tion, or researc	ch in furtherance of	of public	service, provide, in Part XIII,
	the text of the foor	tnote to its financial statements that descri	ibes these iten	IS.			
b	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), to rep	ort in its reven	ue statement and	l balanc	e sheet works of art, historical
	treasures, or other	similar assets held for public exhibition, e	ducation, or re	search in furth	erance of public s	service,	provide the following amounts
	relating to these it	ems:					
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1					\$
	(ii) Assets include	ed in Form 990, Part X				🕨	\$
2	If the organization	received or held works of art, historical tre	asures, or othe	er similar asset	s for financial gaiı	n, provio	le
	-	unts required to be reported under SFAS 1		-			
		on Form 990, Part VIII, line 1					\$
		Form 990, Part X				🕨	
LHA	For Paperwork R	eduction Act Notice, see the Instruction	s for Form 99).			Schedule D (Form 990) 2017

ce, s ah 732051 10-09-17

Caba		Associati e Agencies		f Fish	n and		82.	-0329350	Dama 2
	dule D (Form 990) 2017 W1LCL11 t III Organizations Maintaining C			torical Tr		or Other			<u> </u>
	Using the organization's acquisition, access								
3	(check all that apply):	ion, and other record	us, chec	k any or the		it are a sigi	inicant use		lems
-	Public exhibition	-							
a		C			change progra				
b	Scholarly research	e		Other					
c	Preservation for future generations	- 11 41		6		1			
4	Provide a description of the organization's c							n Part XIII.	
5	During the year, did the organization solicit of								—
Der	to be sold to raise funds rather than to be m								NoNo
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" on F	orm 990, Pa	rt IV, line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod								
	on Form 990, Part X?							📖 Yes	l No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:					
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F						/?	Yes	No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanatio	on has beer	n provided on	Part XIII			
Par	t V Endowment Funds. Complete i	if the organization ar	nswered	"Yes" on Fe	orm 990, Parl	t IV, line 10			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three years	back (e) Four ye	ears back
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses	-							
	Grants or scholarships								
	Other expenditures for facilities								
•	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the cur		I re (line 1	a column (a)) held as:				
	Board designated or quasi-endowment	rent year end baland	%	g, column (
a b	Permanent endowment	%							
0	Temporarily restricted endowment	%							
C	The percentages on lines 2a, 2b, and 2c sho								
2-	Are there endowment funds not in the posse		ation th	at are hold a	and administr	rad for the	orgonizatio	~	
Jd		ession of the organiz		at are new a	and administe		organizatio		
	by:								es No
	(i) unrelated organizations								<u> </u>
	(ii) related organizations				••••••			3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza				·			3b	
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	funds.					
Fai				/			10		
	Complete if the organization answere				1			- (n	
	Description of property	(a) Cost or c			t or other	• •	umulated	(d) Book v	alue
		basis (investr	ment)	Dasis	(other)	aepre	eciation		
	Land			~-	0 000		0 7 7 7 7	C1F	270
	Buildings			65	50,000.		34,722	• • • • • •	,278.
	Leasehold improvements			-			1 204		
	Equipment			/	7,511.		34,304	• 43	,207.
-	Other								405
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line 🛛	10c.)		🕨	658	,485.

Schedule D (Form 990) 2017

Western	Association	of	Fish	and
Wildlif	e Agencies			

Schedule D (Form 990) 2017 Wildlife Ac	gencies		82	-0329350 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.				
		" 11 O E 000		
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, (b) Book value			d-of-year market value
				d-of-year market value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	" on Form 990 Part IV	line 11d See Form 990	Part X line 15	
	Description			(b) Book value
(1)	, I			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)			
Part X Other Liabilities.				1
Complete if the organization answered "Yes"	" on Form 990, Part IV,	line 11e or 11f. See Forn	n 990, Part X, line 25	5.
1. (a) Description of liability	, ,	(b) Book value	, ,	
(1) Federal income taxes				
(2) Due To Affiliates		325,592.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 25.)	325,592.		
2. Liability for uncertain tax positions. In Part XIII, provid			inancial statements	that reports the
organization's liability for uncertain tax positions under				
	, <u> </u>			

	Western Association of Fis	sh and		
-	dule D (Form 990) 2017 Wildlife Agencies)329350 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Reven	ue per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,816,557.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2 a		
b	Donated services and use of facilities	2 b		
с	Recoveries of prior year grants	2 c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			3,816,557.
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		_
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			3,816,557.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With Expe	nses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		
1	Total expenses and losses per audited financial statements		1	3,469,296.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2 a		
b	Prior year adjustments	2 b		
с	Other losses	2 c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			3,469,296.
4	Amounts included on Form 990, Part IX, line 25, 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		_
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,469,296.
Pa	rt XIII Supplemental Information.			

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.

Part X, Line 2:

Western Association of Fish and Wildlife Agencies (WAFWA) is organized as
an Idaho nonprofit corporation. WAFWA has been recognized by the Internal
Revenue Service (IRS) as exempt from federal income taxes under Section
501(a) of the Internal Revenue Code as an organization described in
Section 501(c)(4). The entity is annually required to file a Return of
Organization Exempt from Income Tax (Form 990) with the IRS. In addition,
the entity is subject to income tax on net income that is derived from
business activities that are unrelated to their exempt purpose. Management
has determined that the entity is not subject to unrelated business income
tax and has not filed an Exempt Organization Business Income Tax Return
(Form 990-T) with the IRS.

Management believes that the entity has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. The entity would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in

income tax expense if such interest and penalties are incurred.

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	17	,
		Compensated Employees		20		
Dena	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	e of the organizatio		Employer ic			mber
		Wildlife Agencies	82-0	32935	0	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or	, i i i i i i i i i i i i i i i i i i i				
	Travel for con					
		cation and gross-up payments				
	Discretionary	spending account Personal services (such as, maid, chauffe	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
-						
3		ny, of the following the filing organization used to establish the compensation of the organization				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant				
	└── Form 990 of c	ther organizations Approval by the board or compensation of	committee			
4	During the year di	h any namon listed on Form 000. Dort VII. Costion A line to with respect to the filing				
4		d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re			40		x
a b		ce payment or change-of-control payment? ceive payment from, a supplemental nonqualified retirement plan?				X
		ceive payment from, an equity-based compensation arrangement?				X
C		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		+0		
	Only section 501/	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
-	contingent on the					
а	•			5a		X
		zation?				X
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the					
а		~		6a		X
		zation?				X
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S			
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
	initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations sectio	n 53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forr	n 990) 2017

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) Deb VonDeBur	(i)	131,556.	0.	0.		25,748.		0.	
Treasurer/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i) (ii)								
	[(ii)]							 	

82-0329350

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 3:

Larry Kruckenberg, Executive Secretary, is paid by WAFWA Species

Restoration Foundation, a related organization. The related organization

uses one or more of the methods on line 3 to establish compensation for the

Executive Secretary.

Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Western Association of Fish and



82-0329350

Form 990, Part VI, Section A, line 1:

Wildlife Agencies

The Organization's Board of Directors delegates authority to the Executive Committee to act on behalf of the governing body. The President, First, Second and Third Vice-Presidents, Executive Secretary and CFO/Treasurer, 3 at large member directors selected by the President and the Chair of the Commissioners make up the Executive Committee. The scope of the Executive Committee is binding authority on behalf of the Association and its members.

Form 990, Part VI, Section A, line 4:

On October 18, 2017, Western Association of Fish and Wildlife Agencies (WAFWA) redomesticated by changing their state of incorporation from Wyoming to Idaho. WAFWA continues to exist as the same corporation. WAFWA is a domestic business entity classified as a corporation, is carrying out the same purposes as they conducted before the change in incorporation, and was in good standing with the state of Wyoming prior to the change and is currently in good standing with Idaho. As such, the provisions of Revenue Procedure 2018-15 are met. Revenue Procedure 2019-5 Section 3.02(6) indicates this type of transaction does not require a new exemption application be filed.

Form 990, Part VI, Section A, line 6:
The membership consists of State chief administrative officers of the fish
and game agencies, or their equivalents within the States of Alaska,
Arizona, California, Colorado, Hawaii, Idaho, Kansas, Montana, Nebraska,
Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas,
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)
732211 09-07-17

Schedule O (Form 990 or 9						Page 2
Name of the organization	Western A	Association	of	Fish	and	Employer identification number
-	Wildlife	Agencies				82-0329350

Utah, Washington and Wyoming, of the Provinces of British Columbia,

Alberta, Saskatchewan and the Yukon and Northwest Territories.

Form 990, Part VI, Section B, line 11b:

The Treasurer/CFO reviews the Form 990 and shares with the Budget, Finance and Compliance committees and the Executive Secretary prior to final approval.

Form 990, Part VI, Section B, Line 12c:

All Committee members and employees are covered by the conflict of interest policy and the policy is reviewed annually. Any potential conflicts are reviewed with our Compliance Officer and Executive Committee and any issues that arise are handled on an individual basis depending upon the conflict.

Form 990, Part VI, Section B, Line 15b:

The Executive Secretary's compensation is paid by a related organization and determined through an annual contract with options to renew by the Executive Committee. The contract approval process is documented by the Executive Committee in Board Minutes and in the contract itself.

Annual review for the Treasurer/CFO includes review of performance achieved and performance-based increase with market consideration. The review and performance increase is presented by members of the Executive Committee and or Budget, Finance and Compliance Committee that work closely with the CFO and documented in the minutes of both committees.

The Organization's governing documents and financial statements and
732212 09-07-17
Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization Western Association of Fish and Wildlife Agencies	Employer identification numbe 82-0329350
conflict of interest statements are available upon reque	st.
The Bylaws and Form 990 are available upon request and a our website at www.wafwa.org.	lso available on
Form 990, Part VII:	
Deb VonDeBur, Treasurer/CFO, is compensated and receives	a W-2 through
Western Association of Fish and Wildlife Agencies. Deb'	s compensation
shown in Part VII is for services provided to the Wester	n Association
of Fish and Wildlife Agencies and the Species Restoration	n Foundation, a
related organization.	
Form 990, Part IX, Line 11g, Other Fees:	
Form 990, Part IX, Line 11g, Other Fees: Professional Fees :	
	377,455
Professional Fees :	
Professional Fees : Program service expenses	0
Professional Fees : Program service expenses Management and general expenses	0
Professional Fees : Program service expenses Management and general expenses Fundraising expenses	0
Professional Fees : Program service expenses Management and general expenses Fundraising expenses Total expenses	377,455 0 0 377,455 377,455 844,793
Professional Fees : Program service expenses Management and general expenses Fundraising expenses Total expenses Contract Services :	0 0 377,455
Professional Fees : Program service expenses Management and general expenses Fundraising expenses Total expenses Contract Services : Program service expenses	0 0 377,455 844,793

Grant Project Coordinating Services :

Program service expenses

Schedule O (Form 990 or 990 EZ) (2017) Name of the organization Western Association of Fish and	Page 2 Employer identification number
Wildlife Agencies	82-0329350
Management and general expenses	
Fundraising expenses	0.
Total expenses	205,259.
Aerial Surveys & Flight Exp :	
Program service expenses	317,935.
	0.
Management and general expenses	
Fundraising expenses	0.
Total expenses	317,935.
Total Other Fees on Form 990, Part IX, line 11g, Col A	1,745,442.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organizat	00) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. of the Treasury enue Service Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.											
Part I Identificati	ion of Disregarded Entities. Complet		on Form 000 Dort IV line 2	0			02-0329	550				
		-										
	(a) ress, and EIN (if applicable) disregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) or Total inco	(e) me End-of-year			(f) controlling ntity	g			
		-										
		-										
		-										
	ion of Related Tax-Exempt Organizans during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, I	because it had one	e or mo	pre related tax-ex	empt				
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		(g) Section 512(b)(1 controlled entity?				
Foundation for We	estern Fish & Wildlife	SUPPORTS WESTERN			501(c)(3))	WESTE	7DN	Yes	No			
Agencies - 26-284 Boise, ID 83705	49591, 2700 W. Airport Way,	ASSOCIATION OF FISH AND WILDLIFE AGENCIES EFFORTS	Idaho	501(c)(3)	Line 7	ASSOC	CIATION OF AND WILDLIFE	x				
46-5570304, 2700	storation Foundation - W. Airport Way, Boise, ID	SUPPORTS WESTERN ASSOCIATION OF FISH AND					CIATION OF	77				
83705		WILDLIFE AGENCIES EFFORTS	Idaho	501(c)(4)		FISH	AND WILDLIFE	X				

For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part VII for Continuations

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	I							1	1	-
(b)		(d)	(e)	(f)	(g)	(†	ר)	(i)	(j)	(k)
Primary activity	(state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	end-of-year	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Gener mana partn	^{Il or} Percentage ^{ing} ownership er?
	country)		sections 512-514)			Yes	No	, K-1 (Form 1065)		No
									+	
									+	
4										
1										
]										
	(b) Primary activity	Primary activity (state or foreign	Primary activity	Primary activity Legal Direct controlling Predominant income	Primary activity Legal domicile (state or foreign Direct controlling entity Predominant income (related, unrelated, excluded from tax under	Primary activity Legal Direct controlling Predominant income Share of total Share of	Primary activity Legal domicile (state or foreign birect controlling entity entity foreign birect controlling entity enti	Primary activity Legal domicile (state or foreign predominant income created, excluded from tax under state of total excluded from tax under state of total excluded from tax under state of total excluded from tax under total exclusions from tax und	Primary activity Legal domicile (state or foreign bit	Primary activity Legal domicile (state or foreign predominant income controlling entity crelated, unrelated, excluded from tax under excluded from tax under excluded from tax under excluded from tax under exclusion e

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(cont ent	(i) ction (b)(13) trolled tity?
		country)		or trusty		235013			No

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X			
	Gift, grant, or capital contribution to related organization(s)	1b		Х		
с	Gift, grant, or capital contribution from related organization(s)	1c	X			
	Loans or loan guarantees to or for related organization(s)	1d	X			
	Loans or loan guarantees by related organization(s)	1e		X		
f	Dividends from related organization(s)	1f		X		
g	Sale of assets to related organization(s)	1g		X		
	Purchase of assets from related organization(s)	1h		X		
i	Exchange of assets with related organization(s)	1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X		
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X			
	Sharing of paid employees with related organization(s)	10	X			
р	Reimbursement paid to related organization(s) for expenses	1p	X			
q	Reimbursement paid by related organization(s) for expenses	1q	X			
r	Other transfer of cash or property to related organization(s)	1r		X		
s	Other transfer of cash or property from related organization(s)	1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WAFWA Species Restoration Foundation	A	52,503.	General Ledger
(2) WAFWA Species Restoration Foundation	D	103,502.	General Ledger
(3) WAFWA Species Restoration Foundation	Р	222,091.	General Ledger
(4)			
(5)			
_(6)			

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)			1	(f)	(g)	1	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	e Are partners 501 (c orgs	all	Share of			opor-	Code V-UBI	General	Percentage
of entity	i innary activity	(state or foreign	(related, unrelated,	501 (c	s sec. (3)	total	end-of-year	Dispr tior alloca	tions?	amount in box 20	managin partner	ownership
,		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No		Yes N	- ·
									-			+
												+
	4											

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 Wild: Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Part II, Identification of Related Tax-Exempt Organizations:

Name of Related Organization:

Foundation for Western Fish & Wildlife Agencies

Direct Controlling Entity: WESTERN ASSOCIATION OF FISH AND WILDLIFE

AGENCIES

Name of Related Organization:

WAFWA Species Restoration Foundation

Direct Controlling Entity: WESTERN ASSOCIATION OF FISH AND WILDLIFE

AGENCIES

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyi	ng number			
Type o print	Western Association of Fis Wildlife Agencies	Employer identification number (EIN) or $82 - 0329350$							
File by th due date filing you return. Se	for Number, street, and room or suite no. If a P.O. box,	Social security number (SSN)							
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Boise, ID 83705								
Enter t	ne Return Code for the return that this application is for (file a separa	te application for each return)						
Applic	ation	Return	Application			Return			
ls For		Code	Is For		Cod				
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 9	90-BL	02	Form 1041-A			08			
Form 4	720 (individual)	03	Form 4720 (other than individual)			09			
Form 9	90-PF	04	Form 5227		10				
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11				
Form 9	90-T (trust other than above) Deb VonDeBur	06	Form 8870			12			
• If th box • 1 I f	e organization does not have an office or place of busine is is for a Group Return, enter the organization's four digi 	t Group Exe	emption Number (GEN) I uch a list with the names and EINs of γ 15, 2019 , to file on's return for:	f this is fo all memb	r the whole g	group, check this nsion is for.			
	the tax year entered in line 1 is for less than 12 months,			Final retur	'n				
0- 1	Change in accounting period	0							
	f this application is for Forms 990-BL, 990-PF, 990-T, 472	U, Or 6069,	enter the tentative tax, less any			0.			
-	onrefundable credits. See instructions.		· · · · · · · ·	3a	\$	0.			
	this application is for Forms 990-PF, 990-T, 4720, or 606					0.			
-	stimated tax payments made. Include any prior year ove			3b	\$	0.			
	Balance due. Subtract line 3b from line 3a. Include your p	-		0	^	0.			
	y using EFTPS (Electronic Federal Tax Payment System)			3c	\$				
instruc	n: If you are going to make an electronic funds withdrawa tions.	ai (uirect de	DIU WITH THIS FORTH 8868, SEE FORM 8	403-EU a	nu Form 887	S-EO for payment			
LHA	For Privacy Act and Paperwork Reduction Act Notice	e, see instr	uctions.		Form 8	8868 (Rev. 1-2017)			

Mail to: Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0045