# **WAFWA**

2018 Form 990

June 30, 2019

# STATEMENT THAT THIS IS A TAX RETURN NOT A FINANCIAL STATEMENT

The accompanying federal income tax return does **NOT** 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.

EIDE BAILLY LLP 877 W. MAIN ST. STE. 800 BOISE, ID 83702

Western Association of Fish and Wildlife Agencies 3380 W Americana Terrace, No. 320 Boise, ID 83706 ATTN: Todd Rich



### **CPAs & BUSINESS ADVISORS**

May 15, 2020

Western Association of Fish and Wildlife Agencies 3380 W Americana Terrace No. 320 Boise, ID 83706 Attention: Chris Moore

Dear Chris,

Enclosed is the 2018 Exempt Organization return, as follows...

2018 Form 990

2018 IRS E-File Signature Authorization For An Exempt Organization (Form 8879-EO)

Please review the return for completeness and accuracy.

In addition, we have provided a separate public disclosure copy of the Form 990 and Form 990-T (if applicable) on our secure portal. All exempt organizations are required to have a copy of their current year Form 990 and two prior year returns available for public inspection. If the Form 990 includes a Schedule of Contributors (Schedule B), we have removed the names and addresses of contributors from this return, as this information is not open to public inspection. Only organizations exempt under 501(c)(3) must make the current year Form 990-T and two prior year returns available. Please print and sign the public disclosure copy(ies) and keep them available at your primary office location.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Many states require legal entities to register with them in order to do business in their state. Please remember to keep your registration active and current for each state that you have business activities.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax

return.

Sincerely,

Julie Hawkins CPA

# **TAX RETURN FILING INSTRUCTIONS**

FORM 990

# FOR THE YEAR ENDING

June 30, 2019

Prepared for	Western Association of Fish and Wildlife Agencies 3380 W Americana Terrace No. 320 Boise, ID 83706
Prepared by	EIDE BAILLY LLP 877 W. MAIN ST. STE. 800 BOISE, ID 83702
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 15, 2020.

# IRS e-file Signature Authorization for an Exempt Organization

		•			
For calendar year 2018, or fiscal year beginning	JUL 1	, 2018, and ending	JUN	30	, 20 1 9

OMB No. 1545-1878

Department of the Treasury

Internal Revenue Service

Name of exempt organization

Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

Western Association of Fish and Wildlife Agencies

82-0329350

Name and title of officer

Chris Moore

Acting Executive Director

Part I	Type of Return and Return Information	(Whole Dollars Only)
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Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

2a 3a 4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	2b _ 3b _ 4b _	3,100,227
5а	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b _	

### **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only
-----------	------	-------	-----	-----	------

X   authorize EIDE BAILLY LLP	to enter my PIN 58496
ERO firm name	Enter five numbers, b do not enter all zeros
as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.	• •
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 201 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating ch program, I will enter my PIN on the return's disclosure consent screen.	,
Officer's signature ▶ Date ▶	

### **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

82024201245 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date  $\triangleright$  05/15/20 ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, and ending JUN 30, 2019 Open to Public Inspection

<b>B</b> c	heck if oplicable:	C Name of organization		D Employer identi	fication number
77	¬Address	Western Association of Fish and			
A	_lchange ∃Name	wildlife Agencies		റെ	1210250
H	_change ∃Initial	Doing business as	, .,		0329350
H	_lreturn □Final	Number and street (or P.O. box if mail is not delivered to street address)  Roor  3380 W Americana Terrace  320		E Telephone numb	er 3) 331-9431
	Jreturn/ termin-		<del>'  </del>		$\frac{3,100,227}{3,100,227}$
	ated ∏Amende	City or town, state or province, country, and ZIP or foreign postal code Boise, ID 83706	ł	G Gross receipts \$	
H	Jreturn ∏Applica-	BOISE, ID 03700		H(a) Is this a group	
	⊒tiòn pending	F Name and address of principal officer: CIII IS MOOI C		for subordinates <b>H(b)</b> Are all subordinates	—
		npt status: $\square$ 501(c)(3) $\square$ 501(c) (4) $\square$ (insert no.) $\square$ 4947(a)(1) or $\square$	527		
		$  \mathbf{b}   \leq \mathbf{www.wafwa.org}$	321	H(c) Group exempti	a list. (see instructions)
			I Vear o		M State of legal domicile: ID
		Summary	Litaro	oriorination. 2022	IVI State of legal dofficile. 22
		riefly describe the organization's mission or most significant activities: Promoti	ing	the preserv	vation of
Governance	r	natural resources to sustain fish and wild	<del>g</del> life	in western	n states.
'naı	_	theck this box if the organization discontinued its operations or disposed of			
ve		lumber of voting members of the governing body (Part VI, line 1a)		ـ ا	24
		lumber of independent voting members of the governing body (Part VI, line 1b)			
Š		otal number of individuals employed in calendar year 2018 (Part V, line 2a)			
/itie		otal number of volunteers (estimate if necessary)			
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12			
4		let unrelated business taxable income from Form 990-T, line 38			
		,		Prior Year	Current Year
ø.	<b>8</b> C	ontributions and grants (Part VIII, line 1h)		2,102,304	
ù		rogram service revenue (Part VIII, line 2g)		1,661,342	1,322,798.
Revenue		ovestment income (Part VIII, column (A), lines 3, 4, and 7d)		406	538.
Œ		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		52,505	
	<b>12</b> T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,816,557	3,100,227.
	<b>13</b> G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		0	•
	<b>14</b> B	enefits paid to or for members (Part IX, column (A), line 4)		0	1
es	<b>15</b> S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		410,075	
Expenses	<b>16</b> a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0	0.
χb	b T	otal fundraising expenses (Part IX, column (D), line 25)	<u>•</u>		
ш		other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,059,221	2,823,738.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,469,296	3,324,220.
. (0	<b>19</b> R	evenue less expenses. Subtract line 18 from line 12		347,261	<u>'</u>
Net Assets or Fund Balances			Beg	ginning of Current Year	
sset Bala		otal assets (Part X, line 16)		2,485,477	
et A Ind I		otal liabilities (Part X, line 26)		1,403,887	
		let assets or fund balances. Subtract line 21 from line 20		1,081,590	857,597.
		ies of perjury, I declare that I have examined this return, including accompanying schedules and	d etatomo	ante and to the heet of	my knowledge and helief it is
		and complete. Declaration of preparer (other than officer) is based on all information of which p			ily kilowicuyc allu bellet, it is
uuc,	COITECI,	and complete. Declaration of preparer (other than officer) is based on an information of which p	preparer	inas arry knowledge.	
Sigr	.	Signature of officer		I Date	
Her		Chris Moore, Acting Executive Director			
1101		Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Paid		Kim Hunwardsen, CPA Kim Hunwardsen, CF	PA 0	5/15/20 if self-emplo	P00484560
Prep	-	Firm's name EIDE BAILLY LLP		Firm's EIN	45-0250958
Use		Firm's address 877 W. MAIN ST. STE. 800			
	Ĭ	BOISE, ID 83702		Phone no. 20	08-344-7150
May	the IR	S discuss this return with the preparer shown above? (see instructions)	<u></u>		X Yes No

Form	990 (2018) Wildl	ife Agencies	82-	0329350	Page 2
Pa	t III Statement of Program				
	Check if Schedule O contains	a response or note to any line in this Part	III		
1	Briefly describe the organization's m	•			
-			ldlife Agencies promo	tes the	
			der to sustain fish		
	wildlife in the we				
2	Did the organization undertake any s	significant program services during the ye	ar which were not listed on the		
_				Yes	X No
	If "Yes," describe these new service			L1es	_ <u></u> 140
_				Yes	Y Na
3			conducts, any program services?	LYes	LA_ NO
_	If "Yes," describe these changes on				
4		•	three largest program services, as measu		
			nt of grants and allocations to others, the	total expenses, a	and
	revenue, if any, for each program se	rvice reported.	100 110	1 200	
4a	(Code: ) (Expenses \$	including grants of \$	108,142.) (Revenue \$	1,322,	798.
			dlife Agencies publi		
			indings, holds semi-a		
			ducation to members,		
			nation. WAFWA focuses		
	main initiatives i	ncluding Western Nat:	ve trout (WNTI), Sag	ebrush	
	Ecosystem, Western	Grasslands and Cruc	al Habitat Assessmen	t Tool	
	(CHAT).				
	-				
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$		
40	(0)		\		,
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$		
4d	Other program services (Describe in	Schedule ()			
+u	, •	•	) (0	١	
_	(Expenses \$	including grants of \$ 2 , 717 , 773 .	) (Revenue \$	)	
4e	Total program service expenses	4,111,113.			

82-0329350

Form 990 (2018) Wildlife Age.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3,7
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		3.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	1

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Form 990 (2018) Wildlife Agencies
Part IV Checklist of Required Schedules (continued)

			Yes	No
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	
24 a	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			٠,,
	Schedule K. If "No," go to line 25a	24a		X
	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			
الد	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
		24d		
<b>2</b> 5a	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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
_	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		Х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Α.
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$25,000 in horizont contributions: in ros, complete deficultion.  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>		
	If "Yes," complete Schedule N, Part I	31		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		77	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
D	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	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30	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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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			Ш
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 34			
	Effect the flumber of Forms w 2d included in line (a). Effect of inflot applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
	(garnoming) whitings to prize withors:	ווי		

82-0329350

Form 990 (2018) Wildlife Agencies

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
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 20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C	)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	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 Action 114, Report of Financial Action 11	ccounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				37
_	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 contributi	ons or gifts	۵.		
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the payor?	7.		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C		•	7с		
Ч	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
•	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
			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? $\dots$		9b		
10	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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:	1			
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	441			
40-	amounts due or received from them.)	11b	40-		
	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.		100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
_	·	13b			
С	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 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		Х
6	Did the organization have members or stockholders?	6	Х	
	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
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- ru		
	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:	75		
		8a	Х	
a h	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
800	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21
000	tion b. I onoics (mis section b requests information about policies not required by the internal nevenue code.)		Yes	No
100	Did the erganization have lead chapters, branches, or affiliates?	10a	162	X
	Did the organization have local chapters, branches, or affiliates?	IUa		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha		
		12a	Х	
12a		12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	21	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?			v
	The organization's CEO, Executive Director, or top management official	15a	Х	X
b	Other officers or key employees of the organization	15b	Λ	
	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			v
	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			
<u></u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			-1-1-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	able
	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	tınan	cıal	
	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			
	Todd Rich, Accounting Manager - 208-331-9431			

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

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

Form 990 (2018)

## 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 n  (A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week	_	CCI aii	luau	II ecit	Ji/ ii us	100)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9e or (	stee			nsateo		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	trust	Institutional trustee		)yee	Highest compensated employee		,		and related
	below	vidual	tutior	Je.	Key employee	nest c	ner			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) Brad Loveless (From 05/2019)	3.00							_	_	_
President	6.00	Х		Х				0.	0.	0 .
(2) Jack George (01/2019 - 05/2019)	3.00								_	
Interim President	6.00	Х		Х				0.	0.	0 .
(3) Keith Sexson (Until 01/2019)	3.00								_	
President	6.00	Х		Х				0.	0.	0 .
(4) Robin Jennison (Until 09/2018)	3.00									
First Vice-President	6.00	Х		Х				0.	0.	0 .
(5) Mike Fowlks	3.00									
First Vice-President	6.00	Х		Х				0.	0.	0 .
(6) Alexandra Sandoval	3.00									
Second Vice-President (Until 1/2019)		Х		Х				0.	0.	0 .
(7) Michael Sloane (From 07/2018)	3.00									
Second Vice-President		Х		Х				0.	0.	0 .
(8) J.D. Strong	3.00									
Third Vice-President		Х		Х				0.	0.	0 .
(9) Doug Vincent (From 01/2019)	2.00									
Commissioner		Х						0.	0.	0 .
(10) Travis Ripley	2.00								•	
Assistant Deputy Minister		Х						0.	0.	0 .
(11) Ty Gray	2.00									
Director		Х						0.	0.	0 .
(12) Jennifer Psyllakis	2.00	,,							0	0
Director		Х						0.	0.	0 .
(13) Charlton Bonham	2.00	٠,,							0	0
Director		Х						0.	0.	0 .
(14) Dan Prenzlow (From 05/2019)	2.00	\ \ -							0	0
Director	4.00	Δ						0.	0.	0 .
(15) David G. Smith	2.00	٦,							_	^
Administrator	4.00			$\vdash$				0.	0.	0 .
(16) Ed Schriever (From 01/2019)	2.00								_	^
Director	4.00							0.	0.	0.
(17) Martha Williams	2.00 4.00							0.	0.	0.
Director	4.00	Δ		L				0.	0.	U.

Form 990 (2018) 832007 12-31-18

Name and title    Average   hours for related (list arm) hours for related	(A)	(B)	pioy	ees		<u>а ні</u> С)	igne	ST	(D)	es (continuea) (E)			(F)	
Nous per	• •	` '	Position						` '	` '		E		ad.
Section   Sub-total   Sub-to	Name and title	1							· ·					
18)   7 tm   Douglas   2.00		week	offi	cer ar					•	•				
18)   7 tm   Douglas   2.00		(list any	ector							•			•	
18)   7 tm   Douglas   2.00		hours for	or dir	gg.			ated		_	(W-2/1099-MIS	SC)			
18)   7 tm   Douglas   2.00		organizations	ustee	truste		ap.	suadı		(W-2/1099-MISC)			·		
18)   7 tm   Douglas   2.00		below	ual tr	tional		ploye	st con							
18)   7 tm   Douglas   2.00		line)	ndivid	nstitu	)fficer	ey em	lighes	orme				o g	ai iizati	0110
(1.9) Tony Napley	(18) Jim Douglas	2.00	_	_		×	1	<u> </u>						
10	Director	4.00	Х						0.		0.			0.
(20) Terry Steinwand	(19) Tony Wasley	2.00												
Director	Director		Х						0.		0.			0.
1	(20) Terry Steinwand													
Director	Director		Х						0.		0.			0.
Carlo   Carl	(21) Brett Elkin													
Director    4 . 00   X	Director		Х						0.		0.			0.
(23) Brant Kirychuck Director  4.00 X  0.0.0.0.0.0.0.0.0.0.1  (25) Carter Smith Director  4.00 X  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	,,		١								•			^
Director			X						0.		0.			0.
Case   Relly Hepler	=		<b>.</b> ,								0			0
Director    4.00   X			A			<u> </u>		_	0.		0.			0.
Carter Smith   Cart									0		0			Λ
Director    A . 00   X			^					-	0.		0.			0.
10   Sub-total			x						0.		0.			0.
Director  1b Sub-total  1c Total from continuation sheets to Part VII, Section A  1d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation									-		•			•••
1b Sub-total	Director		x						0.		0.			0.
c Total from continuation sheets to Part VII, Section A	1b Sub-total	·				<u> </u>		┢						
d Total (add lines 1b and 1c)									137,521.	123,9	05.	3	3,1	42.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No									137,521.	123,9	05.			
Note									eceived more than \$100	0,000 of reportab	le			
3   Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   4   For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   5   Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   5   X	compensation from the organization													1
line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  NONE  Description of services													Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  Compensation		•		e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on				
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Name and business address  NONE  Description of services	•											3		X
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   5	•	•		•					•	the organization			37	
rendered to the organization? If "Yes," complete Schedule J for such person	5			•								4	X	
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation												_		v
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation		ipiete Scheaui	e J i	or s	ucn	pers	son .					5		Λ
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address NONE  (B)  Description of services  Compensation	<u> </u>	mpopoeted in	don	ando	nt c	ont	roote	oro 1	that received more than	\$100,000 of oor	nono	otion	from	
Name and business address NONE Description of services Compensation											iperis	alion	110111	
Name and business address NONE Description of services Compensation	•	ino caloridar y	<del>ou.</del>	<u> </u>	ng i		0			your.		((	<u></u>	
2 Total number of independent contractors (including but not limited to those listed above) who received more than		address	N	INC	Ξ					ervices	С			n
2 Total number of independent contractors (including but not limited to those listed above) who received more than														
2 Total number of independent contractors (including but not limited to those listed above) who received more than														
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2 Total number of independent contractors (including but not limited to those listed above) who received more than														
2 Total number of independent contractors (including but not limited to those listed above) who received more than								$\dashv$						
2 Total number of independent contractors (including but not limited to those listed above) who received more than														
2 Total number of independent contractors (including but not limited to those listed above) who received more than								$\dashv$						
2 Total number of independent contractors (including but not limited to those listed above) who received more than														
	2 Total number of independent contractors (i	including but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				

Part VII   Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average hours	(6)	Position (check all that ap					Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for			Call			, y,	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2/ 1000 WIGO)		and related organizations
(27) Brian Nesvik (From 02/2019) Director	2.00	x						0.	0.	0.
(28) Christine Cleghorn	2.00									
Director	4.00	Х						0.	0.	0 .
(29) Sam Cotten (Until 12/2018) Commissioner	2.00	x						0.	0.	0 .
(30) Virgil Moore (Until 01/2019)	2.00									
Director (31) Bob Broscheid (Until 01/2019)	4.00 2.00	Х						0.	0.	0.
Director	4.00	Х						0.	0.	0.
(32) Scott Talbott (Until 02/2019)	2.00	v						0.	0.	0
Director	17.50	Х						0.	0.	0 .
(33) Larry Kruckenberg Executive Secretary (Until 02/2019)	20.50			x				0.	123,905.	0.
(34) Deb VonDeBur	20.00								123,303.	
Treasurer/CFO	25.00			x				137,521.	0.	33,142.
(35) Chris Moore (From 03/2019)	5.00							,		<u> </u>
Acting Executive Director	8.00			Х				0.	0.	0.
		$\vdash$		$\vdash$			$\vdash$			
Total to Dort VIII. Section A. line 1.								137,521.	123,905.	33,142.
Total to Part VII, Section A, line 1c								101,041.	T40,900.	JJ,144

Pa	rt VII							
		Check if Schedule O cont	ains a response	or note to any lir	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 e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contribut All other contributions, gifts, gran similar amounts not included about Noncash contributions included in lines  Total. Add lines 1a-1f	1b 1c 1d ions) ts, and ve 1f 1s 1s	619,324.	1,746,264.			
Program Service Revenue	2 a b c d	Conferences and Membership Dues	Worksh	Business Code 110000 813410				
ፈ		All other program service reve			1,322,798.			
	3	Investment income (including other similar amounts)	dividends, inter	est, and  proceeds	300.			300.
	b	Royalties  Gross rents Less: rental expenses	(i) Real 30,627.	(ii) Personal				
	d 7 a	Rental income or (loss)  Net rental income or (loss)  Gross amount from sales of assets other than inventory	(i) Securities		30,627.			30,627.
	С	and sales expenses Gain or (loss)  Net gain or (loss)		238.	238.			238.
Other Revenue	8 a	Gross income from fundraising including \$ contributions reported on line Part IV, line 18	of 1c). See					
Other	с 9 а	Less: direct expenses  Net income or (loss) from func Gross income from gaming ac Part IV, line 19	btraising events stivities. See	<b>&gt;</b>				
	с 10 а	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	ing activities returns a	<b>&gt;</b>				
		Net income or (loss) from sale  Miscellaneous Revenu	s of inventory					
·		All other revenue						
		Total. Add lines 11a-11d		<b>.</b>	3.100.227.	1.322.798.	0.	31,165.

Form 990 (2018)

	rt IX Statement of Functional Expense ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a responsor include amounts reported on lines 6b,	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	108,142.	108,142.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	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	127,581.		127,581.	
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	210,778.		210,778.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	14,336.		14,336.	
9	Other employee benefits	17,503.		17,503.	
10	Payroll taxes	22,142.		22,142.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	138,648.	138,648.		
С	Accounting	25,500.	25,500.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	1 220 274	1 220 274		
	column (A) amount, list line 11g expenses on Sch O.)	1,329,274.	1,329,274.		
12	Advertising and promotion	177,750.	20,925. 75,774.	101,976.	
13	Office expenses	49,503.	75,774.	49,503.	
14	Information technology	49,303.		49,303.	
15 16	Royalties	20,213.		20,213.	
16 17	Occupancy	54,152.	54,152.	20,213.	
17 18	Payments of travel or entertainment expenses	34,132.	34,132.		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	413,847.	413,847.		
20	Interest	3,071.	3,071.		
21	Payments to affiliates	,	,		
22	Depreciation, depletion, and amortization	30,745.		30,745.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Grant Expenditures	548,417.	548,417.		
b	Repairs & Maintenance	8,574.		8,574.	
С	Moving Costs	2,727.		2,727.	
d	Business Licensing Expe	23.	23.	260	
	All other expenses	369.	2 717 772	369.	^
25	Total functional expenses. Add lines 1 through 24e	3,324,220.	2,717,773.	606,447.	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

if following SOP 98-2 (ASC 958-720)

Form 990 (2018)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			814,554.	1	612,153.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			441,987.	3	263,600.
	4	Accounts receivable, net			427,939.	4	212,986.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	า 4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).	. Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		Г		7	
Ä	8	Inventories for sale or use				8	
	9			Г	62,343.	9	42,914.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	728,463.			
	b	Less: accumulated depreciation	10b	100,486.	658,485.	10c	627,977.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			80,169.	15	43,550.
	16	Total assets. Add lines 1 through 15 (must equ			2,485,477.	16	1,803,180.
	17	Accounts payable and accrued expenses			681,042.	17	475,064.
	18	Grants payable		18			
	19	Deferred revenue			397,253.	19	221,320.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	r office	rs, directors, trustees,			
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	3 17-24	). Complete Part X of	205 500		040 400
		Schedule D			325,592.	25	249,199.
	26	Total liabilities. Add lines 17 through 25			1,403,887.	26	945,583.
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ 🔼 and			
ses		complete lines 27 through 29, and lines 33 an		1 001 500		055 505	
Fund Balances	27	Unrestricted net assets			1,081,590.	27	857,597.
Bal	28	Temporarily restricted net assets		28			
pu	29	Permanently restricted net assets		29			
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.					
S Q							
set	30	Capital stock or trust principal, or current funds			30		
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			1 001 500	32	057 507
_	33	Total net assets or fund balances			1,081,590.	33	857,597.
	34	Total liabilities and net assets/fund balances			2,485,477.	34	1,803,180.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			0,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2			4,2	
3	Revenue less expenses. Subtract line 2 from line 1	3			3,9	
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))4					90.
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)) <b>10</b>					7,5	97.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	Э. [			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?			За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>		3b	Х	

Form **990** (2018)

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **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

2018

Name of the organization
Western Association of Fish and
Wildlife Agencies

Organization type (check one):

Employer identification number 82-0329350

Filers of:		Section:						
Form 990	or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $4$ ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 990	)-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
		covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
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 F	Rules							
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 a 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; 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
	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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{\text{\$\frac{1}{2}\$\text{\$							
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) (2018)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1	N/A	\$ 59,236.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2	N/A	\$ 5,000.  Person X Payroll INONCASH (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3	N/A	\$ 10,503.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4	N/A	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	N/A	\$ 20,114. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6	N/A	\$ 12,833.  Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7	N/A	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8	N/A	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9	N/A	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
10	N/A	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11	N/A	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
12	N/A	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional transfer of the contributors (see instructions).	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
13	N/A	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
14	N/A	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
15	N/A	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
16	N/A	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
17	N/A	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
18	N/A	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional contributors.	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
19	N/A	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
20	N/A	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
21	N/A	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
22	N/A	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part II 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
		\$	

Name of organization
Western Association of Fish and
Wildlife Agencies

Employer identification number
82-0329350

	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Part III if additional	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.)
lo. n t I	Use duplicate copies of Part III if additional  (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of git	ft
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
). 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of git	<u> </u>
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
•	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
). 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
+		(e) Transfer of git	ft
		.=	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

## **SCHEDULE C**

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- 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 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

-		bionas Cammiata Davi III			
	Section 501(c)(4), (5), or (6) organization  Western	Association of E	righ and	Fmr	oloyer identification number
		e Agencies	Ibii diid	,	82-0329350
Pa	rt I-A Complete if the ord	janization is exempt unde	er section 501(c)	or is a section 527	
1 2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ation's direct and indirect politica	ıl campaign activities i	n Part IV.	
Pa	rt I-B Complete if the org	janization is exempt unde	er section 501(c)(	3).	
1	Enter the amount of any excise tax	•		•	\$
	Enter the amount of any excise tax				
	If the organization incurred a section				
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the org	janization is exempt unde	er section 501(c),	except section 501	(c)(3).
3	Enter the amount of the filing organ exempt function activities  Total exempt function expenditures line 17b  Did the filing organization file Form Enter the names, addresses and er made payments. For each organiza contributions received that were propolitical action committee (PAC). If	s. Add lines 1 and 2. Enter here ar  1120-POL for this year?  nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	nd on Form 1120-POL,  I) of all section 527 pol from the filing organiz separate political orga	litical organizations to whi ation's funds. Also enter t anization, such as a separ	\$ Yes No ich the filing organization the amount of political
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

# Western Association of Fish and

Schedule C (Form 990 or 990-EZ) 2018 Wildlife Agencies

82-0329350 Page 2

Scriedule C (Form 990 or 990-EZ) 2016	WIIGI.	TIE AG	encres	FO4/-\/O\		J3Z3330 PageZ
Part II-A Complete if the org section 501(h)).	ganizatio	on is exe	mpt under sectio	on but (c)(3) and file	ea Form 5/68 (6	election under
	واحط موالد		Make all arrest to force the total	- David IV/		
				n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and sha			• /	- delene enet:		
B Check ▶ ☐ if the filing organiza	ition check	ed box A a	nd "limited control" pr	ovisions apply.	(-) F"	(I-) Accili-
		oying Expe eans amou	nditures unts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence pub	lic opinion (	grass roots lobbying)			
<b>b</b> Total lobbying expenditures to infl				r		
c Total lobbying expenditures (add I				r		
<b>d</b> Other exempt purpose expenditur						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Ent				The state of the s		
If the amount on line 1e, column (a) of			bying nontaxable am	1		
Not over \$500,000	` /		the amount on line 1e			
Over \$500,000 but not over \$1,00	0.000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc	· 1		
Over \$1,500,000 but not over \$17			00 plus 5% of the exce			
Over \$17,000,000	,555,555	\$1,000,	•	σου στοι ψ 1,000,000.		
3701 917,000,000		Ψ1,000,	<del> </del>			
g Grassroots nontaxable amount (er	nter 25% o	f line 1f)				
h Subtract line 1g from line 1a. If zer						
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than ze				_		_1
	_					Yes No
reporting section 4911 tax for this			eraging Period Under	Section 501(h)		162 INO
(Some organizations t	hat made	a section 5		have to complete all o	of the five columns	below.
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
<b>d</b> Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
(1270 0 25, 00.5 (0))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

# 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)).

the lobbying activity.  1 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					
	Yes No Amoun			ount	
local legislation, including any attempt to influence public opinion on a legislative matter					
leading and all all and all al					
or referendum, through the use of:					
a Volunteers?					
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
Publications, or published or broadcast statements?      Create to other organizations for labbying purposes?					
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?					
<ul><li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li><li>i Other activities?</li></ul>					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	)(5), o	r se	ection	
33 1(3)(3).				Yes	N
			1	X	
Were substantially all (90% or more) dues received nondeductible by members?					
, , , , , , , , , , , , , , , , , , , ,			2	Х	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art 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	ne prior yea	ar? )(5), o	2 3 or se	X	ne 3,
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	ne prior yea on 501(c) "No," O	ar? )(5), o R (b)	2 3 or se	X	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art 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 prior yea on 501(c) "No," O	ar? )(5), o R (b)	2 3 or se Par	X	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art 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."  Dues, assessments and similar amounts from members	ne prior yea on 501(c) "No," O	ar? )(5), o R (b)	2 3 or se Par	X	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art 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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ne prior yea on 501(c) "No," O	)(5), o R (b)	2 3 or se Par	X	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art 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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ne prior yea on 501(c) "No," O	ar? (5), o	2 3 or se Par	X	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art 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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total	ne prior yea on 501(c) "No," O	(b)	2 3 or se Par	X	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art 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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ne prior yea on 501(c) "No," O	(b)	2 3 or se Par 1 2a 2b	X	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art 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."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ne prior yea on 501(c) "No," O	(b)	2 3 or se Par 1 2a 2b 2c	X	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the sart 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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures of nondeductible lobbying and political expenditur	ne prior yea on 501(c) "No," O	(b)	2 3 or see Par 1 2a 2b 2c 3	X	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art 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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ne prior yea on 501(c) "No," O	(b)	2 3 or se Par 1 2a 2b 2c	X	

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Western Association of Fish and Wildlife Agencies

Employer identification number 82-0329350

Pai			is or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e o.  (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	, ,	. ,
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		ised funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		•
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the forn	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	•	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		•
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
	<b>-</b> \$		
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	cion's financial statements that describe	s the organization's accounting for
Dai	conservation easements.  t III   Organizations Maintaining Collections or	f Art Historical Treasures or (	Other Similar Assets
Га	Complete if the organization answered "Yes" on Form	-	other offilial Assets.
10	If the organization elected, as permitted under SFAS 116 (AS		ement and balance sheet works of art
Id	historical treasures, or other similar assets held for public exh	•	•
	the text of the footnote to its financial statements that descri		ance or public service, provide, in Part XIII,
h			nt and halance shoot works of art, historical
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		<b>b</b> ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
2		naurae, or other similar appets for finance	
2	If the organization received or held works of art, historical treation following amounts required to be reported under SEAS 1.		ıaı yaırı, provide
_	the following amounts required to be reported under SFAS 1	· · · · · · · · · · · · · · · · · · ·	<b>L</b> ¢
a h	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X		
D	Assets included in Form 330, Fall A		Ψ Ψ

	t III   Organizations Maintaining C	Collections of A		torical Tr	easures o	or Other			ts/contin		ige Z
3	Using the organization's acquisition, accessi								•		
Ū	(check all that apply):	on, and other record	33, 011001	it arry or tric	ionowing tha	it are a sig	illioant uc	oc or its	CONCOLIO	i itom	,
а	Public exhibition	c	, 🖂	l nan or exc	hange progra	ams					
b	Scholarly research	6		Other	mango progre	21110					
c	Preservation for future generations	•	,								
4	Provide a description of the organization's co	ollections and explai	in how th	nev further t	he organizatio	on's evem	nt nurnos	e in Par	· XIII		
5								C IIII aii	C XIII.		
J	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets  to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arran										110
	reported an amount on Form 990, Pa	•		organizatio	ir anowered	100 0111	01111 000,	r artiv,			
	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	sets not in	ncluded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII										, 110
-	Troo, oxplain the arrangement in rate xiii	and complete the re	onownig .	abio.					Amount		
С	Beginning balance						1c		7 11100111		
	Additions during the year										
- e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										]
Par											<u></u>
	·	(a) Current year		rior year	(c) Two year		1) Three yea	rs back	(e) Four	years	back
1a	Beginning of year balance	(, ,	(-,-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-, ,	(-	<u>, , , , , , , , , , , , , , , , , , , </u>		(-)		
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the cur		ce (line 1	a column (:	a)) held as:	I					
a	Board designated or quasi-endowment	rone your one building	%	9, 00,0,,,,,,	a)) 1101d do.						
h	Permanent endowment	%									
c	Temporarily restricted endowment										
·	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posses		ation tha	at are held a	and administe	red for the	organiza	tion			
-	by:	ocolori or the organiz		at are more c		100 101 1110	organiza		Г	Yes	No
	(i) unrelated organizations								3a(i)		
	700								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the								3.2		
Par	t VI Land, Buildings, and Equipm		- Transfer	idiido.							
	Complete if the organization answere		0. Part I\	/. line 11a. S	See Form 990	). Part X. lii	ne 10.				
	Description of property	(a) Cost or o			or other		umulated		(d) Book	value	<u> </u>
	Becomption of property	basis (investr			(other)		eciation		(4) 200.	· vaia	•
	Land	<del>-   ` `                                </del>	,		. /	1					
b	Buildings			6.5	0,000.		51,38	9.	598	3,6	11.
	Leasehold improvements				,	<u> </u>	,			,	
	Equipment			7	8,463.		49,09	7.	29	9,3	56.
	Other				,					•	
	Add lines 1a through 1e (Column (d) must e		X colur	nn (R) line 1	10c.)				62	7,9	77.

Schedule D	(FORM 990) 20 18	WIIGIIIC 1
Da.+ 1/11	larra adam a sada	Other Committee

Complete if the organization answered "Yes"	on Form 990 Part IV	/ line 11b See Form 990	Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end-	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.				
Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(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.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>&gt;</b>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV		n 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) Due To Affiliates		249,199.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	249,199.		
2 Liability for upportain tay positions. In Part VIII. provide				

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2

2018 Wildlife Agencies 82-032935	50 Page
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Pa	t XI Reconciliation of Revenue per Audited Financial St	atements With Rever	ue per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,100,227.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,100,227.
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 <b>4a</b> and <b>4b</b>			0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			3,100,227.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	nses per Retui	'n.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ne 12a.		
1	Total expenses and losses per audited financial statements		1	3,324,220.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		_
е				
	Add lines 2a through 2d		2e	0.
3	Add lines 2a through 2d Subtract line 2e from line 1			0. 3,324,220.
3 4				
4	Subtract line 2e from line 1			
4 a	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a		3,324,220.
4 a b	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	3	

#### Part 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.

Part XIII   Supplemental Information (continued)
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.

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047 **2018** 

Open to Public Inspection

Western Association of Fish and Name of the organization Employer identification number 82-0329350 Wildlife Agencies Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, noncash assistance or government (if applicable) cash grant non-cash or assistance FMV, appraisal, assistance other) WAFWA Species Restoration Foundation - 3380 W Americana Conservation efforts and Terrace, Ste. 320 - Boise, ID land improvements for the 83706 46-5570304 501(c)(4) 108,142, 0 Lesser Prairie Chicken 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2018) Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (f) Description of noncash assistance (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of noncash assistance recipients cash grant Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part I, Line 2: WAFWA utilizes project administrators who are responsible for monitoring the budgets, income, and expenses of both grants and donations.

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

▶ Go to www.irs.gov/Form990 for instructions and the latest information.
Western Association of Fish and
Wildlife Agencies

Employer identification number 82-0329350

**Questions Regarding Compensation** Part I No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain \_\_\_\_\_ 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? 5a  $\overline{\mathbf{x}}$ **b** Any related organization? If "Yes" on line 5a 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 compensation contingent on the net earnings of: Х a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a 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 payments not described on lines 5 and 6? If "Yes," describe in Part III X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2018

82-0329350 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.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(()-(U)	reported as deferred on prior Form 990
(1) Deb VonDeBur (i)	137,521.	0.	0.	7,461.	25,681.	170,663.	0.
Treasurer/CFO (ii)		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)							
(i)							
(ii)							

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Western Association of Fish and Wildlife Agencies

Employer identification number 82-0329350

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

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 2:

Larry Kruckenberg, officer, is compensated by a related organization and the board members and Treasurer/CFO serve as board members and Treasurer/CFO of the related organization, therefore a business relationship exists between the officers and board members.

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,

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 Acting Executive Director reviews the Form 990 and shares with the

Budget, Finance and Compliance committees prior to final approval.

Employer identification number 82-0329350

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 the 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 Acting Executive Director is on a volunteer basis and performance is reviewed semi-annually by members of the Executive Committee. No compensation is paid for the Acting Executive Director.

Form 990, Part VI, Section C, Line 19:

The Organization's governing documents and financial statements and conflict of interest statements are available upon request.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization Western Association of Fish and Wildlife Agencies	Employer identification number 82-0329350
our website at www.wafwa.org.	
Form 990, Part VII:	
Deb VonDeBur, Treasurer/CFO, is compensated and receives a	a W-2 through
Western Association of Fish and Wildlife Agencies. Deb's	compensation
shown in Part VII is for services provided to the Western	Association
of Fish and Wildlife Agencies and the Species Restoration	Foundation, a
related organization.	
Form 990, Part IX, Line 11g, Other Fees:	
Professional Fees :	
Program service expenses	393,439.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	393,439.
Contract Services :	
Program service expenses	778,687.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	778,687.
Grant Project Coordinating Services :	
Program service expenses	128,965.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	128,965.
Grant Project Coordinating Services :  Program service expenses  Management and general expenses  Fundraising expenses	128,96

Name of the organization Western Association of Fish and Wildlife Agencies	Employer identification number 82-0329350
Acrical Commence C Elicht Erro	
Aerial Surveys & Flight Exp :	
Program service expenses	28,183.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	28,183.
Total Other Fees on Form 990, Part IX, line 11g, Col A	1,329,274.
	_

#### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

Western Association of Fish and Wildlife Agencies

Employer identification number 82-0329350

irt i identification of Disregarded Entitles. Complete	e ii tile organization answered Tes O	iri omi 990, Fait IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	512(b)(13) rolled ity?
				501(c)(3))		Yes	No
Foundation for Western Fish & Wildlife	Supports Western				Western		
Agencies - 26-2849591, 3380 W Americana	Association of Fish and				Association of		l
Terrace, Ste. 320, Boise, ID 83706	Wildlife Agencies efforts	Idaho	501(c)(3)	Line 7	Fish and Wildlife	Х	<u> </u>
WAFWA Species Restoration Foundation -	Supports Western				Western		
46-5570304, 3380 W Americana Terrace, Ste.	Association of Fish and				Association of		l
320, Boise, ID 83706	Wildlife Agencies efforts	Idaho	501(c)(4)		Fish and Wildlife	Х	
							ĺ

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

See Part VII for Continuations

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)				
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity Predominant income (related, unrelated, excluded from tax under	Direct controlling entity Predominant income (related, unrelated, excluded from tax under entity) Predominant income entity (related, unrelated, excluded from tax under entity) Predominant income entity (related, unrelated, excluded from tax under entity) Predominant income entity (related, unrelated, excluded from tax under entity) Predominant income entity (related, unrelated, excluded from tax under entity) Predominant income entity (related, unrelated, excluded from tax under entity) Predominant income entity (related, unrelated, excluded from tax under entity) Predominant income entity (related, unrelated, excluded from tax under entity) Predominant income entity (related, unrelated, excluded from tax under entity) Predominant income entity (related, unrelated, excluded from tax under entity) Predominant income entity (related, unrelated, excluded from tax under entity) Predominant income entity (related, unrelated, excluded from tax under entity) Predominant income entity (related, unrelated, excluded from tax under entity) Predominant income entity (related, unrelated, excluded from tax under entity) Predominant income entity (related, excluded from tax under entity) Predominant income entity (related, excluded from tax under entity) Predominant income entity (related, excluded from tax under entity) Predominant income entity (related, excluded from tax under entity) Predominant income entity (related, excluded from tax under entity) Predominant income entity (related, excluded from tax under entity) Predominant income entity (related, excluded from tax under entity) Predominant income entity (related, excluded from tax under entity) Predominant income entity (related, excluded from tax under entity) Predominant income entity (related, excluded from tax under entity) Predominant income entity (related from tax under entity) Predomina		Predominant income (related, unrelated, excluded from tax under sections 512-514)	scome Share of total Share of ated, income end-of-year			income end-of-year			Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner	Percentage ownership
		country)		sections 512-514)		455515	Yes	No	K-1 (Form 1065)	Yes N	0				
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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>(b)</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	512(b contr enti	
		country)		J. 1.25.4				Yes	No
								<del>                                     </del>	$\vdash$
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Schedule R (Form 990) 2018

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

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	Х	
	Gift, grant, or capital contribution to related organization(s)				1b	X	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d	X	
е	e Loans or loan guarantees by related organization(s)						
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				<b>1</b> g		X
h Purchase of assets from related organization(s)							X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
I	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
	<b>n</b> Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0	Sharing of paid employees with related organization(s)				10	X	
	Reimbursement paid to related organization(s) for expenses				<b>1</b> p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
r	Other transfer of cash or property to related organization(s)				1r		X
	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 co	omplete th	is line, including covered	relationships and transaction thresholds.			
	(a) (b) Name of related organization Transa		(c) Amount involved	(d)  Method of determining amount inv	olved		
	type (	(a-s)					
11 T	WAFWA Species Restoration Foundation A		30 267	General Ledger			
', '	min min species nescolucion reandactor		30,20,1				
2) [	WAFWA Species Restoration Foundation B		108,142.	General Ledger			
3) [	WAFWA Species Restoration Foundation D		71,134.	General Ledger			
4) [	WAFWA Species Restoration Foundation P		178,065.	General Ledger			
5)							

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)	(d)	(e) Are all partners see 501(c)(3) orgs.?	(f)	(g)	(r	1)	(i)	(j	i)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec	Share of	Share of	Dispro	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or F	Percentage
of entity		(state or foreign	lexcluded from tax under	orgs.?	total	end-of-year	allocat	ions?	of Schedule K-1	partr	ner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes	No	
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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

## Form **8868**

(Rev. January 2019)

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.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

**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 <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

# 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.

must u	se Form 7004 to request an extension of time to file incom	ie tax retu	rns.					
				Enter file	er's identifying	number		
Type or	Western Association of Fish Wildlife Agencies		Employer identification number 82-0329350					
File by the due date filing your return. Se	or Number, street, and room or suite no. If a P.O. box, s  3380 W Americana Terrace. I			Social se	SSN)			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  Boise, ID 83706							
Enter th	ne Return Code for the return that this application is for (fil	e a separa	te application for each return)			0   1		
Applica	ation	Return	Application			Return		
ls For		Code	Is For			Code		
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	1				
Form 9	90-T (trust other than above)	06	Form 8870			12		
Tele If the	books are in the care of   phone No.   208-331-9431  e organization does not have an office or place of business is for a Group Return, enter the organization's four digit  I fit is for part of the group, check this box	s in the Ur Group Exe	Fax No. ▶	If this is fo	r the whole grou	ıp, check this		
ti D	request an automatic 6-month extension of time until ne organization named above. The extension is for the org or X tax year beginning JUL _ 1 , 2018 the tax year entered in line 1 is for less than 12 months, c Change in accounting period	anization's	s return for:		npt organization ·	return for		
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.							
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and					
<u>e</u>	stimated tax payments made. Include any prior year overp	llowed as a credit.	3b	\$	0.			
c B	alance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by					
using EFTPS (Electronic Federal Tax Payment System). See instructions.						0.		

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

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