

Western Association of  
Fish and Wildlife Agencies  
2015 FYE (6-2016)  
Tax Return  
Public Disclosure Copy

**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.

Form **990**

**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

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

|   |   |   |  |
|---|---|---|--|
| <b>B</b> Check if applicable:<br><input checked="" type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>WESTERN ASSOCIATION OF FISH AND WILDLIFE AGENCIES</b> |   | <b>D</b> Employer identification number<br><b>82-0329350</b>   |
|   | Doing business as   |   | <b>E</b> Telephone number<br><b>208-331-9431</b>   |
|   | Number and street (or P.O. box if mail is not delivered to street address)                | Room/suite  | <b>G</b> Gross receipts \$ <b>2,756,680.</b>   |
|   | 2700 W. AIRPORT WAY   |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>BOISE, ID 83705</b>  |   | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>F</b> Name and address of principal officer: <b>DEB VONDEBUR</b><br><b>SAME AS C ABOVE</b>   |   | If "No," attach a list. (see instructions)  |  |
| <b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>4</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |   |  |
| <b>J</b> Website: <b>WWW.WAFWA.ORG</b>  |   |   |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other   |   | <b>L</b> Year of formation: <b>1922</b>   | <b>M</b> State of legal domicile: <b>WY</b>  |

**Part I Summary**

|  |   |  |                                   |
|--|---|--|-----------------------------------|
| <b>Activities &amp; Governance</b>                             | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROMOTING THE PRESERVATION OF NATURAL RESOURCES TO SUSTAIN FISH AND WILDLIFE IN WESTERN STATES.</b> |  |                                   |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |  |                                   |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                                     | <b>23</b>                         |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                                     | <b>23</b>                         |
|  | <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)   | <b>5</b>                                     | <b>15</b>                         |
|  | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                                     | <b>55</b>                         |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                                    | <b>0.</b>                         |
|  | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34   | <b>7b</b>                                    | <b>0.</b>                         |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b><br>1,746,674.              | <b>Current Year</b><br>1,937,966. |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)   | 320,453.                                     | 784,809.                          |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 1,228.                                       | 37.                               |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 0.   | 0.                                |
|  | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 2,068,355.                                   | 2,722,812.                        |
| <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 0.   | 1,000.                            |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 0.   | 0.                                |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 139,549.                                     | 177,849.                          |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 0.   | 0.                                |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)  | 0.   |                                   |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 2,419,651.                                   | 2,741,198.                        |
|  | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 2,559,200.                                   | 2,920,047.                        |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 | -490,845.   | -197,235.                                    |                                   |
| <b>Net Assets or Fund Balances</b>                             | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b><br>968,862. | <b>End of Year</b><br>1,330,532.  |
|  | <b>21</b> Total liabilities (Part X, line 26)   | 543,345.                                     | 821,079.                          |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | 425,517.                                     | 509,453.                          |

**Part II Signature Block**

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

|  |                               |                         |                        |   |           |
|--|-------------------------------|-------------------------|------------------------|---|-----------|
| <b>Sign Here</b>   | Signature of officer          |                         | Date                   |   |           |
|  | DEB VONDEBUR, TREASURER/CFO   |                         |                        |   |           |
| <b>Paid Preparer Use Only</b>                                | Print/Type preparer's name    | Preparer's signature    | Date                   | Check <input type="checkbox"/> if self-employed | PTIN      |
|  | KIM HUNWARDSSEN, CPA          | KIM HUNWARDSSEN, CPA    | 02/03/17               |   | P00484560 |
|  | Firm's name ▶ EIDE BAILLY LLP | Firm's EIN ▶ 45-0250958 |                        |   |           |
| Firm's address ▶ 877 W. MAIN ST. STE. 800<br>BOISE, ID 83702 |                               |                         | Phone no. 208-344-7150 |   |           |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

WESTERN ASSOCIATION OF FISH AND WILDLIFE AGENCIES

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE WESTERN ASSOCIATION OF FISH AND WILDLIFE AGENCIES PROMOTES THE PRESERVATION OF NATURAL RESOURCES IN ORDER TO SUSTAIN FISH AND WILDLIFE IN THE WESTERN STATES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 2,514,595. including grants of \$ 1,000. ) (Revenue \$ 784,809. ) THE WESTERN ASSOCIATION OF FISH AND WILDLIFE AGENCIES PUBLISHES WILDLIFE CONFERENCE AND SCIENTIFIC FINDINGS, HOLDS SEMI-ANNUAL CONFERENCES AND WORKSHOPS TO PROVIDE EDUCATION TO MEMBERS, PRESENT AWARDS, AND EXCHANGE SCIENTIFIC INFORMATION. THE FOCUS OF THE WESTERN ASSOCIATION OF FISH AND WILDLIFE AGENCIES HAS PRIMARILY SURROUNDED THE WESTERN NATIVE TROUT INITIATIVE, SAGE GROUSE CONSERVATION, AND PRAIRIE GRASSLANDS COORDINATION AND CRUCIAL HABITAT ASSESSMENT TOOL.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,514,595.

**WESTERN ASSOCIATION OF FISH AND  
WILDLIFE AGENCIES**

**Part IV Checklist of Required Schedules**

|   | Yes      | No       |
|---|----------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  |          | <b>X</b> |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....  | <b>X</b> |          |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |          | <b>X</b> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....   |          |          |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....   | <b>X</b> |          |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....  |          | <b>X</b> |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  |          | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |          | <b>X</b> |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....            |          | <b>X</b> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   |          | <b>X</b> |
| <b>11</b> 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.   |          |          |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | <b>X</b> |          |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....   |          | <b>X</b> |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....   |          | <b>X</b> |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....  | <b>X</b> |          |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   | <b>X</b> |          |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....  | <b>X</b> |          |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  |          | <b>X</b> |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  | <b>X</b> |          |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |          | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  |          | <b>X</b> |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... |          | <b>X</b> |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   |          | <b>X</b> |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   |          | <b>X</b> |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....   |          | <b>X</b> |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   |          | <b>X</b> |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |          | <b>X</b> |

**WESTERN ASSOCIATION OF FISH AND  
WILDLIFE AGENCIES**

**Part IV Checklist of Required Schedules** *(continued)*

|  |            | Yes      | No       |
|--|------------|----------|----------|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....  | <b>20a</b> |          | <b>X</b> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....  | <b>20b</b> |          |          |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   | <b>21</b>  |          | <b>X</b> |
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   | <b>22</b>  |          | <b>X</b> |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....  | <b>23</b>  |          | <b>X</b> |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                           | <b>24a</b> |          | <b>X</b> |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   | <b>24b</b> |          |          |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  | <b>24c</b> |          |          |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   | <b>24d</b> |          |          |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  | <b>25a</b> |          | <b>X</b> |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....  | <b>25b</b> |          | <b>X</b> |
| <b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....                                 | <b>26</b>  |          | <b>X</b> |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> ..... | <b>27</b>  |          | <b>X</b> |
| <b>28</b> 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):  |            |          |          |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  | <b>28a</b> |          | <b>X</b> |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   | <b>28b</b> |          | <b>X</b> |
| <b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....   | <b>28c</b> |          | <b>X</b> |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | <b>29</b>  |          | <b>X</b> |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  | <b>30</b>  |          | <b>X</b> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  | <b>31</b>  |          | <b>X</b> |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  | <b>32</b>  |          | <b>X</b> |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  | <b>33</b>  |          | <b>X</b> |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  | <b>34</b>  | <b>X</b> |          |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   | <b>35a</b> | <b>X</b> |          |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  | <b>35b</b> | <b>X</b> |          |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   | <b>36</b>  |          |          |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....   | <b>37</b>  |          | <b>X</b> |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....   | <b>38</b>  | <b>X</b> |          |

**Note.** All Form 990 filers are required to complete Schedule O .....

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |     |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |    |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | X   |    |
| <b>2a</b>  | 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  |     |    |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)         | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | X  |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O   |     |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |     | X  |
| <b>4b</b>  | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>5c</b>  | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |     | X  |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>7a</b>  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |     |    |
| <b>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>7c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     |    |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  |     |    |
| <b>7e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     |    |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     |    |
| <b>7g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>7h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>9a</b>  | Did the sponsoring organization make any taxable distributions under section 4966?   |     |    |
| <b>9b</b>  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>10a</b> | Initiation fees and capital contributions included on Part VIII, line 12   |     |    |
| <b>10b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>11a</b> | Gross income from members or shareholders  |     |    |
| <b>11b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>12b</b> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>13a</b> | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |     |    |
| <b>13b</b> | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |     |    |
| <b>13c</b> | Enter the amount of reserves on hand   |     |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   |     | X  |
| <b>14b</b> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |     |    |

**WESTERN ASSOCIATION OF FISH AND  
WILDLIFE AGENCIES**

**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

**Section A. Governing Body and Management**

|  |           |    | Yes      | No       |
|--|-----------|----|----------|----------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year<br>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>1a</b> | 23 |          |          |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent  | <b>1b</b> | 23 |          |          |
| <b>2</b> 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?   | <b>2</b>  |    |          | <b>X</b> |
| <b>3</b> 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?  | <b>3</b>  |    |          | <b>X</b> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | <b>4</b>  |    |          | <b>X</b> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?  | <b>5</b>  |    |          | <b>X</b> |
| <b>6</b> Did the organization have members or stockholders?  | <b>6</b>  |    | <b>X</b> |          |
| <b>7a</b> 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?   | <b>7a</b> |    |          | <b>X</b> |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | <b>7b</b> |    |          | <b>X</b> |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |           |    |          |          |
| <b>a</b> The governing body?   | <b>8a</b> |    | <b>X</b> |          |
| <b>b</b> Each committee with authority to act on behalf of the governing body?   | <b>8b</b> |    | <b>X</b> |          |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | <b>9</b>  |    |          | <b>X</b> |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|   |            |  | Yes      | No       |
|---|------------|--|----------|----------|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?   | <b>10a</b> |  |          | <b>X</b> |
| <b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | <b>10b</b> |  |          |          |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | <b>11a</b> |  |          | <b>X</b> |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |            |  |          |          |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13  | <b>12a</b> |  |          | <b>X</b> |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | <b>12b</b> |  |          |          |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | <b>12c</b> |  |          |          |
| <b>13</b> Did the organization have a written whistleblower policy?   | <b>13</b>  |  |          | <b>X</b> |
| <b>14</b> Did the organization have a written document retention and destruction policy?  | <b>14</b>  |  |          | <b>X</b> |
| <b>15</b> 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?  |            |  |          |          |
| <b>a</b> The organization's CEO, Executive Director, or top management official   | <b>15a</b> |  |          | <b>X</b> |
| <b>b</b> Other officers or key employees of the organization  | <b>15b</b> |  | <b>X</b> |          |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |            |  |          |          |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | <b>16a</b> |  |          | <b>X</b> |
| <b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | <b>16b</b> |  |          |          |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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 financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
**DEB VONDEBUR - 208-331-9431**  
**2700 W. AIRPORT WAY, BOISE, ID 83705**

**WESTERN ASSOCIATION OF FISH AND  
WILDLIFE AGENCIES**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                          | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) SCOTT TALBOTT<br>PRESIDENT                 | 3.00<br>6.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) BOB BROSCHEID<br>FIRST VICE-PRESIDENT      | 3.00<br>6.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) CURT MELCHER<br>SECOND VICE-PRESIDENT      | 3.00<br>6.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) ROBIN JENNISON<br>THIRD VICE-PRESIDENT     | 3.00<br>6.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) KELLY HEPLER<br>SECRETARY                  | 2.00<br>4.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (6) BRANT KIRYCHUK<br>EXECUTIVE DIRECTOR       | 2.00<br>4.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) CARTER SMITH<br>EXECUTIVE DIRECTOR         | 2.00<br>4.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) DAVID G. SMITH<br>ADMINISTRATOR            | 2.00<br>4.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) TRAVIS RIPLEY<br>ASSISTANT DEPUTY MINISTER | 2.00<br>4.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) SAM COTTEN<br>COMMISSIONER                | 2.00<br>4.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) LARRY VOYLES<br>DIRECTOR                  | 2.00<br>4.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) DAN PETERSON<br>DIRECTOR                  | 2.00<br>4.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) CHARLTON BONHAM<br>DIRECTOR               | 2.00<br>4.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) VIRGIL MOORE<br>DIRECTOR                  | 2.00<br>4.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) JEFF HAGENER<br>DIRECTOR                  | 2.00<br>4.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (16) JIM DOUGLAS<br>DIRECTOR                   | 2.00<br>4.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (17) TONY WASLEY<br>DIRECTOR                   | 2.00<br>4.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |



**WESTERN ASSOCIATION OF FISH AND  
WILDLIFE AGENCIES**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) ALEXA SANDOVAL<br>DIRECTOR                                | 2.00<br>4.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (19) TERRY STEINWAND<br>DIRECTOR                               | 2.00<br>4.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (20) RICHARD HATCHER<br>DIRECTOR                               | 2.00<br>4.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (21) GREG SHEEHAN<br>DIRECTOR                                  | 2.00<br>4.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (22) JIM UNSWORTH<br>DIRECTOR                                  | 2.00<br>4.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (23) CHRISTINE CLEGHORN<br>DIRECTOR, FISH AND WILDLIFE         | 2.00<br>4.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (24) LARRY KRUCKENBERG<br>EXECUTIVE SECRETARY                  | 28.00<br>10.00  | X   |                       | X       |              |                              |        | 101,800.   | 24,559.   | 0.  |
| (25) DEB VONDEBUR<br>TREASURER/CFO                             | 20.00<br>25.00  | X   |                       | X       |              |                              |        | 111,446.   | 0.  | 18,373.   |
| <b>1b Sub-total</b>  |   |   |                       |         |              |                              |        | 213,246.   | 24,559.   | 18,373.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 213,246.   | 24,559.   | 18,373.   |

**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 **2**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     | X  |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | 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)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| CLIFTON LARSON ALLEN LLP, 220 S 6TH STREET, STE. 300, MINNEAPOLIS, MN 55402  | ACCOUNTING SERVICES            | 192,282.            |
| DRAY, KYEKMAN, REED & HEALEY, PC<br>204 EAST 22ND STREET, CHEYENNE, WY 82001 | LEGAL SERVICES                 | 100,531.            |
|  |                                |                     |
|  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

**WESTERN ASSOCIATION OF FISH AND  
WILDLIFE AGENCIES**

**Part VIII Statement of Revenue**

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

|  |  |  |                      | (A)           | (B)                                      | (C)                              | (D)   |      |
|--|--|--|----------------------|---------------|--|----------------------------------|---|------|
|  |  |  |                      | Total revenue | Related or<br>exempt function<br>revenue | Unrelated<br>business<br>revenue | Revenue excluded<br>from tax under<br>sections<br>512 - 514 |      |
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>          | <b>1 a</b> Federated campaigns .....   | <b>1a</b>  |                      |               |  |                                  |   |      |
|  | <b>b</b> Membership dues .....   | <b>1b</b>  |                      |               |  |                                  |   |      |
|  | <b>c</b> Fundraising events .....  | <b>1c</b>  |                      |               |  |                                  |   |      |
|  | <b>d</b> Related organizations .....   | <b>1d</b>  | 479,633.             |               |  |                                  |   |      |
|  | <b>e</b> Government grants (contributions) .....   | <b>1e</b>  | 1,446,910.           |               |  |                                  |   |      |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....   | <b>1f</b>  | 11,423.              |               |  |                                  |   |      |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....   |  |                      |               |  |                                  |   |      |
|  | <b>h Total.</b> Add lines 1a-1f .....  |  |                      | 1,937,966.    |  |                                  |   |      |
|  | <b>Program Service<br/>Revenue</b>   | <b>2 a</b> MEMBERSHIP DUES AND AS<br>CONFERENCES/WORKSHOPS .....                               | <b>Business Code</b> | 813410        | 401,998.                                 | 401,998.                         |   |      |
| <b>b</b> .....   |  |  | 110000               | 382,811.      | 382,811.                                 |                                  |   |      |
| <b>c</b> .....   |  |  |                      |               |  |                                  |   |      |
| <b>d</b> .....   |  |  |                      |               |  |                                  |   |      |
| <b>e</b> .....   |  |  |                      |               |  |                                  |   |      |
| <b>f</b> All other program service revenue .....                           |  |  |                      |               |  |                                  |   |      |
| <b>g Total.</b> Add lines 2a-2f .....                                      |  |  |                      | 784,809.      |  |                                  |   |      |
| <b>Other Revenue</b>   |  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) ..... |                      |               | 61.                                      |                                  |   | 61.  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds .....  |  |                      |               |  |                                  |   |      |
|  | <b>5</b> Royalties .....   |  |                      |               |  |                                  |   |      |
|  | <b>6 a</b> Gross rents .....   | (i) Real   | (ii) Personal        |               |  |                                  |   |      |
|  |  | <b>b</b> Less: rental expenses .....   |                      |               |  |                                  |   |      |
|  |  | <b>c</b> Rental income or (loss) .....   |                      |               |  |                                  |   |      |
|  |  | <b>d</b> Net rental income or (loss) .....   |                      |               |  |                                  |   |      |
|  | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....   | (i) Securities   | (ii) Other           |               |  |                                  |   |      |
|  |  | <b>b</b> Less: cost or other basis<br>and sales expenses .....                                 |                      |               |  |                                  |   |      |
|  |  | <b>c</b> Gain or (loss) .....  |                      |               |  |                                  |   |      |
|  |  | <b>d</b> Net gain or (loss) .....  |                      |               | -24.                                     |                                  |   | -24. |
|  | <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>a</b>   |                      |               |  |                                  |   |      |
|  |  | <b>b</b> Less: direct expenses .....   | <b>b</b>             |               |  |                                  |   |      |
|  |  | <b>c</b> Net income or (loss) from fundraising events .....                                    |                      |               |  |                                  |   |      |
|  | <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 .....  | <b>a</b>   |                      |               |  |                                  |   |      |
| <b>b</b> Less: direct expenses .....                                       |  | <b>b</b>   |                      |               |  |                                  |   |      |
| <b>c</b> Net income or (loss) from gaming activities .....                 |  |  |                      |               |  |                                  |   |      |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances ..... | <b>a</b>   |  |                      |               |  |                                  |   |      |
|  | <b>b</b> Less: cost of goods sold .....  | <b>b</b>   |                      |               |  |                                  |   |      |
|  | <b>c</b> Net income or (loss) from sales of inventory .....  |  |                      |               |  |                                  |   |      |
| <b>Miscellaneous Revenue</b>   |  |  | <b>Business Code</b> |               |  |                                  |   |      |
| <b>11 a</b> .....  |  |  |                      |               |  |                                  |   |      |
|  | <b>b</b> .....   |  |                      |               |  |                                  |   |      |
|  | <b>c</b> .....   |  |                      |               |  |                                  |   |      |
|  | <b>d</b> All other revenue .....   |  |                      |               |  |                                  |   |      |
|  | <b>e Total.</b> Add lines 11a-11d .....  |  |                      |               |  |                                  |   |      |
| <b>12 Total revenue.</b> See instructions .....                            |  |  |                      | 2,722,812.    | 784,809.                                 | 0.                               | 37.   |      |

**WESTERN ASSOCIATION OF FISH AND  
WILDLIFE AGENCIES**

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX  **X**

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 1,000.                | 1,000.                          |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 130,823.              |                                 | 130,823.                               |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 33,046.               |                                 | 33,046.                                |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 3,421.                |                                 | 3,421.                                 |                             |
| <b>9</b> Other employee benefits   | 2,693.                |                                 | 2,693.                                 |                             |
| <b>10</b> Payroll taxes  | 7,866.                |                                 | 7,866.                                 |                             |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   | 226,561.              | 226,561.                        |  |                             |
| <b>c</b> Accounting  | 186,578.              | 186,578.                        |  |                             |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 1,653,514.            | 1,653,514.                      |  |                             |
| <b>12</b> Advertising and promotion  | 23,648.               | 23,648.                         |  |                             |
| <b>13</b> Office expenses  | 123,631.              | 42,888.                         | 80,743.                                |                             |
| <b>14</b> Information technology   | 53,602.               |                                 | 53,602.                                |                             |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | 4,238.                |                                 | 4,238.                                 |                             |
| <b>17</b> Travel   | 45,093.               | 45,093.                         |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | 143,133.              | 143,133.                        |  |                             |
| <b>20</b> Interest   | 1.                    | 1.                              |  |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 4,869.                |                                 | 4,869.                                 |                             |
| <b>23</b> Insurance  |                       |                                 |  |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a GRANT EXPEDITURES</b>   | 189,614.              | 189,614.                        |  |                             |
| <b>b BAD DEBT EXPENSE</b>  | 101,455.              |                                 | 101,455.                               |                             |
| <b>c BUSINESS LICENSING</b>  | 2,136.                | 2,136.                          |  |                             |
| <b>d CLOSING/APPRaisal COSTS</b>   | 429.                  | 429.                            |  |                             |
| <b>e All other expenses</b>  | -17,304.              |                                 | -17,304.                               |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 2,920,047.            | 2,514,595.                      | 405,452.                               | 0.                          |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                     |                       |                                 |  |                             |

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

**WESTERN ASSOCIATION OF FISH AND  
WILDLIFE AGENCIES**

**Part X Balance Sheet**

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

|   |  | <b>(A)</b>        |           |            | <b>(B)</b>  |  |
|---|--|-------------------|-----------|------------|-------------|--|
|   |  | Beginning of year |           |            | End of year |  |
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 174,291.          | <b>1</b>  |            | 308,253.    |  |
|   | <b>2</b> Savings and temporary cash investments .....  | 213,980.          | <b>2</b>  |            | 0.          |  |
|   | <b>3</b> Pledges and grants receivable, net .....  | 193,392.          | <b>3</b>  |            | 182,352.    |  |
|   | <b>4</b> Accounts receivable, net .....  | 337,819.          | <b>4</b>  |            | 79,190.     |  |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                   |           | <b>5</b>   |             |  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                   |           | <b>6</b>   |             |  |
|   | <b>7</b> Notes and loans receivable, net .....   |                   |           | <b>7</b>   |             |  |
|   | <b>8</b> Inventories for sale or use .....   |                   |           | <b>8</b>   |             |  |
|   | <b>9</b> Prepaid expenses and deferred charges .....   |                   |           | <b>9</b>   |             |  |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 10a 674,723.      |           |            |             |  |
|   | <b>b</b> Less: accumulated depreciation .....  | 10b 8,702.        | 15,536.   | <b>10c</b> | 666,021.    |  |
|   | <b>11</b> Investments - publicly traded securities .....   | 33,844.           | <b>11</b> |            | 0.          |  |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                   | <b>12</b> |            |             |  |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                   | <b>13</b> |            |             |  |
|   | <b>14</b> Intangible assets .....  |                   | <b>14</b> |            |             |  |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 0.                | <b>15</b> |            | 94,716.     |  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 968,862.   | <b>16</b>         |           | 1,330,532. |             |  |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 543,345.          | <b>17</b> |            | 244,195.    |  |
|   | <b>18</b> Grants payable .....   |                   | <b>18</b> |            |             |  |
|   | <b>19</b> Deferred revenue .....   |                   | <b>19</b> |            | 328,020.    |  |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                   | <b>20</b> |            |             |  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                   | <b>21</b> |            |             |  |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                   | <b>22</b> |            |             |  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                   | <b>23</b> |            |             |  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                   | <b>24</b> |            |             |  |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 0.                | <b>25</b> |            | 248,864.    |  |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 543,345.          | <b>26</b> |            | 821,079.    |  |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                   |           |            |             |  |
|   | <b>27</b> Unrestricted net assets .....  | 425,517.          | <b>27</b> |            | 509,453.    |  |
|   | <b>28</b> Temporarily restricted net assets .....  |                   | <b>28</b> |            |             |  |
|   | <b>29</b> Permanently restricted net assets .....  |                   | <b>29</b> |            |             |  |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                   |           |            |             |  |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                   | <b>30</b> |            |             |  |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                   | <b>31</b> |            |             |  |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                   | <b>32</b> |            |             |  |
| <b>33</b> Total net assets or fund balances .....                         | 425,517.   | <b>33</b>         |           | 509,453.   |             |  |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 968,862.   | <b>34</b>         |           | 1,330,532. |             |  |

**WESTERN ASSOCIATION OF FISH AND  
WILDLIFE AGENCIES**

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 2,722,812. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 2,920,047. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -197,235.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 425,517.   |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 281,171.   |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0.         |
| <b>10</b> | 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> | 509,453.   |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes      | No       |
|-----------|---|----------|----------|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |          |          |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |          | <b>X</b> |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | <b>X</b> |          |
| <b>c</b>  | 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | <b>X</b> |          |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____  | <b>X</b> |          |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____  | <b>X</b> |          |

**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.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

WESTERN ASSOCIATION OF FISH AND WILDLIFE AGENCIES

Employer identification number

82-0329350

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 4 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** 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

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

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

**General Rule**

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

**Special Rules**

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

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

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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not 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) (2015)

|  |   |
|--|---|
| <b>Name of organization</b><br>WESTERN ASSOCIATION OF FISH AND WILDLIFE AGENCIES | <b>Employer identification number</b><br>82-0329350 |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | _____<br>_____<br>_____           | \$ 479,633.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | _____<br>_____<br>_____           | \$ 1,394,979.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| _____      | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| Name of organization<br><b>WESTERN ASSOCIATION OF FISH AND WILDLIFE AGENCIES</b> | Employer identification number<br><b>82-0329350</b> |
|--|---|

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
|                              | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____                                       | _____                |



|  |   |
|--|---|
| <b>Name of organization</b><br>WESTERN ASSOCIATION OF FISH AND WILDLIFE AGENCIES | <b>Employer identification number</b><br>82-0329350 |
|--|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|--|---------------------|---|-------------------------------------|
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

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.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**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**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|  |   |
|--|---|
| Name of organization<br><b>WESTERN ASSOCIATION OF FISH AND WILDLIFE AGENCIES</b> | Employer identification number<br><b>82-0329350</b> |
|--|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) 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

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)  |   | (a) Filing organization's totals                | (b) Affiliated group totals        |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|---|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b>   | Total lobbying expenditures to influence public opinion (grass roots lobbying)  |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b>  | Total lobbying expenditures to influence a legislative body (direct lobbying)   |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b>  | Total lobbying expenditures (add lines 1a and 1b)   |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b>  | Other exempt purpose expenditures   |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b>  | Total exempt purpose expenditures (add lines 1c and 1d)   |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b>  | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:  |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000  | 20% of the amount on line 1e.   |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000.  |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000.  |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000.   |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000   | \$1,000,000.  |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b>  | Grassroots nontaxable amount (enter 25% of line 1f)   |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b>  | Subtract line 1g from line 1a. If zero or less, enter -0-   |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b>  | Subtract line 1f from line 1c. If zero or less, enter -0-   |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b>  | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |

Yes  No

**4-Year Averaging Period Under section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

WESTERN ASSOCIATION OF FISH AND

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.   | (a) |    | (b)    |
|--|-----|----|--------|
|  | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers? .....   |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..   |     |    |        |
| <b>c</b> Media advertisements? .....   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public? .....  |     |    |        |
| <b>e</b> Publications, or published or broadcast statements? .....   |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....  |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....   |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....   |     |    |        |
| <b>i</b> Other activities? .....   |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i .....  |     |    |        |
| <b>2a</b> 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 .....   |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....  |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....  |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....                      | <input checked="" type="checkbox"/> |                                     |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                 | <input checked="" type="checkbox"/> |                                     |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? ..... |                                     | <input checked="" type="checkbox"/> |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members .....   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |  |
| <b>a</b> Current year .....   | <b>2a</b> |  |
| <b>b</b> Carryover from last year .....   | <b>2b</b> |  |
| <b>c</b> Total .....  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....  | <b>3</b>  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? ..... | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....   | <b>5</b>  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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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.

OMB No. 1545-0047

2015

Open to Public Inspection

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

Name of the organization WESTERN ASSOCIATION OF FISH AND WILDLIFE AGENCIES Employer identification number 82-0329350

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Conservation contribution table (2a-2d). 3. Number of easements modified. 4. Number of states. 5. Written policy question. 6. Staff and volunteer hours. 7. Expenses incurred. 8. Section 170(h)(4)(B) requirements. 9. Reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a, 1b, and 2. 1a: Reporting requirements for public exhibition. 1b: Reporting requirements for public exhibition with amounts. 2: Reporting requirements for financial gain with amounts.

**WESTERN ASSOCIATION OF FISH AND  
WILDLIFE AGENCIES**

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            |                  |                |                    |                      |                     |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment \_\_\_\_\_ %
  - b** Permanent endowment \_\_\_\_\_ %
  - c** Temporarily restricted endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> unrelated organizations  | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land   |                                      |                                 |                              |                |
| <b>b</b> Buildings   |                                      | 650,000.                        | 1,389.                       | 648,611.       |
| <b>c</b> Leasehold improvements  |                                      |                                 |                              |                |
| <b>d</b> Equipment   |                                      | 20,880.                         | 7,313.                       | 13,567.        |
| <b>e</b> Other   |                                      | 3,843.                          |                              | 3,843.         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 666,021.       |

**WESTERN ASSOCIATION OF FISH AND  
WILDLIFE AGENCIES**

**Part VII Investments - Other Securities.**

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 | (c) Method of valuation: 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)   |                |   |
| <b>Total.</b> (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 valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (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) <b>DUE FROM AFFILIATES</b>  | 94,716.        |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 94,716.        |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| (a) Description of liability  | (b) Book value |
|---|----------------|
| 1. (1) Federal income taxes   |                |
| (2) <b>DUE TO AFFILIATES</b>  | 248,864.       |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 248,864.       |

2. 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

WESTERN ASSOCIATION OF FISH AND  
WILDLIFE AGENCIES

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |           |           |  |
|----------|--|-----------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements .....                       |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                  |           |           |  |
| <b>a</b> | Net unrealized gains (losses) on investments .....   | <b>2a</b> |           |  |
| <b>b</b> | Donated services and use of facilities .....   | <b>2b</b> |           |  |
| <b>c</b> | Recoveries of prior year grants .....  | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.) .....   | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> .....  |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....   |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                 |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b .....                               | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.) .....   | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> .....  |           | <b>4c</b> |  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) ..... |           | <b>5</b>  |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |           |           |  |
|----------|---|-----------|-----------|--|
| <b>1</b> | Total expenses and losses per audited financial statements .....                                      |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                     |           |           |  |
| <b>a</b> | Donated services and use of facilities .....  | <b>2a</b> |           |  |
| <b>b</b> | Prior year adjustments .....  | <b>2b</b> |           |  |
| <b>c</b> | Other losses .....  | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.) .....  | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> .....   |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....  |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                    |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b .....                                | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.) .....  | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> .....   |           | <b>4c</b> |  |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) ..... |           | <b>5</b>  |  |

**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:**

WAFWA, WCF, AND FFWF ARE ORGANIZED AS WYOMING NONPROFIT CORPORATIONS.

WAFWA AND WCF HAVE BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS)

AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL

REVENUE CODE AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(4). FFWF 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

ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3). EACH ENTITY IS ANNUALLY

REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM

990) WITH THE IRS. IN ADDITION, THE ENTITIES ARE SUBJECT TO INCOME TAX ON

NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO

THEIR EXEMPT PURPOSES. WE HAVE DETERMINED THAT EACH ENTITY IS NOT SUBJECT



**Part XIII** Supplemental Information *(continued)*

TO UNRELATED BUSINESS INCOME TAX AND HAVE NOT FILED AN EXEMPT ORGANIZATION  
BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

WE BELIEVE THAT EACH 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.

WE WOULD RECOGNIZED FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO  
UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH  
INTEREST AND PENALTIES ARE INCURRED.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

WESTERN ASSOCIATION OF FISH AND  
WILDLIFE AGENCIES

Employer identification number  
82-0329350

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE WESTERN ASSOCIATION OF FISH AND WILDLIFE AGENCIES PROMOTES THE  
PRESERVATION OF NATURAL RESOURCES IN ORDER TO SUSTAIN FISH AND WILDLIFE  
IN THE WESTERN STATES.

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 THIRD VICE-PRESIDENT IS  
THE CHAIR OF BUDGET, FINANCE AND COMPLIANCE COMMITTEE. THE ROTATION OF  
OFFICERS IS DIRECTLY LINKED TO THE ANNUAL HOST STATE FOR OUR SUMMER  
CONFERENCE AND THE ROTATION SCHEDULE IS POSTED ON OUR WEBSITE. THE CHANGE  
IN LEADERSHIP TAKES PLACE AT THE JULY CONFERENCE AND THE OFFICERS MOVE  
THROUGH TO THE NEXT POSITION LEVEL WITH THE THIRD VICE-PRESIDENT BEING  
ADDED INTO THE HOST STATE ROTATION LIST. THE SCOPE OF THE EXECUTIVE  
COMMITTEE IS BINDING AUTHORITY ON BEHALF OF THE ASSOCIATION AND ITS  
MEMBERS.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERSHIP CONSISTS OF THE GAME AND FISH COMMISSIONERS, OR THEIR  
EQUIVALENTS, AND THE CHIEF ADMINISTRATIVE OFFICERS OF THE FISH AND GAME  
DEPARTMENTS, OR THEIR EQUIVALENTS, OF THE STATES OF ALASKA, ARIZONA,  
CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, MONTANA, NEBRASKA, NEVADA, NEW

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | WESTERN ASSOCIATION OF FISH AND WILDLIFE AGENCIES | Employer identification number | 82-0329350 |
|--------------------------|---|--------------------------------|------------|

MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON AND WYOMING, OF THE PROVINCES OF BRITISH COLUMBIA, ALBERTA, SASKATCHEWAN AND THE YUKON TERRITORY.

FORM 990, PART VI, SECTION B, LINE 11:

THE TREASURER/CFO REVIEWS THE FORM 990 AND SHARES WITH THE BUDGET, FINANCE AND COMPLIANCE COMMITTEES AND THE EXECUTIVE SECRETARY PRIOR TO FINAL APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12:

THE ORGANIZATION ADOPTED A CONFLICT OF INTEREST POLICY, WRITTEN WHISTLEBLOWER POLICY AND WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY EFFECTIVE IN FISCAL YEAR 2017.

FORM 990, PART VI, SECTION B, LINE 15B:

THE PROCESS FOR DETERMINING COMPENSATION FOR THE TREASURER/CFO INCLUDES AN ANNUAL REVIEW OF PERFORMANCE AND ACHIEVEMENTS WITH COMPENSATION INCREASES BASED ON MARKET CONSIDERATIONS. THE REVIEW AND PERFORMANCE INCREASE IS PRESENTED TO THE BOARD OF DIRECTORS BY MEMBERS OF THE EXECUTIVE COMMITTEE OR BUDGET, FINANCE AND COMPLIANCE COMMITTEE THAT WORK CLOSELY WITH THE CFO.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE CONFLICT OF INTEREST POLICY WILL BE AVAILABLE UPON REQUEST IN FISCAL YEAR 2017.

THE BYLAWS AND FORM 990 ARE AVAILABLE UPON REQUEST AND ALSO AVAILABLE ON OUR WEBSITE AT [WWW.WAFWA.ORG](http://WWW.WAFWA.ORG).

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | WESTERN ASSOCIATION OF FISH AND WILDLIFE AGENCIES | Employer identification number | 82-0329350 |
|--------------------------|---|--------------------------------|------------|

## FORM 990, PART VII:

DEB VONDEBUR, TREASURER/CFO, IS COMPENSATED AND RECEIVES A W-2 THROUGH WESTERN ASSOCIATION OF FISH AND WILDLIFE. DEB'S COMPENSATION SHOWN IN PART VII IS FOR SERVICES PROVIDED TO WESTERN ASSOCIATION OF FISH AND WILDLIFE AND WESTERN CONSERVATION FOUNDATION, A RELATED ORGANIZATION.

## FORM 990, PART IX, LINE 11G, OTHER FEES:

## EVENT MANAGER:

|                                 |         |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES        | 60,000. |
| MANAGEMENT AND GENERAL EXPENSES | 0.      |
| FUNDRAISING EXPENSES            | 0.      |
| TOTAL EXPENSES                  | 60,000. |

## PROFESSIONAL FEES:

|                                 |         |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES        | 13,550. |
| MANAGEMENT AND GENERAL EXPENSES | 0.      |
| FUNDRAISING EXPENSES            | 0.      |
| TOTAL EXPENSES                  | 13,550. |

## CONTRACT SERVICES:

|                                 |          |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES        | 901,074. |
| MANAGEMENT AND GENERAL EXPENSES | 0.       |
| FUNDRAISING EXPENSES            | 0.       |
| TOTAL EXPENSES                  | 901,074. |

## GRANT PROJECT COORDINATING SERVICES:

|  |   |
|--|---|
| Name of the organization<br><b>WESTERN ASSOCIATION OF FISH AND WILDLIFE AGENCIES</b> | Employer identification number<br><b>82-0329350</b> |
|--|---|

|                                 |          |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES        | 354,618. |
| MANAGEMENT AND GENERAL EXPENSES | 0.       |
| FUNDRAISING EXPENSES            | 0.       |
| TOTAL EXPENSES                  | 354,618. |

AERIAL SURVEYS & FLIGHT EXPENSES:

|                                 |          |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES        | 136,407. |
| MANAGEMENT AND GENERAL EXPENSES | 0.       |
| FUNDRAISING EXPENSES            | 0.       |
| TOTAL EXPENSES                  | 136,407. |

OTHER ASSESSMENT EXPENSE:

|                                 |          |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES        | 187,865. |
| MANAGEMENT AND GENERAL EXPENSES | 0.       |
| FUNDRAISING EXPENSES            | 0.       |
| TOTAL EXPENSES                  | 187,865. |

|  |            |
|--|------------|
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 1,653,514. |
|--|------------|

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization **WESTERN ASSOCIATION OF FISH AND WILDLIFE AGENCIES** Employer identification number **82-0329350**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
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|  |                         |   |                     |                           |                                     |

**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)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity  | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity      | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|--|---|-------------------------------|---|--|--|----|
|  |  |   |                               |   |  | Yes  | No |
| FOUNDATION FOR WESTERN FISH AND WILDLIFE AGENCIES - 26-2849591, 2700 W. AIRPORT WAY, BOISE, ID 83705 | SUPPORTS WESTERN ASSOCIATION OF FISH AND WILDLIFE AGENCIES EFFORTS | WYOMING   | 501(C)(3)                     | LINE 7  | WESTERN ASSOCIATION OF FISH AND WILDLIFE | X  |    |
| WESTERN CONSERVATION FOUNDATION - 46-5570304 2700 W. AIRPORT WAY BOISE, ID 83705                     | SUPPORTS WESTERN ASSOCIATION OF FISH AND WILDLIFE AGENCIES EFFORTS | WYOMING   | 501(C)(4)                     |   | WESTERN ASSOCIATION OF FISH AND WILDLIFE | X  |    |
|  |  |   |                               |   |  |  |    |
|  |  |   |                               |   |  |  |    |
|  |  |   |                               |   |  |  |    |
|  |  |   |                               |   |  |  |    |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
**SEE PART VII FOR CONTINUATIONS**

Schedule R (Form 990) 2015

**WESTERN ASSOCIATION OF FISH AND  
WILDLIFE AGENCIES**

**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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |   |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
|  |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
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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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
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|  |                         |   |                                     |  |                                 |  |                                |   |    |

**WESTERN ASSOCIATION OF FISH AND  
WILDLIFE AGENCIES**

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               | X   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   | X   |    |
| <b>o</b> Sharing of paid employees with related organization(s) .....  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      | X   |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      | X   |    |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                 |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1) WESTERN CONSERVATION FOUNDATION | P                                | 713,940.               | GENERAL LEDGER                               |
| (2) WESTERN CONSERVATION FOUNDATION | Q                                | 595,439.               | GENERAL LEDGER                               |
| (3) WESTERN CONSERVATION FOUNDATION | C                                | 479,633.               | GENERAL LEDGER                               |
| (4)                                 |                                  |                        |  |
| (5)                                 |                                  |                        |  |
| (6)                                 |                                  |                        |  |





**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 AND WILDLIFE AGENCIES

DIRECT CONTROLLING ENTITY: WESTERN ASSOCIATION OF FISH AND WILDLIFE AGENCIES

NAME OF RELATED ORGANIZATION:

WESTERN CONSERVATION FOUNDATION

DIRECT CONTROLLING ENTITY: WESTERN ASSOCIATION OF FISH AND WILDLIFE AGENCIES

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)**. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

**Enter filer's identifying number**

|   |   |  |
|---|---|--|
| <b>Type or print</b><br><br><small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization or other filer, see instructions.<br><b>WESTERN ASSOCIATION OF FISH AND WILDLIFE AGENCIES</b> | Employer identification number (EIN) or<br><br><b>82-0329350</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>2700 W. AIRPORT WAY</b>                      | Social security number (SSN)                                     |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>BOISE, ID 83705</b>        |  |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**DEB VONDEBUR**

- The books are in the care of ▶ **2700 W. AIRPORT WAY - BOISE, ID 83705**  
Telephone No. ▶ **208-331-9431** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> 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>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 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.