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

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

2017

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information. | 90|

Open to Public Inspection

	A I	or the	2017 calendar year, or tax year beginning FEB 1,	2017	and endi	ng JA	N 31,	2018
	B	Check if ipplicable	C Name of organization				D Employe	er identification number
		_	ss change !					
	F	Ä	change THE GRAND NATIONAL WATERFOW		52-	1294793		
	$\overline{}$	] Initial r	Number and street (or D.O. box, if mail is not delivered to street			Room/suite		one number
	F	Final re	eturn/ D O DOY 106				(41	.0)228-0111
	_	╗	City or town, state or province, country, and ZIP or foreign pos	stal code			F Group E	
	F	=	ion pending CAMBRIDGE, MD 21613			031	Number	·
	G /		ing Method X Cash Accrual Other (specify) ▶	•				► X if the organization is
			► N/A					uired to attach Schedule B
				(insert no )	4947(a)(1)	or 527	-	990, 990-EZ, or 990-PF)
			organization: Corporation Trust X Associa		Other	JI	(1 01111 0	700, 000 EZ, 01 000 117
			s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts a			accete (Part I		
			(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		inorc, or in total	253013 (1 011 1	, <u> </u>	s 158,074.
		art I	Revenue, Expenses, and Changes in Net Asset	s or Fund	Balances (	see the instru	ctions for F	Part I)
	<u></u>		Check if the organization used Schedule O to respond to any question		(	000 1110 1110110	011011011011	X
		1	Contributions, gifts, grants, and similar amounts received	III (IIIS Fait I			1	F 401
		ſ	Program service revenue including government fees and contracts				2	50 400
			Membership dues and assessments				3	25 125
			•					
		ī	Investment income		6-		4	<del></del>
			Gross amount from sale of assets other than inventory		5a			
		[	Less cost or other basis and sales expenses	( l Fa)	5b			
			Gain or (loss) from sale of assets other than inventory (Subtract line 5b	irom line 5a)			50	<del>}                                    </del>
			Gaming and fundraising events					
	ne		Gross income from gaming (attach Schedule G if greater than		1 - 1			
	èп		\$15,000)		6a			
	Revenue		Gross income from fundraising events (not including \$		<ul><li>of contributions</li></ul>			
			from fundraising events reported on line 1) (attach Schedule G if the sun	n of such	1 1	25 0		
			gross income and contributions exceeds \$15,000)		6b	35,04		
			Less direct expenses from gaming and fundraising events		6c	15,2		
			Net income or (loss) from gaming and fundraising events (add lines 6a a	and 6b and su	1 1 '	1 0	60	19,770.
			Gross sales of inventory, less returns and allowances	^	7a	1,0		
			Less cost of goods sold SEE SCHEDU		7b	16,48	33.	
		1	Gross profit or (loss) from sales of inventory (Subtract line 7b from line				70	-15,463.
			Other revenue (describe in Schedule O)	S	EE SCHEDU	JLE O	8	
		T .	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	DE	CEIVED		<b>▶</b> 9	126,317.
<b>⊕</b>			Grants and similar amounts paid (list in Schedule 0)			اه	10	
20		1	Benefits paid to or for members	2		NS	11	
00	es	J	Salaries, other compensation, and employee benefits	C132	C <b>2 1</b> 2018	RS-OS(	12	650
-	Sus		Paymonto to mosponosino danti activi			] <u>œ</u>	13	
MAR	Expenses		Occupancy, rent, utilities, and maintenance	OG	DEN, UT	1	14	
Z	Ш		Printing, publications, postage, and shipping				15	
			Other expenses (describe in Schedule 0)	S	EE SCHEDU	ILE O	16	1 1 1 1
لطيآ			Total expenses Add lines 10 through 16				<u>▶</u> 17	
SCANNED	· v		Excess or (deficit) for the year (Subtract line 17 from line 9)				18	23,636.
Á	set		Net assets or fund balances at beginning of year (from line 27, column (	A))			<u> </u>	
ii	As		(must agree with end-of-year figure reported on prior year's return)				19	
٠ ح	Net Assets		Other changes in net assets or fund balances (explain in Schedule 0)				20	
		21	Net assets or fund balances at end of year. Combine lines 18 through 20	)			<b>▶</b> 21	
	LHA	For F	Paperwork Reduction Act Notice, see the separate instructions					Form <b>990-EZ</b> (2017)

Form 990-EZ

LHA For Paperwork Reduction Act Notice, see the separate instructions

IIP.	HISSO EZ (2017) THE GIGARD RATIONIE WITHKI					
	artill Balance Sheets (see the instructions for Part II)	·				
	Check if the organization used Schedule O to resp			1		X
		()	A) Beginning of year	—	<del>-                                    </del>	B) End of year
22	, , ,		40,985		<u> </u>	76,742
23			00.005	23		00 010
24	,		28,095		ļ	22,018
25			69,080			98,760
26	,		5,625			11,669.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) artilli Statement of Program Service Accomplishmer	to (and the instruction	63,455	• 27		87,091.
				(T)	(Benu	Expenses ired for section
LAZE	Check if the organization used Schedule O to response	ond to any question	in this Part III	X	501(c	)(3) and 501(c)(4)
	at is the organization's primary exempt purpose? SEE SCHEDULE O				organ	izations, optional for
	icribe the organization's program service accomplishments for each of its three largest program s oner, describe the services provided, the number of persons benefited, and other relevant informa		n a clear and concise		Others	s.)
	339773		EDUCATION			
28	AND CONSERVATION OF WATERFOWL HABIT		DOCATION			
	AND CONSERVATION OF WATERFOWN HADITA	71	<del></del>			
	(Grants \$ ) If this amount includes foreign of	rants shock hara		$\overline{}$	28a	68,395.
29	PURCHASE AND RELEASE OF WATERFOWL/DI			<u> </u>	204	00,333.
23	TORONDO IND REPUBLION OF WITHER ONLY DE	JON 1111111				
				—		
	(Grants \$ ) If this amount includes foreign of	rants check here		$\Box$	29a	800.
30	<u> </u>	NAL EDUCATION	L TRUST		230	
50	Z ON DELICE CONTINUED I LOS CIUNED INITIES	1111 1111111111111111111111111111111111		_	-	
					1	
	(Grants \$ ) If this amount includes foreign of	rants, check here	<b>•</b>	$\overline{\Box}$	30a	4,000.
31	Other program services (describe in Schedule O)	nairto, ottoottioo				• • • •
•	(Grants \$ ) If this amount includes foreign of	rants, check here	•		31a	
32	Total program service expenses (add lines 28a through 31a)		<del></del>	_	32	73,195.
IP.						
	artilV List of Officers, Directors, Trustees, and Key E	mployees (list each one e	ven if not compensated - s	ee the		
	List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp			ee the		
	artilVi List of Officers, Directors, Trustees, and Key E		in this Part IV	(d) He	nstructio	ins for Part IV)  X efits, (e) Estimated
	artilVi List of Officers, Directors, Trustees, and Key E	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He	nstructio	x (e) Estimated amount of other
	Tist of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp  (a) Name and title	oond to any question (b) Average hours	(c) Reportable compensation (Forms	(d) He contr emplo plans,	nstructio	ins for Part IV)  X  ents, to amount of other compensation
	ANDY WHITE	(b) Average hours per week devoted to position	In this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emplo plans,	nstructional the benefit between the same state of the same state	ins for Part IV)  X  ents, to amount of other compensation
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HU	ANDY WHITE JNT COORDINATOR REG SCOTT	(b) Average hours per week devoted to position  1.00	In this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emplo plans,	alth bene ibutions byee ben and defe pensatio	ins for Part IV)  X  Sefits, to effect amount of other compensation  0 • 0 •
HT GF	ANDY WHITE JNT COORDINATOR REG SCOTT DARD MEMBER	(b) Average hours per week devoted to position	In this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emplo plans,	alth bene ibutions byee ben and defe pensatio	(e) Estimated amount of other compensation
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BC B	Check if the organization used Schedule O to respond to the companization used	pond to any question (b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00	In this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)  0.  0.  0.  0.  0.  0.  0.	(d) He contr emplo plans,	nstructions alth beneath the second sec	ins for Part IV)  [X]  Selfits, to let it in the part IV)  (e) Estimated amount of other compensation  0. 0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.

1.00

VICE PRESIDENT

THE GRAND NATIONAL WATERFOWL ASSOCIATION Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	-ت-	A, " *	43 A.P.
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	TANKALF	2 4	
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A	ļ,		
39	Section 501(c)(7) organizations Enter:		. 1	
a	Initiation fees and capital contributions included on line 9 39a N/A	•		
þ	Gross receipts, included on line 9, for public use of club facilities 396 N/A	٠.	٠	ı
10 a	Section 501(e)(3) organizations. Enter amount of tax imposed on the organization during the year under:	: : =1,	·	ا برياشيد
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . , section 4955 ▶ 0 .	_ :		
þ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any		i	
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managors or disqualified persons during the year under sections 1912, 4955, and 4958	THE FA		2.44,
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			-
	by the organization $lacktriangle$	; '		
0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	· No MAN THE A	ผมเด็เ⊯ เรียะ •	. • •
	transaction? If "Yes," complete Form 8886-T	_40e	i	Х
41	List the states with which a copy of this return is filed MD	<b>1</b>	204	
42 a	The organization's books are in care of ► JOHN D. IRELAND  Telephone no ► 410-67			
		165	<u> </u>	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	405	163	X
	account)?  If "Vee " enter the name of the foreign country.	42b		Λ
	If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	:	,	
	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	$\dashv$	Х
Ü	If "Yes," enter the name of the foreign country:	<u> </u>		41
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
70		N/A		ш
	and office the amount of the execution for the execution of accorded on the tax year	21, 22		
	ı		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	. ‡	,	
	Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			-
_	of Form 990-EZ	44b		Х
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			_
_	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	- '	Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		Form 9	00.E7 /	(2017)

# **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public

Inspection

Employer identification number

Name of the organization THE GRAND NATIONAL WATERFOWL ASSOCIATION 52-1294793 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1 10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 THE GRAND NATIONAL WATERFOWL ASSOCIATION 52-1294793 Page 2 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1					
	or expended on its behalf	į					
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			-			
	supported organization) included			1			
	on line 1 that exceeds 2% of the	1					
	amount shown on line 11,		\				
	column (f)		\				
	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support	·					
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		1				
	and income from similar sources			1			
9	Net income from unrelated business						
	activities, whether or not the			\			
	business is regularly carried on			1			
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI )	į ,					
	Total support. Add lines 7 through 10					l !	
	Gross receipts from related activities,	= -	•		1	12	
	Gross receipts from related activities, First five years. If the Form 990 is for	r the organization's	•	d, fourth, or fifth ta	x year as a sectio	· · · · · · · · · · · · · · · · · · ·	
13	Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stor	r the organization's o here	s first, second, third	d, fourth, or fifth ta	xyear as a sectio	· · · · · · · · · · · · · · · · · · ·	▶□
13 Sec	Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stor ction C. Computation of Public	r the organization's o here c Support Per	s first, second, third		xyear as a sectio	n 501(c)(3)	<b>▶</b> □
13 Sec 14	Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stor ection C. Computation of Public Public support percentage for 2017 (I	r the organization's p here c Support Per ine 6, column (f) div	centage vided by line 11, c		xyear as a sectio	n 501(c)(3)	
13 Sec 14 15	Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stoction C. Computation of Public Support percentage for 2017 (I. Public support percentage from 2016)	r the organization's p here ic Support Per ine 6, column (f) div s Schedule A, Part I	centage vided by line 11, co	olumn (f))		14 15	% %
13 Sec 14 15	Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stoction C. Computation of Public Support percentage for 2017 (In Public Support percentage from 2016 at 33 1/3% support test - 2017. If the organization is a support test - 2017.	r the organization's p here C Support Per ine 6, column (f) div Schedule A, Part I organization did no	centage vided by line 11, coll, line 14 of check the box or	olumn (f))		14 15	%
13 Sec 14 15 16a	Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop ction C. Computation of Public Support percentage for 2017 (I Public Support percentage from 2016 is 33 1/3% support test - 2017. If the costop here. The organization qualifies	r the organization's phere C Support Per ine 6, column (f) divide Schedule A, Part I organization did no as a publicly support	centage vided by line 11, coll, line 14 of check the box or orted organization	olumn (f))	14 is 33 1/3% or n	14 15 nore, check this box	% and ▶ □
13 Sec 14 15 16a	Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop ction C. Computation of Public Public support percentage for 2017 (I Public support percentage from 2016 a 33 1/3% support test - 2017. If the of stop here. The organization qualifies b 33 1/3% support test - 2016. If the of	r the organization's phere C Support Perione 6, column (f) divided by the column of th	centage vided by line 11, co II, line 14 of check the box or orted organization of check a box on I	olumn (f)) n line 13, and line line 13 or 16a, and	14 is 33 1/3% or n	14 15 nore, check this box	% and ▶ □
13 Sec 14 15 16a	Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop ction C. Computation of Public Public support percentage for 2017 (I Public support percentage from 2016 a 33 1/3% support test - 2017. If the organization qualifies b 33 1/3% support test - 2016. If the organization qual	r the organization's phere C Support Perion 6, column (f) divide 6 Schedule A, Part lorganization did no as a publicly supporganization did no diffee as a publicly s	centage vided by line 11, co II, line 14 of check the box or orted organization of check a box on I supported organization	olumn (f)) n line 13, and line line 13 or 16a, and ation	14 is 33 1/3% or m	14 15 hore, check this box	% and s box
13 Sec 14 15 16a	Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and sto- ection C. Computation of Public Public support percentage from 2016 33 1/3% support test - 2017. If the computation qualifies 33 1/3% support test - 2016. If the computation of the computation qualifies 33 1/3% support test - 2016. If the computation qualifies 34 1/3% support test - 2016. If the computation qualifies 35 1/3% support test - 2016. If the computation qualifies and stop here. The organization qualifies are support test - 2016.	r the organization's phere C Support Perione 6, column (f) divide Schedule A, Part I organization did no as a publicly supporganization did no diffes as a publicly size 2017. If the organization contact is a support organization did no diffes as a publicly size 2017.	centage vided by line 11, co II, line 14 of check the box or orted organization of check a box on I supported organization did not co	olumn (f))  In line 13, and line fine 13 or 16a, and atton  Check a box on line	14 is 33 1/3% or many	14 15 nore, check this box or more, check this	s and s box or more,
13 Sec 14 15 16a	Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop ction C. Computation of Public Support percentage for 2017 (In Public Support percentage from 2016 in 33 1/3% support test - 2017. If the cost of the stop here. The organization qualifies and stop here. The organization qualifies in 10% -facts-and-circumstances test and if the organization meets the "facts of the stop here in the organization meets the "facts of the stop here in the organization meets the "facts of the stop here in the organization meets the "facts of the stop here in the organization meets the "facts of the stop here in the stop here.	r the organization's phere ic Support Per ine 6, column (f) divide Schedule A, Part I organization did no as a publicly support organization did no diffes as a publicly size - 2017. If the organization did no	centage vided by line 11, co II, line 14 of check the box or orted organization of check a box on I supported organization dianization did not of	olumn (f)) In line 13, and line fine 13 or 16a, and ation Check a box on line is box and stop from	14 is 33 1/3% or m line 15 is 33 1/3% e 13, 16a, or 16b, here. Explain in Pa	14 15 nore, check this box or more, check this	s and s box or more,
13 Sec 14 15 16a b	Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop ction C. Computation of Public Support percentage for 2017 (In Public Support percentage from 2016 at 33 1/3% support test - 2017. If the constant of the stop here. The organization qualifies and if the organization meets the "facts-and-circumstances"	r the organization's phere C Support Period Support	centage vided by line 11, or II, line 14 of check the box or orted organization of check a box on I supported organization did not of ces" test, check th	olumn (f)) In line 13, and line Ine 13 or 16a, and ation Check a box on line its box and stop houblicly supported	14 is 33 1/3% or m line 15 is 33 1/3% e 13, 16a, or 16b, a ere. Explain in Pa organization	14 15 nore, check this box or more, check this and line 14 is 10% out VI how the organ	s and s box or more, ization
13 Sec 14 15 16a b	Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop ction C. Computation of Public support percentage for 2017 (I Public support percentage from 2016 a 33 1/3% support test - 2017. If the cost of the support percentage from 2016 a 33 1/3% support test - 2016. If the cost of the support percentage from 2016 and stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the "facts and if the organization meets the "facts and circumstances" a 10% -facts-and-circumstances test and 10	r the organization's phere C Support Periods Ine 6, column (f) divided as a publicly support organization did no liftes as a publicly size.  - 2017. If the organization did no liftes are directly sizes and circumstance test. The organization of the organization did no liftes are applicable.	centage vided by line 11, co II, line 14 by check the box or orted organization of check a box on I supported organization anization did not of ces" test, check th tion qualifies as a panization did not of	olumn (f)) In line 13, and line fine 13 or 16a, and ation Check a box on line lis box and stop in publicly supported check a box on line check a box on line	14 is 33 1/3% or mailine 15 is 33 1/3% or mailine 15 is 33 1/3% or mailine 15, 16a, or 16b, or ganization at 13, 16a, 16b, or	14 15 nore, check this box or more, check this and line 14 is 10% out VI how the organization, and line 15 is 17a, and line 15 is 17a.	s and s box or more, ization
13 Sec 14 15 16a b	Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop ction C. Computation of Public Public support percentage for 2017 (I Public support percentage from 2016 33 1/3% support test - 2017. If the organization qualifies 33 1/3% support test - 2016. If the organization qual 10% -facts-and-circumstances test and if the organization meets the "facts-and-circumstances" 10% -facts-and-circumstances test more, and if the organization meets the	r the organization's phere IC Support Periods Ine 6, column (f) divided to the column of the column	centage vided by line 11, co II, line 14 of check the box or orted organization of check a box on I supported organization did not co ces" test, check th tion qualifies as a p anization did not co mstances" test, che	olumn (f))  In line 13, and line ine 13 or 16a, and ation  Check a box on line is box and stop houblicly supported check a box on line ineck this box and	14 is 33 1/3% or many line 15 is 33 1/3% or many line 15 is 33 1/3% or many line 13, 16a, or 16b, or stop here. Explain	14 15 nore, check this box or more, check this and line 14 is 10% of art VI how the organ 17a, and line 15 is	s box or more, ization
13 Sec 14 15 16a b	Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop ction C. Computation of Public support percentage for 2017 (I Public support percentage from 2016 a 33 1/3% support test - 2017. If the cost of the support percentage from 2016 a 33 1/3% support test - 2016. If the cost of the support percentage from 2016 and stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the "facts and if the organization meets the "facts and circumstances" a 10% -facts-and-circumstances test and 10	r the organization's phere C Support Period Support Period Support Period Schedule A, Part I organization did no as a publicly support organization did no liftes as a publicly size and circumstance test. The organization did no return the organization did no liftes as a publicly size and circumstance test. The organization did no liftes are discontinuous test. The organization of the	centage vided by line 11, co II, line 14 of check the box or orted organization of check a box on I supported organization did not co ces" test, check th tion qualifies as a p lanization did not co mstances" test, ch	olumn (f))  In line 13, and line fine 13 or 16a, and ation check a box on line box and stop foublicly supported check a box on line fineck this box and qualifies as a public	line 15 is 33 1/3% e 13, 16a, or 16b, or ere. Explain in Pa organization e 13, 16a, 16b, or stop here. Explai	14 15 nore, check this box or more, check this and line 14 is 10% out VI how the organ 17a, and line 15 is an in Part VI how the nization	s and s box or more, sization 10% or

Schedule A (Form 990 or 990 EZ) 2017 THE GRAND NATIONAL WATERFOWL ASSOCIATION 52-1294793 Page 3 Part III: Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Sec	ction A. Public Support	elow, piease comp	nete r art ir )			<del> </del>	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						.,
	membership fees received (Do not	ļ					
	ınclude any "unusual grants ")	39,913.	35,865.	28,926.	37,653.	39,506.	181,863.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	68,106.	105,445.	110,666.	97,793.	111,532.	493,542.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	108,019.	141,310.	139,592.	135,446.	151,038.	675,405.
7 a	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b		-				0.
8	Public support. (Subtract line 7c from line 6)				•	٤ _	675,405.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	108,019.	141,310.	139,592.	135,446.	151,038.	675,405.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	13.	12.	12.	12.	12.	61.
b	Unrelated business taxable income	-					
	(less section 511 taxes) from businesses acquired after June 30, 1975	-					
c	: Add lines 10a and 10b	13.	12.	12.	12.	12.	61.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)	108,032.	141,322.	139,604.	135,458.	151,050.	675,466.
14	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	ix year as a section	1 501(c)(3) organiza	ation,
800	check this box and stop here	a Cupport Dor		·	·		<b>&gt;</b>
	ction C. Computation of Publi					T T	00 00
	Public support percentage for 2017 (I	• • • • • • • • • • • • • • • • • • • •	•	olumn (f))		15	99.99 %
	Public support percentage from 2016			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		16	99.99 %
Sec	ction D. Computation of Inves	<del></del>					0.1
17	Investment income percentage for 20	•	•	e 13, column (f))		17	.01 %
18	Investment income percentage from		•			18	.01 %
19a	33 1/3% support tests - 2017. If the	<del>-</del>					
	more than 33 1/3%, check this box ar	•	-	•			$ ightharpoons \overline{X}$
b	33 1/3% support tests - 2016. If the	-					nd
	line 18 is not more than 33 1/3%, che		· •	•		-	<b>&gt;</b>
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th		•	<b>P</b>
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# Schedule A (Form 990 or 990-EZ) 2017 THE GRAND NATIONAL WATERFOWL ASSOCIATION 52-1294793 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain
2	Did the organization have any supported organization that does not have an IRS determination of status
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported
	organization was described in section 509(a)(1) or (2)
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
	(h) and (c) helow

- (b) and (c) below

  b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and section 4 to a support to the confirmation confirmation of the confirmat
  - satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? [f "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Yes No

Part W   Supporting Organizations (continued)   Yes   No		dule A (Form 990 or 990-EZ) 2017 THE GRAND NATIONAL WATERFOWL ASSOCIATION 52-12	J4/J	<b>э</b> Ра	age <b>5</b>
11 has the organization accepted a gift or contribution from any of the following persons?  A person word detectly or indexictly controls, ether of alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  1 h A family member of a person described in (a) above?  c. A 35% controlled entity of a person described in (a) or (b) above?  t. The controlled entity of a person described in (a) or (b) above?  The controlled entity of a person described in (a) or (b) above?  The controlled entity of a person described in (a) or (b) above?  Did the directors, fusitees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations of interests at all times during the tay yea? If No.* describe in Part VI how the supported organizations have the power to appoint and for remove directors or fusitees were allocated among the supported organizations and what conditions or restrictions, if any, applied to support powers during that as year (a) organization and what conditions or restrictions, if any, applied to support powers during that as year (a) organization and what conditions or restrictions, if any, applied to supported organization of the than the supported organization and what conditions or restrictions, if any, applied to support powers during that as year (a) organization.  Part VI how providing such benefit carried out the purposes of the supported organization of the than the supported organization of the thin the supported organization of the thin the supported organization of the thin the supported organization of the directors or rustees during the supported organization of the directors or rustees during the supported organization of the directors or rustees during the supported organization	Pai	TIV Supporting Organizations (continued)		V.	N'-
a A person who directly an indirectly controls, ether alone or together with persons described in (p) and (c) bolow, the governing body of a supported organization?  b A family member of a person described in (g) above?  c A 39% controlled entiry of a person described in (g) to (b) above?  A 39% controlled and the controlled of the organization is directly of the controlled of the organization of the controlled of the organization of a controlled of the organization of the controlled of the organization of the controlled of the supported organization, describe the three powers or appoint and/or remove directions or fursion of the controlled organization of the first the supported organization of the first the supported organization of the first the supported organization of the supported organization or trustees of each of the organization of supported organizations or trustees of each of the organization of supported organizations or trustees of each of the organization or supported organizations or trustees of each of the organization or supported organizations or the supported organization or supported organization or supported organization or supported organization or supported	11	Has the organization accepted a gift or contribution from any of the following persons?		res	NO
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Section D. All Type III Supporting Organizations    Yes   No			-		
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? (if "No," explain in Part VI how the organization described in (2), did the organization's supported organizations have a significant vioice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? (if "Yes," describe in Part VI the role the organization's supported organization's supported organization's supported organizations played in this regard.  Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  3 Preorganization is the parent of each of its supported organizations. Complete line 3 below  1 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  2 Activities Test. Answer (a) and (b) below.  3 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly furthered their exempt purposes, how the organization was responsive to those supported organization determined that these activities does be activities of the supported organization's position that its supported organization's involvement, one or more of the organization's supported	Sec		1 1	L	
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	b				
			3b		

Schedule A (Form 990 or 990-EZ) 2017 THE GRAND NATIONAL WATERFOWL ASSOCIATION 52-1294793 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income - (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 4 Add lines 1 through 3 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see . 5 instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 035 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 4 Income tax imposed in prior year 5

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」 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

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· u	1 Type in Non-Functionally integrated 509	a)(3) Supporting Orga	inizations (continued)	
Sect	on D - Distributions			Current Year
. 1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which th	ie organization is responsive	<del></del>	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		-	
Secti	on E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2017	(III) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
<u>c</u>	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
1	Carryover from 2012 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions	· · · · · · · · · · · · · · · · · · ·		
7	Excess distributions carryover to 2018. Add lines 3j and 4c			
8	Breakdown of line 7			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990 EZ) 2017 THE GRAND NATIONAL WATERFOWL ASSOCIATION 52-1294793 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V,
<u> </u>	Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
	· · · · · · · · · · · · · · · · · · ·

# SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization							ntification number
	ND NATIONAL WATERFO					52-1294	
Part I , Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 17	7 Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g X Special  or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-govern govern using of ing of onal fu	overnment grants nment grants events ficers, directors, trus indraising services?		Yes	·
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iII) fundr have co or con contribu	istody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser led in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		_		
							,
						<u> </u>	<u> </u>
Total  3 List all states in which the organization or licensing	n is registered or licensed to solicit c	ontribi	utions	or has been notified	ıt ıs e	exempt from re	gistration
or incertaing							
					-		· · · · · · · · · · · · · · · · · · ·

Schedule G (Form 990 or 990-EZ) 2017

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

Schedule G (Form 990 or 990 EZ) 2017 THE GRAND NATIONAL WATERFOWL ASSOCIATION 52-1294793 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr			<u></u>	ts greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF	RAFFLES &	NONE	(add col (a) through
			TOURNAMENT	OTHER FUNDRA		col (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	20,620.	14,424.		35,044.
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	20,620.	14,424.		35,044.
	4	Cash prizes				
Se	5	Noncash prizes			<u> </u>	
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ľ	8	Entertainment				
	9	Other direct expenses	9,774.	5,500.		15,274.
	10	Direct expense summary Add lines 4 through	n 9 in column (d)		<b>•</b>	15,274.
	11	Net income summary Subtract line 10 from li			<u> </u>	19,770.
Pa	ırt I		answered "Yes" on Forn	n 990, Part IV, line 19, or re	eported more than	
		\$15,000 on Form 990-EZ, line 6a	· · · · · · · · · · · · · · · · · · ·	<del>"</del>		T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes			· · · · · · · · · · · · · · · · · · ·	
Direct [	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	□ No	No No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		•	
	-					·
9	Ent	er the state(s) in which the organization condu	icts gaming activities			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain	<del></del>	<del> </del>		
					<del></del>	·- · · · · · · · · · · · · · · · · · ·
		re any of the organization's gaming licenses re	·			Yes No
	_					
73208	32 09	-13-17		**************************************	Schedule G (For	rm 990 or 990-EZ) 2017

Schedule G (Form 990 or 990 EZ) 2017 THE GRAND NATIONAL WATERFOWL ASSOCIA	ATION 52-1294793 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity to	ormed
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in	1 1
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books a	ind records
Name	-
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming reve	nue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ an	d the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name	
Address >	
16 Gaming manager information	
Name	
Gaming manager compensation > \$	
Description of services provided	
_	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations	
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and	(v), and Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
732083 09-13-17	Schedule G (Form 990 or 990-EZ) 2017

Part IV.	Supplemental Info	ormation	(continued	)		ASSOCIATION		
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### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury internal Revenue Service

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

Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Name of the organization

THE GRAND NATIONAL WATERFOWL ASSOCIATION

Employer identification number 52-1294793

PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY: INCOME: 1. GROSS RECEIPTS 1,020. 0. 2. RETURNS AND ALLOWANCES 3. LINE 1 LESS LINE 2 1,020. 4. COST OF GOODS SOLD (LINE 13) 16,483. 5. GROSS PROFIT (LINE 3 LESS LINE 4) -15,463. COST OF GOODS SOLD: INVENTORY AT BEGINNING OF YEAR 12,364. 7. MERCHANDISE PURCHASED 2,607. 8. COST OF LABOR 0. 9. MATERIALS AND SUPPLIES 0. 10. OTHER COSTS 7,712. 11. ADD LINES 6 THROUGH 10 22,683. INVENTORY AT END OF YEAR 6,200. 13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) 16,483. FORM 990-EZ, PART I, LINE 7B, OTHER COSTS: DESCRIPTION OF OTHER COSTS: AMOUNT: WRITE OFF OF OBSELETE AND DAMAGED INVENTORY 7,712. FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: DESCRIPTION OF OTHER REVENUE: AMOUNT: 12. INTEREST

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization THE GRAND NATIONAL WATERFO	WL ASSOCIATION	Employer identification number 52-1294793
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
ADVERTISING		176.
MERCHANT AND BANK SERVICE CHARGES		1,792.
INSURANCE		4,738.
OFFICE SUPPLIES		2,284.
PAYROLL TAXES		1,451.
WAGES		17,910.
PROGRAM SERVICE EXPENSES		68,395.
DUES		150.
PAST SHOOTER MEETING EXPENSES		1,581.
LANDOWNER APPRECIATION		531.
DUCK HABITAT		800.
TOTAL TO FORM 990-EZ, LINE 16		99,808.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS	S:	
DESCRIPTION	BEG. OF	YEAR END OF YEAR
INVENTORY	12,3	6,200.
ACCOUNTS RECEIVABLE	15,7	731. 15,818.
TOTAL TO FORM 990-EZ, LINE 24	28,0	095. 22,018.
FORM 990-EZ, PART II, LINE 26, OTHER LIABII	LITIES:	
DESCRIPTION	BEG. OF	YEAR END OF YEAR
ACCRUED EXPENSES	8	353. 2,508.
DUE TO GNWET & PAST SHOOTER COUNCIL	4,7	755. 4,755.
ACCOUNTS PAYABLE		17. 4,406.
TOTAL TO FORM 990-EZ, LINE 26	5.6	525. 11,669.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PUBLIC EDUCATION & HABITAT

Name of the organization Employer identification number THE GRAND NATIONAL WATERFOWL ASSOCIATION 52-1294793 Part IV | List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (b) Average hours (C) Reportable (e) Estimated compensation (Forms W-2/1099-MISC) per week devoted to amount of other (a) Name and title position compensation (If not paid, enter -0-) WES JONES BOARD MEMBER 1.00 0. 0. 0.