As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492154004379 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 01-01-2018 and ending 12-31-2018 B Check if applicable D Employer identification number C Name of organization NATIONAL MILITARY FISH AND WILDLIFE ☐ Address change ASSOCIATION 52-1720972 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 1282 FRANKLIN ST ☐ Final return/terminated (801) 389-6412 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return OGDEN, UT 84403 F Group Exemption ☐ Application pending Number Check ► ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶www nmfwa org **J Tax-exempt status** (check only one) - □ 501(c)(3) ☑ 501(c)(6) ◀ (insert no) □ 4947(a)(1) or □ 527 **K** Form of organization □ Corporation □ Trust ☑ Association □ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I \checkmark 1 14,965 2 2 Program service revenue including government fees and contracts 68,385 3 Membership dues and assessments 3 4 390 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 0 0 Less direct expenses from gaming and fundraising events **6**c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances . . . b 0 Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C **7**c 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 83,740 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . . 15 Printing, publications, postage, and shipping 15 116 16 Other expenses (describe in Schedule O) 16 74,292 17 17 Total expenses. Add lines 10 through 16 74,408 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 9,332 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 125,796 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 135,128 Form **990-EZ** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Form 990-EZ (2018)						Page 2
Part II Balance Sheets (see the instruction Check if the organization used Schedu		wostion in this	Dort II			
Check if the organization used Schedu	le O to respond to any q	destion in this		eginning of year	· ·	(B) End of year
22 Cash, savings, and investments		1	(A) D	125,796	22	135,128
23 Land and buildings					23	
24 Other assets (describe in Schedule O)					24	
25 Total assets				125,796	25	135,128
26 Total liabilities (describe in Schedule O)					26	
27 Net assets or fund balances (line 27 of colum	nn (B) must agree with	line 21)		125,796	27	135,128
Part III Statement of Program Service	-	•				Expenses
Check if the organization used Schedu What is the organization's primary exempt purpose		question in this	Part III			equired for section 501(c) and 501(c)(4)
what is the organization's primary exempt purpose Provide training to military natural resource profess					or	ganızatıons, optıonal for
Describe the organization's program service accomp measured by expenses In a clear and concise mani benefited, and other relevant information for each p	ner, describe the service				- ot	hers)
28						
See Additional Data Table						
	ınt ıncludes foreign gran	its, check here		. ▶ ⊔	28a	<u> </u>
29 See Additional Data Table					29a	
				_		
(Grants \$) If this amou	ınt ıncludes foreign gran	its, check here		. ▶ ⊔		
30					30a	ı
				_		
(Grants \$) If this amou	ınt ıncludes foreıgn gran	ts, check here		. ▶ □		
31 Other program services (describe in Schedule O)					
(Grants \$) If this amou	ınt ıncludes foreign gran	its, check here		. ▶ 🗆	31a	
32 Total program service expenses (add lines 2				•		
Part IV List of Officers, Directors, Trustees Check if the organization used Schedu	s, and Key Employees	(list each one ev	en if not co	ompensated — see the	ınstrı	uctions for Part IV)
Check if the organization used Schedu	ie o to respond to any q	uescion in tilis	rait IV.		•	🗅
(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2, MISC) (if no enter -0	ition /1099- i t paid,	(d) Health ben- contributions to er benefit plans, deferred compen	nploy and	(e) Estimated amount of other compensation
See Additional Data Table			•			
				<u> </u>		
	1			1		1

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement	s in the	е			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		🗆			
			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		No		
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)					
35a	5a 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)?					
h	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					
	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$	35b 35c		No No		
36						
37a	the year? If "Yes," complete applicable parts of Schedule N	36		No		
ь	Did the organization file Form 1120-POL for this year?	37b		No		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were					
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No		
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b					
39	Section 501(c)(7) organizations Enter	1				
	Initiation fees and capital contributions included on line 9					
	Gross receipts, included on line 9, for public use of club facilities 39b					
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1				
	section 4911 ▶, section 4912 ▶, section 4955 ▶					
b	b 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 of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I					
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization					
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No		
41	List the states with which a copy of this return is filed 🕨					
42a		. (004)	775 607	_		
Ine	e organization's books are in care of ► RUSSELL LAWRENCE Telephone no	(801)	//5-69/.	<u> </u>		
	Located at ▶ 7290 WEINER STREET HILL AFB , UT ZIP + 4 ▶	84056	i			
			Yes	No		
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)?	42b		No		
	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)					
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42 c		No		
	If "Yes," enter the name of the foreign country					
43 :	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•	▶ □			
			Yes	No		
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No		
	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		No		
	Did the organization receive any payments for indoor tanning services during the year?	44c		No		
d	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		No		
45a	Did the organization have a controlled entity within the meaning of section $512(b)(13)^2$	45a		No		
45b	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		No		

						Yes	No	
	the organization engage, directly or indir			of or in opposition to				
Part VI	Section 501(c)(3) organization				46		No	
Part VI	All section 501(c)(3) organization	-	ions 47- 49b and 52	2, and complete the tabl	es for li	nes 50	and	
	51. Check if the organization used Schedu	ule O to respond to any q	juestion in this Part VI			[
						Yes	No	
	the organization engage in lobbying activ 'es," complete Schedule C, Part II	rities or have a section 50	01(h) election in effect	during the tax year?	47			
18 Is th	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
19a Did t	9a Did the organization make any transfers to an exempt non-charitable related organization?							
b If "Y								
	plete this table for the organization's five				and key	employ	ees)	
	each received more than \$100,000 of co Name and title of each employee	(b) Average	(c) Reportable	(d) Health benefits,		ımated		
		hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contributions to employed benefit plans, and deferred compensation	e of othe	r compe	ensatio	
IONE								
f Tot	tal number of other employees paid over	\$100,000		· · · · · •				
51 Com	plete this table for the organization's five pensation from the organization If there	e highest compensated ir is none, enter "None "	·					
51 Com comp	plete this table for the organization's five	e highest compensated ir is none, enter "None "	·		than \$100			
51 Com comp	plete this table for the organization's five pensation from the organization If there	e highest compensated ir is none, enter "None "	·				_	
51 Com comp	plete this table for the organization's five pensation from the organization If there	e highest compensated ir is none, enter "None "	·					
51 Com comp	plete this table for the organization's five pensation from the organization If there	e highest compensated ir is none, enter "None "	·					
51 Com	plete this table for the organization's five pensation from the organization If there	e highest compensated ir is none, enter "None "	·					
51 Com comp	plete this table for the organization's five pensation from the organization If there	e highest compensated ir is none, enter "None "	·					
51 Com comp	plete this table for the organization's five pensation from the organization If there	e highest compensated ir is none, enter "None "	·					
51 Com comp	plete this table for the organization's five pensation from the organization If there	e highest compensated ir is none, enter "None "	·					
51 Com comp	plete this table for the organization's five pensation from the organization. If there (a) Name and business address of	e highest compensated in is none, enter "None " each independent contr	actor				_	
51 Com comp	plete this table for the organization's five pensation from the organization If there	e highest compensated in is none, enter "None " each independent contr	actor				_	
d Tot	plete this table for the organization's five pensation from the organization. If there (a) Name and business address of	tors each receiving over	\$100,000	(b) Type of service (c	c) Compe			
d Tot 52 Directions Connections Directions Connections Connection	tal number of other independent contracted the organization completed Schedule A	tors each receiving over	\$100,000	(b) Type of service (c	Compe	s \(\sime\)		
d Tot 52 Dinco	tal number of other independent contracted the organization complete Schedule Ampleted Schedule Amplet	tors each receiving over	\$100,000	(b) Type of service (c	Compe	s \(\sime\)		
d Tot 52 Di co nder pena nowledge as any kni iign	tal number of other independent contracted the organization completed Schedule A	tors each receiving over	\$100,000	(b) Type of service (c	Compe	s \(\sime\)		
d Tot 52 Di co Inder pena nowledge as any kn	tal number of other independent contracted the organization complete Schedule Ampleted Schedule Amplet	tors each receiving over	\$100,000	(b) Type of service (constitution of the constitution of the const	Compe	s \(\sime\)		
d Tot 52 Director Inder penanowledge as any kni iiign	tal number of other independent contract of the organization complete. Schedule A completed Schedule A complete of perjury, I declare that I have expand belief, it is true, correct, and complete organization organization organization.	tors each receiving over	\$100,000	(b) Type of service (constitution of the constitution of the const	Compe	s \(\sime\)		
d Tot 52 Di co Inder pena nowledge as any kn	tal number of other independent contract of the organization complete. Schedule As ompleted Schedule As ompleted Schedule As on the organization complete organization organization complete organization organization complete organization organization organization organization complete organization organiz	tors each receiving over NOTE. All section 501(a) amined this return, included Declaration of prepa	\$100,000	(b) Type of service (constitution of the constitution of the const	► Yed to the anof which	s \(\sime\)		
d Tot 51 Com com d Tot 52 Di co	tal number of other independent contract Id the organization complete Schedule A completed Schedule A complete Schedule A complet	e highest compensated in is none, enter "None " each independent contr tors each receiving over NOTE. All section 501(a amined this return, include Declaration of prepa	\$100,000	(b) Type of service (constitution of the constitution of the const	Yed to the of which	s \(\sime\)		
d Tote d Tote 52 Director Inder penanowledge as any knowledge as any knowledge as any knowledge as any knowledge Paid Prepare	tal number of other independent contracted the organization complete Schedule As and belief, it is true, correct, and complete send belief, it is true, correct, and complete send belief, it is true, correct, and complete send belief. RUSS LAWRENCE Treasurer Type or print name and title Print/Type preparer's name Ron R Valentine MS CPA Firm's name Valentine CPA A Processor.	e highest compensated in is none, enter "None " each independent contr tors each receiving over NOTE. All section 501(a amined this return, include Declaration of prepa	\$100,000	(b) Type of service (constraints) Ist attach a Inequiles and statements, and is based on all information 2019-06-03 Date	Yed to the of which	s \(\sime\)		

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Form 990-EZ (2018)

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 52-1720972

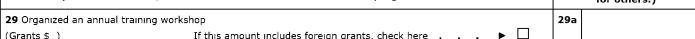
Name: NATIONAL MILITARY FISH AND WILDLIFE

ASSOCIATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

services, as measured b	on's program service accomplishments for each of its three largest program by expenses. In a clear and concise manner, describe the services provided, the effited, and other relevant information for each program title.	` (c	expenses quired for section 501 (3) and 501(c)(4) ganizations; optional for others.)
28 Awarded two scholarsh	ıps	28a	
(Grants \$)	If this amount includes foreign grants, check here \ldots $lacksquare$		

Form 990EZ, Part III - Statement of Program Service Accomplishments Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.)



(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e)Estimated amount of other compensation
NICOLE OLMSTEAD President	2 00	0		
JANET JOHNSON Vice President	2 00	0		
ELIZABETH NEIPERT IMMEDIATE PAST	1 00	0		
RUSS LAWRENCE Treasurer	1 50	0		
BILL BERRY Secretary	1 00	0		
JIM SWIFT Director	1 00	0		
ROBBIE SMITH Director	1 00	0		
BLAKE WALLER REGIONAL DIRECT	1 00	0		
MICHAEL WRIGHT REGIONAL DIRECT	1 00	0		
MICHELLE RICHARDS REGIONAL DIRECT	1 00	0		
TIM BUCHANNAN REGIONAL DIRECT	1 00	0		
ZOE TINKLE REGIONAL DIRECT	1 00	0		
ROLAND SOSA REGIONAL DIRECT	1 00	0		

efile GRAPHIC	print - DO NOT PRO	CESS	As Filed Data -		C	LN:	93492154004379	
SCHEDULE O (Form 990 or 990- EZ) Supplemental Complete to provid Form 990 or 9			al Information to Form 990 or 990-EZ ide information for responses to specific questions on 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. vww.irs.qov/Form990 for the latest information.			OMB No 1545-0047 2018 Open to Public Inspection		
ฟิลสาย ใช ะโทยเจโตลก NATIONAL MILITARY ASSOCIATION				52-1720972		fication number		
Return Reference	O, Supplemental Info	rmatio	n	Explanation				
Other Expenses 1002	Office Expenses \$825							

990 Schedule O, Supplemental Information Return Explanation Reference

Other Information Technology \$7380
Expenses 1003

990 Schedule O, Supplemental Information Return Explanation Reference

Other Conferences, Conventions, and Meetings \$65387

Expenses 1007 i

990 Schedule O, Supplemental Information Return Explanation Reference

Other Scholarships \$700
Expenses 1