

Instructions.

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

3a	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.	3a	\$	0
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.	3b	\$	0
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

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

3 calendar year 2017 or

1 I request an automatic 6-month extension of time until 11/15/18, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- 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.

Telephone No. **573-353-2702** Fax No.

• The books are in the care of **Columbia**
105 H ABNR Bldg
Doug Eiken

Application	Return Code	Application Code	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

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Name of exempt organization or other filer, see instructions. National Association of State Outdoor Recreation Liaison Officers		City, town or post office, state, and ZIP code. For a foreign address, see instructions. Columbia MO 65211	
Number, street, and room or suite no. If a P.O. box, see instructions. ABNR Bldg Univ of Missouri 105 H		Social security number (SSN) 23-7071903	
Employer identification number (EIN) or 23-7071903		Enter filer's identifying number, see instructions 01	

Type or print
 Name of exempt organization or other filer, see instructions.
 Number, street, and room or suite no. If a P.O. box, see instructions.
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 Social security number (SSN)
 Employer identification number (EIN) or
 Enter filer's identifying number, see instructions

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

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

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

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2017

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

A For the 2017 calendar year, or tax year beginning, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization National Association of State Outdoor Recreation Liaison Officers	
D Employer identification number 23-7071903		Room/suite ABNR Bldg Unit of Missouri 105 H	
E Telephone number 573-353-2702		City or town, state or province, country, and ZIP or foreign postal code Columbia MO 65211	
F Group Exemption Number		G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____	

H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).		I Website: NASORLO.org	
J Tax-exempt status (check only one) <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) (insert no.) <input type="checkbox"/> 4947(a)(1) or 527		K Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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) are \$500,000 or more, file Form 990 instead of Form 990-EZ		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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
b	Less: cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events	17	Total expenses. Add lines 10 through 16		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
b	Gross income from fundraising events (not including \$ of contributions)				
c	Less: direct expenses from gaming and fundraising events				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances				
b	Less: cost of goods sold				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				
10	Grants and similar amounts paid (list in Schedule O)				
11	Benefits paid to or for members				
12	Salaries, other compensation, and employee benefits				
13	Professional fees and other payments to independent contractors				
14	Occupancy, rent, utilities, and maintenance				
15	Printing, publications, postage, and shipping				
16	Other expenses (describe in Schedule O)				
17	Total expenses. Add lines 10 through 16				
18	Excess or (deficit) for the year (Subtract line 17 from line 9)				
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)				
20	Other changes in net assets or fund balances (explain in Schedule O)				
21	Net assets or fund balances at end of year. Combine lines 18 through 20				

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

22	Cash, savings, and investments	50,445	52,581
23	Land and buildings	0	0
24	Other assets (describe in Schedule O)	0	0
25	Total assets	50,445	52,581
26	Total liabilities (describe in Schedule O)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	50,445	52,581

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	See schedule O		
29	(Grants \$) If this amount includes foreign grants, check here	28a	
30	(Grants \$) If this amount includes foreign grants, check here	29a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	30a	
32	Total program service expenses (add lines 28a through 31a) (Grants \$) If this amount includes foreign grants, check here	31a	63,398

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

(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, deferred compensation, benefit plans, and contributions to employee	(e) Estimated amount of other compensation
Lauren Imgrund President	2.00	0	0	0
John Bencke Board Member	0.25	0	0	0
Tim Hogsett Past President	2.00	0	0	0
Gerald Parish Board Member	0.25	0	0	0
Erika Rivers Board Member	0.25	0	0	0
Linda Lanterman Vice President	2.00	0	0	0
Sedrick Mitchell Board Member	0.25	0	0	0
Kaleen Cottingham Board Member	0.25	0	0	0
Jan Hunt Secretary	2.00	0	0	0
Doug Eiken Executive Director	10.00	30,000	0	0
Melissa Baker Board Member	0.25	0	0	0
Mary Fitch Board Member	0.25	0	0	0

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 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

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 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)?

35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

35c Was the organization a section 501(c)(6), 501(c)(5), or 501(c)(4) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37b Did the organization file Form 1120-POL for this year?

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?

38b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9

39a 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: section 4912

39c 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 sections 4912, 4958, and 4959

40a 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

40b All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T

41 List the states with which a copy of this return is filed

42a The organization's books are in care of

42b Located at

42c At any time during the calendar year, did the organization maintain an office outside the United States?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44c Did the organization receive any payments for indoor tanning services during the year?

44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)

45c At any time during the calendar year, did the organization maintain an office outside the United States?

45d Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here

45e and enter the amount of tax-exempt interest received or accrued during the tax year

45f Zip + 4

45g Telephone no.

45h 105 H ABNR Bldg Columbia

45i 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)?

45j See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

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National Association of State

23-7071903

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services...

persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include 28, 29, 30, 31, 32 Total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. Rows include Eric Feldbaum, Cleve Hardman, Amy Blinson, Sue Black, Doug Beck, Board Member.

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.

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

**National Association of State
Outdoor Recreation Liaison Officers**

Employer identification number

23-7071903

Open to Public
Inspection

2017

OMB No. 1545-0047

Form 990-EZ, Part I, Line 8 - Other Revenue

Description Amount

Miscellaneous Income

\$

7

Total \$

7

Form 990-EZ, Part I, Line 16 - Other Expenses

Description Amount

Expenses

Secretarial/Tech Support

\$

2,625

Dues

\$

572

NASORLO Awards

\$

760

Tax Preparation

\$

420

Miscellaneous

\$

216

Phone/Fax/Internet

\$

1,723

President Travel/Expense

\$

997

Exec Dir Travel/Expense

\$

1,077

NASORLO Travel

\$

3,897

Annual Meeting Expenses

\$

18,621

Total \$

30,908

Form 990-EZ, Part III - Primary Exempt Purpose

The purposes of the Association shall be focused on development of a

coordinated and unified effort on behalf of the state agencies that make up

the Association to present state views to Congress and appropriate federal

agencies on existing and proposed outdoor recreation legislation, planning,

