SUMMERS, MCNEA & CO., P.C. 15 AVANTA WAY, SUITE 1 BILLINGS, MT 59102

> BIGHORN RIVER ALLIANCE 3333 2ND AVE N, #170 BILLINGS, MT 59101

hhhhhmmlilinnnihhml

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2023

Prepared for	BIGHORN RIVER ALLIANCE
	3333 2ND AVE N #170 BILLINGS, MT 59101
Prepared by	SUMMERS, MCNEA & CO., P.C. 15 AVANTA WAY, SUITE 1 BILLINGS, MT 59102
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN FORM 8879-TE AND CONTACT OUR OFFICE TO CONFIRM THAT THIS RETURN CAN BE FILED ELECTRONICALLY. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

	****	IRS E-file Signa	FILEABLE COPY **		OMB No. 1545-0047
Form 8879-TE		for a Tax E	exempt Entity		
	For calendar year 20	23, or fiscal year beginning	, 2023, and ending	, 20	2023
Department of the Treasury			RS. Keep for your records.		LULU
Internal Revenue Service Name of filer		Go to www.irs.gov/Form88	379TE for the latest information	n. EIN or SSN	
	RN RIVER A	TTTANCE			**7006
Name and title of officer or p		ANNE MARIE EMI	DV		
Name and the of officer of p	erson subject to tax	EXECUTIVE DIR			
Part I Type of	Return and Re	eturn Information	10101		
Form 5330 filers may ent or 10a below, and the an whichever is applicable, I	er dollars and cents nount on that line fo	s. For all other forms, enter wh or the return being filed with th	nd enter the applicable amount, nole dollars only. If you check the nis form was blank, then leave lin the return, then enter -0- on the	e box on line 1a, 2a, ne 1b, 2b, 3b, 4b, 5b	3a, 4a, 5a, 6a, 7a, 8a, 9a, , 6b, 7b, 8b, 9b, or 10b,
than one line in Part I. 1a Form 990 check	here X	b Total revenue, if any (F	Form 990, Part VIII, column (A), li	ine 12)	1b 462.444.
2a Form 990-EZ ch		b Total revenue, if any (F	Form 990-EZ, line 9)	ine izj	2b
3a Form 1120-POL			OL, line 22)		
4a Form 990-PF ch	eck here		ent income (Form 990-PF, Part		
5a Form 8868 chec			68, line 3c)		
6a Form 990-T che	ck here	b Total tax (Form 990-T,	Part III, line 4)		6b
7a Form 4720 chec	k here	b Total tax (Form 4720, I	Part III, line 1)		7b
8a Form 5227 chec		b FMV of assets at end	of tax year (Form 5227, Item D)		8b
9a Form 5330 chec	k here	b Tax due (Form 5330, P	art II, line 19)		9b
10a Form 8038-CP c			nent requested (Form 8038-CP,		
			Officer or Person Subject e entity or L I am a person su		
acknowledgement of rec of any refund. If applicab entry to the financial inst financial institution to del later than 2 business day payment of taxes to rece personal identification nu PIN: check one box only I authorize SI as my signatur with a state ag on the return's As an officer of return. If I have	eipt or reason for re le, I authorize the U tution account indi is prior to the paym ive confidential info mber (PIN) as my s / JMMERS , MC e on the tax year 20 ency(ies) regulating disclosure consent person subject to indicated within th program, I will enter	ejection of the transmission, (t J.S. Treasury and its designat cated in the tax preparation s account. To revoke a paymer ient (settlement) date. I also a prmation necessary to answer ignature for the electronic ret ENEA & CO., P.C. ERO firm nam D23 electronically filed return. I charities as part of the IRS F t screen. tax with respect to the entity, is return that a copy of the re r my PIN on the return's discla	e If I have indicated within this ret ed/State program, I also authori: I will enter my PIN as my signati turn is being filed with a state ag psure consent screen.	beessing the return of electronic funds with ral taxes owed on th ury Financial Agent a sinvolved in the prod ated to the payment, int to electronic fund to enter my F curn that a copy of the ze the aforemention ure on the tax year 2	or refund, and (c) the date ndrawal (direct debit) is return, and the at 1-888-353-4537 no cessing of the electronic I have selected a is withdrawal. PIN 77006 Enter five numbers, but do not enter all zeros ne return is being filed ed ERO to enter my PIN 2023 electronically filed charities as part of the
	ation and Auth	entication			
ERO's EFIN/PIN. Enter y					
number (EFIN) followed b	y your five-digit sel	f-selected PIN.	811654 Do not enter		
			the 2023 electronically filed retu Modernized e-File (MeF) Informa	Irn indicated above.	
ERO's signature			Date	05/10/24	
		Submit This Form to th	Form - See Instructions e IRS Unless Requested		
For Privacy Act and Pap	erwork Reduction	Act Notice, see instruction	s.		Form 8879-TE (2023)
LHA 302521 01-05-24					

Form	9	9(]
	-		
Form			•

** PUBLIC DISCLOSURE COPY ** **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Т

A	гогш	a 2023 calendar year, or tax year beginning and	renaing	_	
B	Check if applicab	e: C Name of organization		D Employer identifie	cation number
	Addre				
	Name chang	e Doing business as		**-***70	06
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final returr	3333 2ND AVE N	#170	406-534-	2915
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	496,155.	
	Amer returr	BILLINGS, MT 59101	H(a) Is this a group re	eturn	
	Appli tion	F Name and address of principal officer; ANNE MARTE BREAT		for subordinates	? Yes X No
	pend	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
1	Tax-ex	empt status: 🔀 501(c)(3) 🗔 501(c) () (insert no.) 🗔 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Websi			H(c) Group exemption	
K	Form o	organization: 🔀 Corporation 🔄 Trust 🦲 Association 🔄 Other	L Year	of formation: 1995 N	State of legal domicile: MT
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities: ${{ m TO}}$ F	ROTECI	, PRESERVE .	AND ENHANCE
Activities & Governance		THE LONG-TERM HEALTH AND VIABILITY OF TH	E BIGH	ORN RIVER R	ECOGNIZING
ernä	2	Check this box if the organization discontinued its operations or dispo			
õ	3	Number of voting members of the governing body (Part VI, line 1a)		3	15
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) \ldots			2
iviti	6	Total number of volunteers (estimate if necessary)		6	16
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		344,191.	450,150.
ent	9	Program service revenue (Part VIII, line 2g)		85,115.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,357.	7,857.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,638.	4,437.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		443,301.	462,444.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	1,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		8,102.	120.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		166,935.	123,978.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 27,8		1 = 0 . 0 0	010 105
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		158,009.	212,425.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		333,046.	338,023.
	19	Revenue less expenses. Subtract line 18 from line 12		110,255.	124,421.
t Assets or d Balances				ginning of Current Year	End of Year
Ssel	20	Total assets (Part X, line 16)	······	448,797.	659,073.
Fund F		Total liabilities (Part X, line 26)		5,509.	68,743.
		Net assets or fund balances. Subtract line 21 from line 20		443,288.	590,330.
		Signature Block		and and to the test of the	described as a set 1 - P. C. 9.1
Und	ier ben	Ities of periury. I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the best of m	v knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer				Date		
	ANNE MARIE EMERY, EXECUTI	VE DIRECTOR	-				
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid	TIM C SEYMOUR		0	5/10/	/24 self-employed	P00970289	9
Preparer	Firm's name SUMMERS, MCNEA &	CO., P.C.	·		Firm's EIN **-	***6935	
Use Only	Firm's address 15 AVANTA WAY, SU	ITE 1					
	BILLINGS, MT 5910	2			Phone no. (406)652-2320	0
May the II	lay the IRS discuss this return with the preparer shown above? See instructions						
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions.	332001 12-21-23			Form 990 (2	2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

rm **990** (2023)

orm	990 (2023) BIGHORN RIVER ALLIANCE	**-**7006	Pag
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		[
1	Briefly describe the organization's mission:		
	TO PROTECT, PRESERVE AND ENHANCE THE LONG-TERM HEAL	TH AND VIABILITY	01
	THE BIGHORN RIVER RECOGNIZING ITS SIGNIFICANCE TO T		
	FISHERY, THE AGRICULTURAL COMMUNITY AND THE CROW NA		CU
	IT FLOWS.	IION IIIKOUGII WIII	
2	Did the organization undertake any significant program services during the year which were not listed of		v
	prior Form 990 or 990-EZ?	Yes	Ā
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	ervices? Yes	X
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program ser	vices, as measured by expenses	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	is to others, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 85,008 · including grants of \$ 1,500 ·) (Revenue \$	66
	OUTREACH:		
	BIGHORN RIVER ALLIANCE REACHES ITS MEMBERSHIP AND T	HE COMMUNITY AT	
	LARGE TO PROVIDE EDUCATION AND AWARENESS OF THE BIG	HORN RIVER AND T	ΉE
	WORK OF THE ORGANIZATION THROUGH NUMEROUS OUTLETS I	NCLUDING: AN ANN	IUA:
	REPORT, BI-ANNUAL NEWSLETTERS, MONTHLY EMAIL UPDATE		
	EXPOSURE AND AN INTERACTIVE WEBSITE THAT CONTAINS B		
	INTERACTIVE RIVER CONDITIONS TOOLS FEATURE OF WHICH	-	
	HISTORICAL RIVER DATA CAN BE FOUND. OTHER OUTREACH		
	SIGNAGE AT SPECIFIC GEOGRAPHIC LOCATIONS AND INFORM		יפ
	PLACED AT LOCAL BUSINESSES. BIGHORN RIVER ALLIANCE		
	MEMBERSHIP AND OTHER WATERSHED STAKEHOLDERS THROUGH		lS,
	PRESENTATIONS AND EVENTS, AND BIGHORN BASIN INTERAG		
	(Code:) (Expenses \$ 128,083. including grants of \$) (Revenue \$	
	RESEARCH INITIATIVE:		
	THE BIGHORN RIVER ALLIANCE RECOGNIZES THAT THE HEAL		
	RIVER FISHERY IS DEPENDENT ON THE ECOLOGICAL HEALTH		
	CORRIDOR. THE RESEARCH INITIATVE PROGRAM WORKS TO B		
	HEALTH OF THE RIVER AND HOW IT RESPONDS TO NATURAL		lS,
	THROUGH IN DEPTH SCIENTIFIC INQUIRY THAT CAN LEAD T		
	PROTECT AND PRESERVE THE RESOURCE. COMPONENTS OF TH		
	THE ANNUAL LONG-TERM MONITORING OF WATER QUALITY AN		
	COMMUNITIES, MONITORING OF RAINBOW TROUT SPAWNING G	ROUNDS, LARGE SC	AL
	SIDE CHANNEL RESTORATION WORK THAT RESTORES CONNECT	ION BETWEEN THE	
	BIGHORN RIVER AND ITS SIDE CHANNELS, AND MONITORING	OF HABITATS POS	ГT
	RESTORATION. TO DATE, BIGHORN RIVER ALLIANCE HAS RE	STORED 7 SIDE	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	TENKARA WITH THE TRIBE:	····	
	A YOUTH EDUCATIONAL FISHING PROGRAM TO INTRODUCE LO	CAL CROW YOUTH T	0
	FLY-FISHING IN THEIR LOCAL RESERVATION WATERS AS A		
	RECREATION. THROUGH ONE-ON-ONE INSTRUCTION, YOUTH L		
	WHILE ALSO LEARNING ABOUT THE BIGHORN AND LITTLE BI		
4d	(Expenses \$ including grants of \$) (Revenue \$)	
4d			
	Total program service expenses 213,091.		
	Total program service expenses 213,091.	Form 9	990 (;
4e	012 001		990 (

Form 990 (2023)

Part IV Checklist of Required Schedules

BIGHORN RIVER ALLIANCE

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
0	If "Yes," complete Schedule A	1	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	- 23	<u> </u>
3		3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	
332003	3 12-21-23	⊢orm	390	(2023)

09120510 788709 177100-001 2023.03040 BIGHORN RIVER ALLIANCE

3

Form 990 (2023)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes, " complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		x	
00000	(gambling) winnings to prize winners?	1 c	 990	(2022)
JJ2004	4 12-21-23 4	i onn	550	(2023)
	-			

09120510 788709 177100-001 2023.03040 BIGHORN RIVER ALLIANCE

177100 - 1

- orm	990 (2023) BIGHORN RIVER ALLIANCE **-**	*7006	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2		
	filed for the calendar year ending with or within the year covered by this return	2	v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
	If "Yes," enter the name of the foreign country	-		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5-		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		x
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	or2 7 -		x
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
		7c		x
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-(
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	J. 11		
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

332005 12-21-23

09120510 788709 177100-001 2023.03040 BIGHORN RIVER ALLIANCE

5

Form **990** (2023)

1 01111 330 (2023)	Form	990	(2023)
--------------------	------	-----	--------

BIGHORN RIVER ALLIANCE

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1!	5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1!	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	nip with	any other			
	officer, director, trustee, or key employee?			2		2
3	Did the organization delegate control over management duties customarily performed by or under	the dire	ct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?		5		
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	one or			
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by th	ne following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu	e Code.)		-	
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	X	Γ
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	2	C C			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	Г
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					\square
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		
4	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and appro					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		laoponaoni			
а	The organization's CEO, Executive Director, or top management official			15a	x	
	Other officers or key employees of the organization			15a		
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			155		<u> </u>
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	omonts	with a			
lua				16a		
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			108		<u> </u>
D			•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org			401		
<u>````</u>	exempt status with respect to such arrangements?	<u></u>		16b		
17		1.00		<u> </u>	、 ··	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 99	U-1 (Section 501(c)(-	s)s only) avai	ap
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website Upon request Other (expla					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict	of interest policy, a	nd fina	ncial	
_	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's to $A_0 = A_0 $	ooks a	nd records			
	THE ORGANIZATION $-406-534-2915$					
	3333 2ND AVE N, #170, BILLINGS, MT 59101			_		
32006	5 12-21-23			Form	1 990	(20
	6			4 -		~
20	510 788709 177100-001 2023.03040 BIGHORN RIVER	ALL	LANCE	17'	710	U -

Part VII	I Compensation of Officers, Directors, Trustees, Key Employee	s, Highest Compensated
	Employees, and Independent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List all of the organization's current key employees, that any. See the instantion of definition of key employee.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	e,			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		æ	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANNE MARIE EMERY	40.00	-		0	¥	Ξæ	Ē			
EXECUTIVE DIRECTOR		1		x				74,000.	0.	2,220.
(2) STEVE HILBERS	4.00									
DIRECTOR		X						0.	0.	0.
(3) BOB DICKENS	4.00									
DIRECTOR		Х						0.	0.	0.
(4) DANTE BONANINI	4.00									
DIRECTOR		Х						0.	0.	0.
(5) JIM CHALMERS	4.00									_
TREASURER		X		X				0.	0.	0.
(6) SHANE COLTON	4.00									
DIRECTOR		х						0.	0.	0.
(7) DOUG HAACKE	4.00									
DIRECTOR		X						0.	0.	0.
(8) TOM HANSEN	4.00									
DIRECTOR		X						0.	0.	0.
(9) DONALD E. JACKSON	4.00									<u> </u>
SECRETARY		X		X				0.	0.	0.
(10) RICK LAW	4.00									0
DIRECTOR	4 00	X						0.	0.	0.
(11) MIKE PARNELL	4.00									0
DIRECTOR	4 00	X						0.	0.	0.
(12) MIKE KELLY	4.00									0
DIRECTOR	1 00	X						0.	0.	0.
(13) JOHN SINDLAND	4.00									0
VICE CHAIR	4 00	X		X				0.	0.	0.
(14) HARRY MILLER	4.00			37				0.	0.	0
CHAIRMAN OF BOARD	4.00	X		X				0.	0.	0.
(15) SCOTT STEVENSON	4.00	x						0.	0.	0.
DIRECTOR		<u> </u>						0.	0.	0.
						-				
		1								
		I				I		1	I	– – – – – – – – – –

332007 12-21-23

09120510 788709 177100-001

2023.03040 BIGHORN RIVER ALLIANCE

7

Form 990 (2023) BIGHORN RIVER ALLIANCE **-**									*7(006	Pa	age 8		
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average			(C Posi	:) ition			Compensated Employe (D) Reportable	es (continued) (E) Reportable		Es	(F) timate	ed
hours per week (list any hours for related organization below line)					ss per	rson i irecto	Highest compensated employee	n an	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensatior from related organizations (W-2/1099-MIS 1099-NEC)	;	com fr org and	nount other pensa om th anizat d relat anizati	ition e ion ed
											\square			
											\square			
											_			
1b	Subtotal								74,000.		0.		2,2	20.
d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A				· · · · · · ·		•	0. 74,000.		0.		2,2	0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	iose	liste	ed at	DOVE	e) wh		eceived more than \$100	0,000 of reportable			Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	uch individual									[3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? If "Yes,	" coi	mple	ete S	Sche	edule	e J f	for such individual			4		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or sl	ich j	oers	on .				<u> </u>	5		X
1	Complete this table for your five highest con the organization. Report compensation for t	-	-								pensa	ation f	rom	
	(A) Name and business			ONE					(B) Description of s		C	(C omper	;) nsatio	n
2									nore than					
	\$100,000 of compensation from the organiz	ation				(,					Form	990 ()	2023)

332008 12-21-23

Form	n 990	(2023) BIGHORN RIVE	ER ALLIANC	E		**-***7	006 Page 9
	rt VI	(=====)					
			se or note to any lin	e in this Part VIII			
		Check if Schedule O contains a respons		(A) Total revenue	(B) Related or exempt function revenue	Unrelated	from tax under
rvice Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f 1g \$	13,132. 68,318. 368,700. 35,786. Business Code	450,150.			sections 512 - 514
Ser	c u		-				
Program Service Revenue	d						
	е						
ď	f	1 3					
	g						
	3 4	Investment income (including dividends, int other similar amounts) Income from investment of tax-exempt bond		7,555.			7,555.
	5	Royalties(i) Real	(ii) Personal				
	6 a b c						
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	s (ii) Other				
		assets other than inventory 7a 2,800).				
evenue		Less: cost or other basis and sales expenses Gain or (loss) 7c	3.				
Rev		Net gain or (loss)		302.			302.
Other R		Gross income from fundraising events (not including \$ 13,132. of contributions reported on line 1c). See					
		· · · · · · · · · · · · · · · · · · ·	Ba 34,850. Bb 31,080.				
		Less: direct expenses Net income or (loss) from fundraising events		3,770.			3,770.
		Gross income from gaming activities. See	s	5,110.			5,770.
			9a				
	b		9b				
			0a 800. 0b 133.				
		 Less: cost of goods sold Net income or (loss) from sales of inventory 		667.	667.		
	C	Net income or (loss) from sales of inventory	Business Code	007.	007.		
Miscellaneous Revenue	11 a						
ane	b						
Seve	с		_				
Mis		All other revenue					
		Total Add lines 11a-11d		462,444.	667.	0.	11,627.
33200	12 9 12-2	Total revenue. See instructions			1 007.	1 0.	Form 990 (2023)

09120510 788709 177100-001 2023.03040 BIGHORN RIVER ALLIANCE

177100 - 1

-7006

BIGHORN RIVER ALLIANCE Part IX Statement of Functional Expenses

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

D -	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	1 500	1 500		
_	and domestic governments. See Part IV, line 21	1,500.	1,500.		
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	120.	120.		
4	Benefits paid to or for members	120.	120.		
5	Compensation of current officers, directors,	76,220.	37,523.	28,436.	10,261
6	trustees, and key employees Compensation not included above to disqualified	10,220.	57,525.	20,450.	10,201
0	persons (as defined under section 4958(f)(1)) and				
	nerve and described in section $40\Gamma0(s)(0)(D)$				
7	Other salaries and wages	36,000.	12,198.	17,577.	6,225
7 8	Pension plan accruals and contributions (include			±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5,225
0	section 401(k) and 403(b) employer contributions)	2,085.	367.	1,532.	186
9	Other employee benefits	2,005.			100
9 10	Payroll taxes	9,673.	4,144.	4,172.	1,357
11	Fees for services (nonemployees):		_,		_,
	Management				
b					
c	•	7,546.		7,546.	
	Lobbying	.,		.,	
e					
f	Investment management fees				
g					
5	column (A), amount, list line 11g expenses on Sch 0.)	25,106.	25,106.		
12	Advertising and promotion	7,408.	6,984.	424.	
13	Office expenses	28,348.	10,380.	11,490.	6,478
14	Information technology	2,464.	1,341.	1,123.	
15	Royalties				
16	Occupancy	20,986.	201.	20,785.	
17	Travel	1,406.	954.	420.	32
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,547.		3,547.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	RESEARCH INITIATIVE EXP	102,977.	102,977.		
b	EDUCATION & OUTREACH	9,019.	9,019.		_
с	MISCELLANEOUS	2,009.			2,009
d	TENKARA WITH TRIBE	1,332.			1,332
е	All other expenses	277.	277.		
25	Total functional expenses. Add lines 1 through 24e	338,023.	213,091.	97,052.	27,880
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2023

332010 12-21-23

10 09120510 788709 177100-001 2023.03040 BIGHORN RIVER ALLIANCE

177100 - 1

Form 990 (2023) BIGHORN RIVER ALLIANCE **-**7006 Page 11

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	216,884.	1	258,614.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	57,682
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	12,000.	8	7,080
A	9	Prepaid expenses and deferred charges	1,500.	9	1,500
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	218,413.	11	334,197.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	448,797.	16	659,073
	17	Accounts payable and accrued expenses		17	3,250,
	18	Grants payable		18	<u> </u>
	19	Deferred revenue		19	65,493
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
.iat		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	<u> </u>
	26	Total liabilities. Add lines 17 through 25	5,509.	26	68,743.
ŝ		Organizations that follow FASB ASC 958, check here			
nce		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
ЧB	28	Net assets with donor restrictions		28	
'n		Organizations that do not follow FASB ASC 958, check here X			
Net Assets or Fund Balances		and complete lines 29 through 33.	0		^
ets	29	Capital stock or trust principal, or current funds	0.	29	0.
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	<u> </u>
et A	31	Retained earnings, endowment, accumulated income, or other funds	443,288.	31	590,330.
ž	32	Total net assets or fund balances	443,288.	32	590,330.
	33	Total liabilities and net assets/fund balances	448,797.	33	659,073. Form 990 (2023

177100 - 1

^{09120510 788709 177100-001 2023.03040} BIGHORN RIVER ALLIANCE

	990 (2023) BIGHORN RIVER ALLIANCE	**_***	7006	Page 12				
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,444.				
2	Total expenses (must equal Part IX, column (A), line 25)	2		,023. ,421.				
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5	22	621.				
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	590	,330.				
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			Yes No				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits							
			_ (

Form **990** (2023)

332012 12-21-23

Department of the Treasury

Internal Revenue Service

(Form 990)

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
2023
Open to Public

Name of the	organization
-------------	--------------

Nam	e of t	he organization	ORN RIVER	ALLIANCE					identification number *-**7006
Da	41					- : t \ C			
Pa		Reason for Public						18.	
	organ	ization is not a private found							
1		A church, convention of ch				on 170(b)(*	I)(A)(I).		
2		A school described in sect					,		
3		A hospital or a cooperative							44 - 1 ³ - 1 ³ - 1 ³
4		A medical research organiz	ation operated in col	njunction with a nospita	aescribed	a in sectio	A)(1)(d)(1)(A	J(III). Enter	the hospital's name,
5		city, and state: An organization operated for	or the bonefit of a co	llogo or university owned	d or opora	tod by a a	ovornmontalu	unit docorik	od in
5		section 170(b)(1)(A)(iv). (C		lege of university owned		leu by a y	ovennnentari		
6		A federal, state, or local go		nontal unit described in	soction 17	70(6)(1)(1)	64		
-	X	An organization that norma						ho gonoral	public described in
'		section 170(b)(1)(A)(vi). (C		inial part of its support	ioni a gov	ernnentai		ine general	
8		A community trust describe		(1)(A)(vi) (Complete Par	+ II)				
9		An agricultural research org			-	ed in conii	inction with a	land-grant	college
Ū		or university or a non-land-				-		-	-
		university:	jiani concejo en agino				,,		
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its sup	port from	contributio	ons. members	hip fees. a	nd aross receipts from
		activities related to its exen							
		income and unrelated busir							
		See section 509(a)(2). (Con	mplete Part III.)					-	
11		An organization organized a	and operated exclusi	ively to test for public sa	afety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	' giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	iving
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus							
с		J Type III functionally inte						Illy integrate	ed with,
		its supported organizatio							
d		Type III non-functionally						-	
		that is not functionally int			-		-	d an attent	iveness
•		requirement (see instruct							
е		Check this box if the orgation functionally integrated, or					а туре ї, туре	п, туре п	
f	Ente	er the number of supported of							
a		vide the following information							. <u>.</u>
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount of	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
-									
Tota									

Schedule A (Form 990) 2023

BIGHORN RIVER ALLIANCE

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	244,105.	235,119.	367,443.	429,306.	450,150.	1726123.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	244,105.	235,119.	367,443.	429,306.	450,150.	1726123.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						290,461.
6	Public support. Subtract line 5 from line 4.						1435662.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	244,105.	235,119.	367,443.	429,306.	450,150.	1726123.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots				5,426.	7,555.	12,981.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots	2,732.	21,543.	9,124.	9,345.	3,770.	46,514.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						1805610
	Total support. Add lines 7 through 10						1785618.
	Gross receipts from related activities,					12	960.
13	First 5 years. If the Form 990 is for th		rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
<u> </u>	organization, check this box and stor						
	ction C. Computation of Publ						80.40 %
	Public support percentage for 2023 (14	
	Public support percentage from 2022					15	,,
168	33 1/3% support test - 2023. If the c						
	stop here. The organization qualifies						
	33 1/3% support test - 2022. If the c	0		,		,	
17-	and stop here. The organization qual 10% -facts-and-circumstances tes						
1/8	and if the organization meets the fact	•					-
	meets the facts-and-circumstances te					•	
L	10% -facts-and-circumstances tes						
D	more, and if the organization meets the	•				•	
	organization meets the facts-and-circ						
10							
	Private foundation. If the organization	an ulu not check a		a, 100, 17a, 01 171			<u> </u>

332022 12-21-23

BIGHORN RIVER ALLIANCE

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 qualify under the tests listed below, please complete Part II.)

	ction A. Public Support	(-) 0010	(1-) 0000	(-) 0001	(-1) 0000		-10000		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per-								
	formed, or facilities furnished in								
	any activity that is related to the								
	organization's tax-exempt purpose								
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								-
	Amounts included on lines 1, 2, and								-
	3 received from disqualified persons	1							
h	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								
	Add lines 7a and 7b								_
	Public support. (Subtract line 7c from line 6.)								-
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 6	(.,	(0) =0=0	(0)=0=1	(0) = = = =	<u> </u>	-,	(.)	
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties, and income from similar sources								
									—
D	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								_
	Add lines 10a and 10b								
1	Net income from unrelated business								
	activities not included on line 10b, whether or not the business is								
	regularly carried on								
2	Other income. Do not include gain			1					_
	or loss from the sale of capital								
3	assets (Explain in Part VI.)								-
	First 5 years. If the Form 990 is for th	u ne organization's fi	rst. second, third	fourth, or fifth tax	vear as a section :	501(c)	(3) organizati	on.	_
•		0				. ,	(o) organizati]
e	ction C. Computation of Publ								-
5	Public support percentage for 2023 (I	ine 8, column (f), c	divided by line 13,	column (f))		15		(%
6	Public support percentage from 2022	2 Schedule A, Part	III, line 15			16		(%
	ction D. Computation of Invest								
	Investment income percentage for 20					17			%
	Investment income percentage from 2					18			%
	33 1/3% support tests - 2023. If the						% and line 1		
	more than 33 1/3%, check this box a								1
h									1
N	33 1/3% support tests - 2022. If the								1
0	line 18 is not more than 33 1/3%, che								L L
	Private foundation. If the organizatio	n dia not check a	box on line 14, 19	a, or 190, check t	his box and see in	structi			<u>_</u>
202	23 12-21-23			15			Schedule A	(Form 990) 202	.ა
21	510 788709 177100-0	01 201	23,03040		IVER ALLI	ANCI	F.	177100-1	
~ ~	$\sim \sim $						-		

BIGHORN RIVER ALLIANCE

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and 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 box 12a or 12b in Part I, answer lines 4b and 4c 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? If "Yes," answer lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

332024 12-21-23

10b Schedule A (Form 990) 2023

16

Schedule A (Form 990) 2023 BIGHORN RIVER ALLIANCE Part IV Supporting Organizations (continued)

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the bonefit of any supported organization other than the supported			

2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised, or controlled the supporting organization.

Section C.	Type I	I Supporting	Organizations	

			Yes	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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?	1		
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 maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice 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 organizations played in this regard	3		

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	yeat	see instruction	ns).

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

За

17

09120510 788709 177100-001

2023.03040 BIGHORN RIVER ALLIANCE

177100-1

Yes No

18

Schedule A (Form 990) 2023

BIGHORN RIVER ALLIANCE

Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 1	Net short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4 /	Add lines 1 through 3.	4		
5 [Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
c	collection of gross income or for management, conservation, or			
	naintenance of property held for production of income (see instructions)	6		
7 (Other expenses (see instructions)	7		
8 /	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a A	Average monthly value of securities	1a		
b A	Average monthly cash balances	1b		
сF	Fair market value of other non-exempt-use assets	1c		
d 1	Fotal (add lines 1a, 1b, and 1c)	1d		
еГ	Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 /	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 8	Subtract line 2 from line 1d.	3		
4 (Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
5	see instructions).	4		
5 1	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7 F	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3 N	Vinimum asset amount for prior year (from Section B, line 8, column A)	3		
4 E	Enter greater of line 2 or line 3.	4		
5	ncome tax imposed in prior year	5		
6 [Distributable Amount. Subtract line 5 from line 4, unless subject to			
e	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

09120510 788709 177100-001

Par	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity	2	2	
3	Administrative expenses paid to accomplish exempt purpos	ns 3	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	,	6	
7	Total annual distributions. Add lines 1 through 6.		7	,
8	Distributions to attentive supported organizations to which t	the organization is responsive	e	
	(provide details in Part VI). See instructions.	5 1	8	
9	Distributable amount for 2023 from Section C, line 6		9	
	Line 8 amount divided by line 9 amount		10	, , , , , , , , , , , , , , , , , , , ,
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			
<u> </u>				

Schedule A (Form 990) 2023

332027 12-21-23

Schedule A	(Form 990)	2023

32028 12-21-23		20	Schedu	ule A (Form 990) 2

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

BIGHORN RIVER ALLIANCE

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set is the set in the set

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

-7006

BIGHORN RIVER ALLIANCE

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 13,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person Payroll 16,816. Noncash X \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Payroll 53,632. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23

Schedule B (Form 990) (2023)

09120510 788709 177100-001

2023.03040 BIGHORN RIVER ALLIANCE

177100 - 1

Name of organization

Page 2 Employer identification number

-7006

BIGHORN RIVER ALLIANCE

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$14,686.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
(a)	(b)	(c)	(Complete Part II for noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-26	5-23		Schedule B (Form 990) (2023)

177100 - 1

23

09120510 788709 177100-001

2023.03040 BIGHORN RIVER ALLIANCE

Name of organization

BIGHORN RIVER ALLIANCE

Employer identification number

-7006

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	400 SHARES OF GLACIER BANCORP INC		12/26/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

09120510 788709 177100-001 2023.03040 BIGHORN RIVER ALLIANCE

Page 3

Schedule	B (Form 990) (2023)			Page 4				
Name of o	organization			Employer identification number				
BIGHO	RN RIVER ALLIANCE			**-**7006				
Part III	from any one contributor. Complete columns (a)	brough (e) and the following line en	try For organizations					
	completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional s	aritable, etc., contributions of \$1,000 or	less for the year. (Enter this info	. once.) \$				
(a) No. from		•		aviation of how with in hold				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
·		(e) Transfer of gi						
		(e) mansier of gr	it i					
	Transferee's name, address, ar	d ZIP + 4	Relationship of tr	ansferor to transferee				
		[
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
		(-) T urne for a first	<i>"</i>					
	(e) Transfer of gift							
	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ansferor to transferee				
		[
(a) No.								
from Part I	(b) Purpose of gift (c) Use of		(d) Des	scription of how gift is held				
		(a) Transfor of si	<u>.</u>					
	(e) Transfer of gift							
	Transferee's name, address, ar	Relationship of tr	ansferor to transferee					
		[
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
-								
	(e) Transfer of gift							
	Transferee's name, address, ar	d ZIP + 4	Relationship of tr	ansferor to transferee				
323454 12-20	6.23			Schedule B (Form 990) (2023)				
020404 12-20		25		Schedule D (FORM 990) (2023)				

09120510 788709 177100-001 2023.03040 BIGHORN RIVER ALLIANCE 177100-1

SCHEDULE G	Suppleme	Supplemental Information Regarding Fundraising or Gaming Activities						
(Form 990)	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.							2023
	C	Attach to Form 990 of						Open to Public
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instru				n.		Inspection
Name of the organization								ntification number
Dout L Frindric		RIVER ALLIANCE					**_***7	
required to	complete this par						7. Form 990-E	2 filers are not
 Indicate whether the a Mail solicitat 	-	e Solicita	-		Check all that apply. overnment grants			
	email solicitations			•	nment grants			
c 📃 Phone solici		g 🗌 Special						
d In-person so								
		or oral agreement with any individual art VII) or entity in connection with p					s, or 🗌 Yes	No
		viduals or entities (fundraisers) pursu			•			
compensated at le	east \$5,000 by the	organization.		Ū				
(i) Name and addres	s of individual		(iii) fundr	Did	(iv) Gross receipts		Amount paid	(vi) Amount paid
or entity (fund		(ii) Activity	have c or cor	ustody itrol of	from activity		fundraiser ted in col. (i)	to (or retained by) organization
			Yes	utions?		list		
			res	No				
			1					
			<u> </u>					
			ļ					
			1					
			+					
Total	ich the organizatio	n is registered or licensed to solicit	contrik		or has been notifier	d it is	exempt from r	edistration
or licensing.			oontric	Jacion			exempt nonn	egiotration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

09120510 788709 177100-001

BIGHORN RIVER ALLIANCE

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		CARP	NONE	(d) Total events (add col. (a) through
	BOAT RAFFLE	TOURNAMENT		col. (c))
	(event type)	(event type)	(total number)	
Gross receipts	34,023.	13,959.		47,982
Less: Contributions	3,028.	10,104.		13,132
Gross income (line 1 minus line 2)	30,995.	3,855.		34,850
Cash prizes				
Noncash prizes	17,000.	9,654.		26,654
Rent/facility costs				
Food and beverages		2,000.		2,000
Entertainment				
	4 5 4	2,276.		2,426
				31,080
				3,770
	answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
\$15,000 on Form 990-EZ, line 6a.	i	(1) Dull tobo (instant		
	(a) Bingo		(c) Other gaming	(d) Total gaming (ad col. (a) through col. (d
		Singo, progressive singe		
Gross revenue				
Cash prizes				
Noncash prizes				
Rent/facility costs				
Other direct expenses				
	Yes %	Yes %	Yes %	
Volunteer labor	No	No	Νο	
Direct expense summary. Add lines 2 throug	h 5 in column (d)			
Not coming income surgery Outstand "	Throw line to activity ()			
Net gaming income summary. Subtract line i	r from line 1, column (d)			
ter the state(s) in which the organization cond	ucts gaming activities:			
	· · · _			Yes N
ere any of the organization's gaming licenses r	evoked, suspended, or t	erminated during the tax	/ear?	. 🗌 Yes 📖 N
	Less: Contributions	Less: Contributions 3,028. Gross income (line 1 minus line 2) 30,995. Cash prizes 17,000. Rent/facility costs 17,000. Food and beverages 100. Entertainment 150. Other direct expenses 150. Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Net income summary. Subtract line 6a. (a) Bingo Gross revenue (a) Bingo Gross revenue (a) Bingo Cash prizes 90.EZ, line 6a. Noncash prizes 90.EZ, line 6a. Volunteer labor Yes	Gross receipts 34,023. 13,959. Less: Contributions 3,028. 10,104. Gross income (line 1 minus line 2) 30,995. 3,855. Cash prizes 17,000. 9,654. Noncash prizes 17,000. 9,654. Rent/facility costs 2,000. Entertainment 150. 2,276. Direct expenses 150. 2,276. Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Met income summary. Subtract line 10 from line 3, column (d) (a) Bingo (b) Pull tabs/instant Image: Subtract line 10 from line 3, column (d) (a) Bingo (b) Pull tabs/instant Gross revenue (a) Bingo (b) Pull tabs/instant Cash prizes (a) Bingo (b) Pull tabs/instant Noncash prizes (b) Pull tabs/instant (c) Pull tabs/instant Noncash prizes (b) Pull tabs/instant (c) Pull tabs/instant Direct expenses (b) Pull tabs/instant (c) Pull tabs/instant Direct expenses (c) Pull tabs/instant (c) Pull tabs/instant Direct expenses (c) Pull tabs/instant (c) Pull tabs	Gross receipts 34,023. 13,959. Less: Contributions 3,028. 10,104. Gross income (line 1 minus line 2) 30,995. 3,855. Cash prizes 30,995. 3,855. Cash prizes 17,000. 9,654. Rent/facility costs 2,000. Entertainment 150. 2,276. Direct expenses 150. 2,276. Direct expenses 150. 2,000. Entertainment

332082 09-13-23

Schedule G (Form 990) 2023

Sche	edule G (Form 990) 2023	BIGHORN RIVER ALLIANCE	**_**	<u>* * 7 0 (</u>	06 Page
		gaming activities with nonmembers?		Ye	
12		eneficiary or trustee of a trust, or a member of a partnership or other entity formed			
		j?		└── Ye	s 📖 N
	Indicate the percentage of gan			1	
				13a	
				13b	
14	Enter the name and address of	the person who prepares the organization's gaming/special events books and reco	rds:		
	Name				
	A				
	Address				
152	Does the organization have a c	ontract with a third party from whom the organization receives gaming revenue?	I	🗌 Ye	s 🗌 N
ıза	Does the organization have a c	Sinfact with a time party norm whom the organization receives gaming revenue? \dots			5 <u> </u>
h	If "Yes " enter the amount of a	aming revenue received by the organization \$ and the am	ount		
	of gaming revenue retained by		ount		
	If "Yes," enter name and addre				
Ū		ss of the third party.			
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensatio	n \$			
	Description of services provide	d			
	_				
	Director/officer	Employee Independent contractor			
	Mandatory distributions:				
а		der state law to make charitable distributions from the gaming proceeds to			□
	retain the state gaming license			└── Ye	s 🗌 N
b		ns required under state law to be distributed to other exempt organizations or spent	in the		
Do	organization's own exempt act	ivities during the tax year \$ ormation. Provide the explanations required by Part I, line 2b, columns (iii) and (v)			
Fai		as applicable. Also provide any additional information. See instructions.	; and Part	: III, lines	9, 90, 100
	15b, 15c, 16, and 17b,	as applicable. Also provide any additional information. See instructions.			
33208	3 09-13-23		Schedul	e G (Fo	rm 990) 20
		28		•	
20	510 788709 1771	00-001 2023.03040 BIGHORN RIVER ALLIANC	Е	17	7100-1

^{84 04-01-23})510 788709 177100-001	29 2023.03040 BIGHORN RIVER ALLIANCE	Schedule G (Form 990)
		Cababila O /Farma 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

23

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

-7006

r

Name of the organization

BIGHORN RIVER ALLIANCE

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes	Х	1	3,028.	FAIR MARKET	VAI	LUE	
8	Intellectual property							
9	Securities - Publicly traded	Х	3	19,314.	CLOSING PRI	CE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (MISCELLANEOUS F)	Х	16	13,444.	FAIR MARKET	VAI	LUE	
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	83, Part V, E	Donee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t							
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.							v
31	Does the organization have a gift acceptance p					31		X
32a	Does the organization hire or use third parties o		-					v
	contributions?					32a		X
b	If "Yes," describe in Part II.							

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

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2023

LHA 332141 09-11-23

09120510 788709 177100-001

describe in Part II.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

142 09-11-23	Schedule M (Form 990) 202

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number **-***7006

BIGHORN RIVER ALLIANCE

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

ITS SIGNIFICANCE TO THE WILD TROUT FISHER, THE AGRICULTURAL COMMUNITY

AND THE CROW NATION THROUGH WHICH IT FLOWS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CHANNELS WITH PLANS TO RESTORE 4 MORE IN 2024.

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

IN ANY GIVEN YEAR, THE MEMBERS OF BIGHORN RIVER ALLIANCE ARE OF TWO

CLASSES:

A. NON-VOTING: THOSE WHO HAVE CONTRIBUTED FUNDS TO THE ORGANIZATION IN THE

GIVEN YEAR, THOSE WHO HAVE BEEN GIFTED A MEMBERSHIP OR DONATED IN-KIND

GOODS/SERVICES TO THE ORGANIZATION, OR THOSE WHO HAVE INCLUDED THE

ORGANIZATION IN LEGACY OR PERPETUAL GIVING.

B. VOTING: THE BOARD OF DIRECTORS OF THE ORGANIZATION IN THE GIVEN YEAR.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION'S BYLAWS DESIGNATE THE BOARD OF DIRECTORS AS THE VOTING

MEMBERS OF THE ORGANIZATION. THROUGH ITS BOARD STRUCTURE, THE ORGANIZATION

FOLLOWS A DEFINED PROCESS FOR ELECTING DIRECTORS AND OFFICERS.

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

 A COPY OF THE FORM 990 WILL BE PROVIDED TO THE BOARD FOR REVIEW AT THE NEXT

 BOARD MEETING. IF THERE WON'T BE A BOARD MEETING IN THE NEAR FUTURE, AN

 OFFICER WILL REVIEW THE FORM 990 AND DISCUSS ANY QUESTIONS OR ITEMS WITH

 THE ACCOUNTANT BEFORE THE FORM 990 IS FILED.

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

 LHA
 332211 11-14-23

177100 - 1

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

THE BOARD OF DIRECTORS IS REQUIRED TO FILL OUT A CONFLICT OF INTEREST

POLICY ANNUALLY, AT THE FIRST BOARD MEETING OF EACH CALENDAR YEAR. IF A

CONFLICT OF INTEREST ARISES AFTER THE POLICY IS SIGNED, BOARD MEMBERS WILL

REPORT THE CONFLICT TO THE EXECUTIVE DIRECTOR AND GOVERNANCE CHAIR.

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

THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS CONSIDERED BY THE BOARD OF

DIRECTORS BASED ON THE FOLLOWING CRITERIA:

THE DIRECTORS ABILITY TO INCREASE DONATIONS AND CONTRIBUTIONS TO THE

ORGANIZATION

EVALUATION OF OTHER EXECUTIVE DIRECTOR SALARIES FROM COMPARABLE NONPROFIT ORGANIZATIONS

MEMBER SATISFACTION WITH PERFORMANCE OF DUTIES AND PROJECTS

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

THE ORGANIZATION WILL PROVIDE ITS AVAILABLE GOVERNING DOCUMENTS TO THE

PUBLIC UPON REQUEST AT THE ORGANIZATION'S OFFICE.

332212 11-14-23