



August 17, 2023

Nevada Bighorns Unlimited, Reno Chapter
 P.O. Box 21393
 Reno, NV 89515-1393

Dear Client:

The following paragraphs outline the tax services we will provide to you on a continuing basis. In the event the services you require change, we will provide you with a revised engagement letter at that time.

We will prepare your 2021 Amended Federal Non-Profit Organization tax return, Form 990, based on information supplied by you. Our work cannot be relied on to disclose defalcations and other similar irregularities.

We will perform our work at our regular hourly rates of \$100 to \$250. Our invoices are due upon receipt; a late payment penalty of 1.5 percent per month will be assessed on balances that remain outstanding for more than 30 days.

This engagement includes only those services specifically described in this letter. You agree that all 1099 reporting requirements have been met. Representation before governmental bodies, such as the Internal Revenue Service, would be billed to you separately. Additional services that you request will be subject to arrangements made at the time requested.

If the terms expressed in this letter are in accordance with your understanding of our agreement, please sign one copy of this letter and return it to us. We very much appreciate the opportunity to be of service to you.

Sincerely,

Silva Sceirine & Assoc, LLC

Silva Sceirine & Associates

The foregoing letter fully describes the services required and is in accordance with our understanding.

 Signature

 Date

_____ My tax return preparer, Silva Sceirine & Associates has informed me that he may be required to electronically file my 2021 amended income tax return Form 990 if he files it with the IRS on my behalf. I do not want to file my return electronically and choose to file my return on paper forms. My preparer will not file my paper return with the IRS. I will file my paper return with the IRS myself. I was not influenced by Silva Sceirine & Associates or any member of his firm to sign this statement.

Return of Organization Exempt From Income Tax

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

2021

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning **JUN 1, 2021** and ending **MAY 31, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEVADA BIGHORNS UNLIMITED, RENO CHAPTER Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 21393 City or town, state or province, country, and ZIP or foreign postal code RENO, NV 89515-1393 F Name and address of principal officer: TOM FENNELL P.O. BOX 21393, RENO, NV 89515-1393	D Employer identification number 88-0180276 E Telephone number 7753565542 G Gross receipts \$ 1,381,866. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ NEVADABIGHORNSUNLIMITED.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1981 M State of legal domicile: NV

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: PROVIDE GRANTS AND DONATIONS TO VARIOUS NEVADA NON-PROFIT ORGANIZATIONS AND STATE AGENCIES TO BE			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		18
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5		0
	6 Total number of volunteers (estimate if necessary)	6		0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
		222,307.	536,060.	
	9 Program service revenue (Part VIII, line 2g)	0.	0.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	386.	105.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	136,646.	272,799.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	359,339.	808,964.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	307,909.	242,100.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,784.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	106,475.	208,950.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	414,384.	451,050.	
	19 Revenue less expenses. Subtract line 18 from line 12	-55,045.	357,914.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
		1,874,700.	2,241,422.	
	21 Total liabilities (Part X, line 26)	0.	8,810.	
	22 Net assets or fund balances. Subtract line 21 from line 20	1,874,700.	2,232,612.	

Part II Signature Block

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

Sign Here	Signature of officer TOM FENNELL, PRESIDENT Type or print name and title	Date	
Paid	Print/Type preparer's name DAVID T. SCEIRINE	Preparer's signature DAVID T. SCEIRINE	Date 08/09/23
Preparer Use Only	Firm's name ▶ SILVA SCEIRINE & ASSOCIATES LLC	Firm's EIN ▶ 81-0895382	Check if self-employed <input type="checkbox"/> PTIN P01547764
	Firm's address ▶ 22 STATE ROUTE 208 YERINGTON, NV 89447	Phone no. 775-463-3515	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning JUN 1, 2021, and ending MAY 31, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **NEVADA BIGHORNS UNLIMITED, RENO CHAPTER** EIN or SSN **88-0180276**

Name and title of officer or person subject to tax **TOM FENNELL
PRESIDENT**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>808,964.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **SILVA SCEIRINE & ASSOCIATES LLC** to enter my PIN **80276**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

88548047764

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **08/09/23**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**