



August 1, 2024

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 2023 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 Secinia & Searc, LLC

Silva Sceirine & Associates

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

understanding.

Signature Evan A. MCQuick

Nata

8/1/2024

My tax return preparer, Silva Sceirine & Associates has informed me that he may be required to electronically file my 2023 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.

Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning JUN 1 .2023, and ending MAY 31 .20 24

OMB No. 1545-0047

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.

EIN or SSN Name of filer 88-0180276 NEVADA BIGHORNS UNLIMITED, RENO CHAPTER EVAN A. MCOUIRK Name and title of officer or person subject to tax PRESIDENT Type of Return and Return Information Part I 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. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b Form 990 check here 1a b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b 34 b Tax based on investment income (Form 990-PF, Part V, line 5) **4a** Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 4720 check here 7a b FMV of assets at end of tax year (Form 5227, item D) 8b Form 5227 check here Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9a b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name and that I have examined a copy of the , (EIN) 2023 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 X Lauthorize SILVA SCEIRINE & ASSOCIATES LLC 80276 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 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 2023 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. Date 8/1/24 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 2023 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. 08/01/24 ERO's signature ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So Form 8879-TE (2023) For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 302521 01-05-24

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2023

2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Idar year, or tax year beginning JUN 1, 2023 and ending MAY 31, 2024

A For the		023 calendar year, or tax year beginning UUN 1, 2023 and chang 12		D Employer identification number		
B Check if applicable:		C Name of organization		D Employer identification frames.		
Address		NEVADA BIGHORNS UNLIMITED, RENO CHAPTER		00 01 00 075		
Name change		Doing business as	g business as		88-0180276	
Initial		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe		
Final		1 DO BOX 21393		7753565542		
return/ termin-		City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 1,914,579.		
ated Amende				H(a) Is this a group return		
return Applica-		F Name and address of principal officer: EVAN A. MCQUIRK		for subordinates? Yes X No		
tiòn pending		P.O. BOX 21393, RENO, NV 89515-1393		H(b) Are all subordinates included? Yes No		
				If "No." attach a list. See instructions		
_		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 521	H(c) Group exemption number		
	Websit				of formation: 1981 M State of legal domicile; NV	
		organization: X Corporation Trust Association Other	L Year	of formation; 1301[1	M State of legal comicile, 24 V	
Part I Summary						
•	1	riefly describe the organization's mission or most significant activities: PROVIDE GRANTS AND DONATIONS TO YARIOUS NEVADA NON-PROFIT ORGANIZATIONS AND STATE AGENCIES TO BE				
Ş						
5	2	heck this box if the organization discontinued its operations or disposed of more than 25% of its net assets.				
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	21		
	4	umber of independent voting members of the governing body (Part VI, line 1b)			21	
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0		
		Total number of volunteers (estimate if necessary)		0		
Ę			tal unrelated business revenue from Part VIII, column (C), line 12			
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11		I ii	0.	
Revenue	├	Tot difforded bookings totalors mounts from some 1,1 at 1, mile 11		Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		330,238.	453,327.	
				0.	0.	
	t	Program service revenue (Part VIII, line 2g)		886.	32,099.	
	ŀ	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		676,896.	498,043.	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,008,020.	983,469.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		435,694.	482,521.	
Expenses	1	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)	0.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		229,196.	189,677.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		664,890.	672,198.	
	19	Revenue less expenses. Subtract line 18 from line 12		343,130. 311,271.		
Net Assets or		Be		ginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)		2,604,417.	2,938,975.	
	21	Total liabilities (Part X, line 26)		28,675.	22,780.	
₹ 1	22	Net assets or fund balances. Subtract line 21 from line 20		2,575,742.	2,916,195.	
P	irt 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 belie						
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
~g.,		Signature of officer Date				
		VAN A. MCQUIRK, PRESIDENT 8/1/2024				
Type or print name and title				•		
		Print/Type preparer's name Preparer's signature/	′ - , [[Date Check	PTIN	
Paid Preparer Use Only		DAVID T. SCEIRINE DAVID TO SCEIRIN		! . ∟		
					1-0895382	
		Firm's address 22 STATE ROUTE 208	Firm's EIN 8	<u> </u>		
YERINGTON, NV 89447 Phone no. 775-463						
Mar	the IS	IS discuss this return with the preparer shown above? See instructions		FROMETIO. 7 7	X Yes No	