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EXTENDED TO JANUARY 17, 2017

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Rovenue Service

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

OMB No 1545-0047

-	Ear at	e 2015 calendar year, or tax year beginning JUN 1, 2015 and ending		mspection
<u> </u>			MAY 31, 2016	
В	Check if	le: C Name of organization	D Employer identif	ication number
	Addr	SI LIGHT DE DEGLADIG IDIE ELLENDO DELLE GUI DELLE		
Ļ	Addr chan Name			
Ļ	lchan	Doing business as	88-0	180276
L	Initial return	Number and street (or P.U. box if mail is not delivered to street address) (Koom/s	uite E Telephone numbe	er
	Finet	PO BOX 21393	775-	323-1177
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,113,515.
Ε	Amer	ded DENO NR 99515-1303	H(a) Is this a group r	
ſ	Appli		for subordinate	
_	pend	P.O. BOX 21393, RENO, NV 89515-1393	H(b) Are all subordinates i	
_	Taylor			list. (see instructions)
÷		te: NA	H(c) Group exemption	
2	Form			M State of legal domicile: NV
-	art I	Summary	ear or formation, 1901	vi State of legal domiche. IN v
		Briefly describe the organization's mission or most significant activities: PROVIDE	CDANING AND DO	MATICNIC MO
Activities & Governance	1	VARIOUS NEVADA NON-PROFIT ORGANIZATIONS AND	CUMBE ACENOTE	OL GUOTIANI
Š				
Ė	2	Check this box if the organization discontinued its operations or disposed of r	.	
چ	3	Number of voting members of the governing body (Part VI, line 1a)		16
~	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
٤	5 5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		0
- 5	6	Total number of volunteers (estimate if necessary)	6	500
Ť	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
٩	ь	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
_	. В	Contributions and grants (Part VIII, line 1h)	509,357.	566,941.
à	9		0.	0.
Revenue	10	Program service revenue (Part VIII, line 2g)	145.	190.
ă			63,388.	16,207.
		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)-fine 12)	572,890.	583,338.
)	13	Grants and similar amounts paid (Part IX, column (A), lines 13)	269,337.	251,526.
>	14	Benefits paid to or for members (Part IX, column (A), fine 4	0.	0.
2 6	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 1,1e) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0.	0.
	ь	Total fundraising expenses (Part IX, column (D), line 25) 25:675.		
	17	Other expenses (Part IX, column (A), lines 11a 14d 11(24e)	131,990.	154,258.
17 17	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A) line 25)	401,327.	405,784.
ر ر	19	Revenue less expenses. Subtract line 18 from line 12	171,563.	177,554.
> 5	3		Beginning of Current Year	End of Year
Sets Sets	20	Total assets (Part X, line 16)	1,362,745.	1,540,193.
ે&્		Total liabilities (Part X, line 26)	0.	0.
⊋ ≅	- I	Net assets or fund balances. Subtract line 21 from line 20	1,362,745.	1,540,193.
Y P	art II	Signature Block		
Un	der pena	ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	v knov/ledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		,
_			7	
Si	ตก	Signature of officer	Date /	/
	re	JOSH VITTORI, PRESIDENT Jose (O1/1	7/17
		Type or print name and title		
_		Print/Type preparer's name Preparer's signature //	Date Check	PTIN
Pa	ld	JEFF RIFE JEFF RIFE	01/15/17 d self-emplo,	P00151965
	eparer	Firm's name RIFE SILVA & CO, LLC	Firm's EIN	81-0895382
	e Only	Firm's address 22 STATE ROUTE 208	runtsent	<u> </u>
		YERINGTON, NV 89447	Dhana no 77	5-463-3515
	68 **		Prione ilo. 7 7	
		RS discuss this return with the preparer shown above? (see instructions)		والانتارين الكاكريات فيتناك فالمطابق وبطفالة أرجب المطابع ببيطف
532	2001 12-1 C	6-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. EE SCHEDULE O FOR ORGANIZATION MISSION STATE	MENIA CONTACTA	Form 990 (2015)
		THE POSTEDORY OF THE OFFICE PARTITION PARTIES OF STATE	THE CONTINUE	TTOM

	1990 (2015) NEVADA BIGHORNS UNLIMITED, RENO CHAPTER 88-0180276	Page 2
Pai	rt 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:	
•	PROVIDE GRANTS AND DONATIONS TO VARIOUS NEVADA NON-PROFIT	
	ORGANIZATIONS AND STATE AGENCIES TO BE USED FOR THE PROTECTION AND	
	PRESERVATION OF NEVADA WILDLIFE.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	XINA
	If "Yes," describe these new services on Schedule O.	110
_		∵ 1
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	ΔJ Nο
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an	d
	revenue, if any, for each program service reported.	
4-	054 506	
4a	(Code.) (Expenses 251,526. Including grants of \$ 251,526.) (Revenue \$ PROVIDE GRANTS AND DONATIONS TO VARIOUS NEVADA NON-PROFIT ORGANIZATIONS)	ठाउँद १
		OMP
	AND STATE AGENCIES TO BE USED FOR THE PROTECTION AND PRESERVATION OF	
	NEVADA WILDLIFE.	
		
4b	(Code:) (Expenses \$) (Revenue \$)	<u> </u>
		
4c	(Code:) (Expenses \$) (Revenue \$)	,
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 251,526.	
	Form 99	0 (2015)

1 is the organization described in section 501c(S) or 4947(s)(I) (other than a private foundation)? 1				Yes	No
2 Is the organization required to complete Schedule 0, Centrulurors Did the organization engage in direct or indirect political campaign achitities on behalf of or in opposition to candidates for public officion? If "Yes," complete Schedule C, Parl I 4 Section 501(c)(3) organizations. Did the organization engage in lobbying achitities, or have a section 501(h) elaction in effect during the tax year? If "Yes," complete Schedule C, Parl II 5 Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule C, Parl II 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonical read areas, or historic instructures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of ant, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization amount in Part X, tine 21 in beautiful propriet schedule D, Part II 10 Did the organization in amount in Part X, tine 21 in section of the integration report an amount for land, buildings, and equipment in Part X, ine 10 Part X, ine 10 Part X, complete Schedule D, Part IV 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 Part is 5% or more of its total assets reported in Part X, line 16 If "Yes," complete Schedule D, Part X ine 16 If "Yes," complete Schedule D, Part X ine 16 If "Yes," complete Schedule D, Part X ine 16 If "Yes," complete Schedule D, Part X ine 16 If "Yes," complete Schedule D, Part X ine	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Id the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Pes," complete Schedule C, Part II Secular Of(S)(3) organizations. Did the organization engage in tobbying activities, or have a section 501(f)) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization as extend os fol(s)(4), 501(S)(5), or 501(S)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III S Is the organization making 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 of which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts (a which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts (a which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts (a which donors have the right to provide a care the complete Schedule D, Part III Is the organization maintain collections of works of ant, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part IV Is it the organization report an amount for part in amounts in the following questions is "Yes," then complete Schedule D, Part V II Is the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V Is Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X Is Did the organization report an amount for breatments - other schedule D, Part X Is Did the organization report an amount for breatments			1	_	
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11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 2 Did the organization report an amount for investments other sacurities 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 3 Did the organization report an amount for investments or program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 4 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 Part X, line 16? If "Yes," complete Schedule D, Part VIII 5 Did the organization report an amount for other inside in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11 Did the organization report an amount for other inside in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 12 Did the organization report an amount for other inside in Part X, line 15? If "Yes," complete Schedule D, Part X 13 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 14 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III IX 15 Did the organization an achool described in section 170(b)(I)(A)(ii)? If "Yes," complete Schedule E 16 Did the organization maintain an office, employees, or agents outside of the United States? 17 Did the organization report on Part IX, column (A), line 3, more than \$10,000 form grantmaking, fundraising, business, investment, and program service activities outside the United States, o	10		10		x
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	_	complete Schedule G, Part III		•	(0015

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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule I 20b If "Yes" to like 20a, dit the organization report more than \$5.000 of grants or other assistance to any domestic organization or domestic operation report more than \$5.000 of grants or other assistance to any domestic organization or domestic operation report more than \$5.000 of grants or other assistance to any domestic organization or domestic operation (X. column (A), in 17 If" "Yes," complete Schedule I, Part I and III 21 X 22 Did the organization answer "Yes" to Part VII, Section A, Bir 8, 4, or 5 about compensation of the organization current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part I and III 22 X 24 Did the organization have as tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, If I and I are supported to the organization have any proceeds of tax-exempt bonds beyond a temporary period exception? 24a Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization and acts an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and the substanding and any time during the year? 24d Did the organization with a disqualified person during the year? 3 Yes, "complete Schedule I, Part II 25b Section 50 (16)(3), 50 (16)(4), 60 (16)(4), 60 organization organization aware that the granged in an excess benefit transaction has not been reported on any of the organization specifies form or payables to any current or former officer, director, trustee, key employee, substantial contributor or employee thereof, a part selection committee member, or to a 3				Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any demestic organization or domestic powerment on Part IX, column (A), there is 1/1 °Fes.* complete Schedule I, Parts I and III 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), there is 10 Part IV, is complete Schedule I, Parts I and III 22 Did the organization never "75** to Part IV, school n, Itm 34, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule II. If Yes, complete Schedule II. If Yes, organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the said day of the year, that was sexued after December 31, 2002? If "Yes," answer imes 24b through 24d and complete Schedule II. If Yes, or 10 Int 25b Did the organization have a tax-exempt bond sexue with an outstanding principal amount of more than \$100,000 as of the said day of the year. If Yes, organization have a tax-exempt bonds beyond a temporary period exception? 22b Did the organization and year proceeds of tax-exempt bonds beyond a temporary period exception? 22c Did the organization and year proceeds of tax-exempt bonds beyond a temporary period exception? 22d Did the organization and year proceeds of tax-exempt bonds outstanding at any time during the year? 22d Did the organization and year the year III Yes, complete Schedule II. Part II. 22d Did the organization and year and year III Yes, complete Schedule II. Part II. 22d Did the organization and year and year III Yes, complete Schedule II. Part III. 22d Did the organization and year and year III Yes, complete Schedule II. Part III. 22d Did the organization export any amount on Part X, tine 5, 6, or 22 for receivables from or payables to any current or former officers, directors, turstees, representation organization provide a grant or other assistance to an o	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX. column (A), fine 17 if 11*es, "complete Schedule I, Parts I and if I	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part XI, column (A), line 27 lives, "complete Schedule I, Part I I I I I I I I I I I I I I I I I I I	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
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of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.37 If "Yes," complete Schedule R, Part I Was the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ine 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Ine 2 Told 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 V, Ine 2 Did the organization complete Schedule O and provide explanations in Sched					
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Form 990 (2015)

L	Check if Schedule O contains a response or note to any line in this Part V			
		····	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1 1		1
	(gambling) winnings to prize winners?	1c		l
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			•
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		l
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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).			·
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	1 1		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		X
	to file Form 8282?	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year			X
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	 ''' 		
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			,
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
8	Gross income from members or shareholders			
b	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?	120		
_	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.			
a	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.			ľ
D	Enter the amount of reserves the organization is required to maintain by the states in which the		j	
_	organization is licensed to issue qualified health plans 13b	į		
14a	Enter the amount of reserves on hand	14a	—	X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	145 14b		

Form 990 (2015) NEVADA BIGHORNS UNLIMITED, RENO CHAPTER 88-0180276 Page 6

[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 in Schedule O. See instructions.

	to and the total of the terror and t			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		X
Sec	tion A. Governing Body and Management			
	**************************************		Yes	No
Ta	Enter the number of voting members of the governing body at the end of the tax year			
	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 in Schedule O.			1
ь	Enter the number of voting members included in line 1a, above, who are independent	ł		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		2,
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		$\frac{\Lambda}{X}$
6	Did the organization have members or stockholders?	6		^
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	.		X
	more members of the governing body?	7a		
Ð	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		-
8			X	
a	The governing body?	8a	-	X
þ	Each committee with authority to act on behalf of the governing body?	85		-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Soc	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Sec	tion B. Poncies (fills Section Direquests shormation about policies not required by the internal nevertee code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	105		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	110	X	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1==		
•	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>		<u> </u>
•-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	•	1
a	The organization's CEO, Executive Director, or top management official	15a	1	X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ł	ł	l
	taxable entity during the year?	16a	Í	X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	l	i	Ì
	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	icial	
	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 books and records:			
	LAURIE WERLINGER - 775-677-8053			
	PO BOX 21393, RENO, NV 89515			

<u>Form 990 (</u>			UNLIMITED,			88-0180276	Page 7
Part VII	Compensation of Office			ployees	, Highest Cor	npensated	
· ···	Employees, and Indepen	ndent Contrac	tors				
	Check if Schedule O contains a	response or note	to any line in this Part	νιι <u>.</u>			
		14 - 1					

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 instructions for 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: Individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

LXI Check this box if neither the organization r	(B)			(((D)	(E)	(F)
Name and Title	Average	١		Pos	ition	1		Reportable	Reportable	Estimated
Wallo 2.0 W.	hours per	Ьox	not c	SS DO	rson	is bot	h an	compensation	compensation	amount of
	week	offi	cer an	dad	irecto	x/trus	tee)	from	from related	other
	(list any	휷						the	organizations	compensation
	hours for	n du				E		organization	(W-2/1099-MISC)	from the
	related	ste c	gg			200		(W-2/1099-MISC)		organization
	organizations	五	onat		gok	8 z				and related
	below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensati employee	Ferner			organizations
(1) BRUCE MACKAY	1.00								_	
SECRETARY		X				L		0.	0.	0.
(2) JOSH VITTORI	1.00	1		i				_ :	_	_
PRESIDENT		X		X				0.	0.	0.
(3) BRIAN PANSKY	1.00]						_	_	_
DIRECTOR		X						0.	0.	0.
(4) CALEB VAN KIRK	1.00								_	_
DIRECTOR		X		X				0.	0.	0.
(5) CHRIS CEFALU	1.00				İ			_		_
VICE PRESIDENT		X		X				0.	0.	0.
(6) DAN WARREN	1.00			1						
DIRECTOR		X						0.	0.	0.
(7) ANDY MACKAY	1.00									_
DIRECTOR		X	Ш			ļ.,		0.	0.	0.
(8) PAT PINJUV	1.00									
DIRECTOR	4 66	X	_					0.	0.	0.
(9) STEVE FEILD	1.00	١						_	_	_
DIRECTOR	1 00	Х	_					0.	0.	0.
(10) TOM FENNELL	1.00	x		x				о.	0.	0.
DIRECTOR	1.00	₽		4		-		U .	U •	<u> </u>
(11) MATT SWIETZER DIRECTOR	1.00	x						0.	0.	0.
(12) PAT REICHMAN	1.00	₽	├	<u> </u>	_	-	-	· ·	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(13) MARIO WALTHER	1.00	H		\vdash	-	H	H			
DIRECTOR	1.00	x			l			0.	0.	0.
(14) DENNIS WILSON	1.00	Ħ			Н	1	_			
TREASURER		x	•			l		0.	0.	0.
(15) STEVE TAPOGNA	1.00		Г				Т			
DIRECTOR		X		L	L			0.	0.	0.
(16) JEFF TURNIPSEED	1.00				Γ					
DIRECTOR		X			L	L	L	0.	0.	0.
		1								
	<u> </u>	乚						1		

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-		_	Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns						
Sra			Membership dues		12,625.				
Sifts, (ar Am) (¢	Fundraising events	1c	354,755.]		
	(d	Related organizations	1d	33,865.				
ij.	١ ،	e	Government grants (contribut	ions) 1e					
S S	,	f	All other contributions, gifts, gran	ts, and					
E P	ľ		similar amounts not included abo	ve 1f	165,696.		İ	1	
EG.		g	Noncash contributions included in lines						
SE	i	h	Total. Add lines 1a-1f			566,941.			
					Business Code				
ø	2 :	Ω					ļ		
٦٤		b							
Program Service Revenue		C							
E 20		d							
βœ		- -			l				
F.		f	All other program service reve	nue					
			Total. Add lines 2a-2f						
	3	7_	Investment income (including						
i	_		other similar amounts)			190.		i	190.
	4		Income from investment of ta						
	5		Royatties	•	- 1				·
			Tioyanios	(i) Real	(ii) Personal				
	۱.		Gross rents	- Wilder	\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)	L	•				
			Gross amount from sales of	(i) Securities	(ii) Other				
	' '		assets other than inventory	17 0000	1, 52				
	١,	h	Less: cost or other basis		 				
	١ '	-	and sales expenses		i i				
	Ι.	_	Gain or (loss)		 		1		
		d	Net gain or (loss)						
_	,		Gross income from fundraisin		<u> </u>				
Revenuo	"	_	including \$ 354,7	755 • of	1				
Ş	1		contributions reported on line		1				
Ě	l		Part IV, line 18	а.	299,426.				
Other	١,	h	Less: direct expenses	b	330,884.				
Ö			Net income or (loss) from fund			-31,458.			-31,458.
			Gross income from gaming as	-					
]		Part IV, line 19		236,237.				
	١,	ь			199,293.				
			Net income or (loss) from gan			36,944.	36,944.		
			Gross sales of inventory, less						
	1		and allowances		10,721.				
	i i	ь	Less: cost of goods sold		0.		Ì		
	1		Net income or (loss) from sale			10,721.	ii		10,721.
		_	Miscellaneous Revenu		Business Code				
	11	a							
		b							
	[¢							
		d	All other revenue						
	1	e	Total. Add lines 11a-11d		,				
	12		Total revenue. See instructions.			583,338.	36,944.	0.	
5320	09 12-	- 16							Form 990 (2015)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses (A) Total expenses Do not include amounts reported on lines 6b, Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 251,526. 251,526 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees): a Management b Legal 6,440. 6,440. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 11,140. 11,140. 12 Advertising and promotion 1,212. 1,212. 13 1,200. 1,200. Information technology 14 15 Royalties 4,500. 4.500. 16 1,759. 1,759. 17 48 1 4 44411444 11 1 4411 11 11 11 11 11 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 12,421. 12,421. Conferences, conventions, and meetings 19 20 Interest 21 4,343. 4,343. Depreciation, depletion, and amortization 22 14,017. 14,017. 23 Insurance Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) PRINTING AND PUBLICATIO 39,683. 39,683. 25,675. BANQUET HATS AND MERCHA 25,675. c MEMBERSHIP EXPENSES 9,957. 9.957. 8,527. 8,527. d SERVICE CHARGE 13,384. 13,384. e All other expenses 405,784. 128,583. 251,526. 25,675. Total functional expenses. Add lines 1 through 24e 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 SQP 98-2 (ASC 958-720)

· · · · · · · · · · · · · · · · · · ·	Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	82,589.	1	69,418.
2	Savings and temporary cash investments	388,391.	2	580,796.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	б,229.	4	5,729.
5	Loans and other receivables from current and former officers, directors,			
- 1	trustees, key employees, and highest compensated employees. Complete	•		
- 1	Part II of Schedule L		5	<u> </u>
6	Loans and other receivables from other disqualified persons (as defined under			
- 1	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ន	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 7	Notes and loans receivable, net		7	
₹ 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 938,790.			
l t	Less: accumulated depreciation 10b 58,492.	881,584.	10c	880,298.
11	Investments · publicly traded securities		11	
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	3,952.	15	3,952.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,362,745.	16	1,540,193.
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
စ္က 22	Loans and other payables to current and former officers, directors, trustees,			
≝	key employees, highest compensated employees, and disqualified persons.	•		
Liabilities 23	Complete Part II of Schedule L		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	
26	Total liabilities. Add lines 17 through 25	0.	26	0.
	Organizations that follow SFAS 117 (ASC 958), check here and			
8	complete lines 27 through 29, and lines 33 and 34.			
<u>2</u> 27	Unrestricted net assets		27	
물 28	Temporarily restricted net assets		28	
D 29	Permanently restricted net assets		29	
훈	Organizations that do not follow SFAS 117 (ASC 958), check here		1	
<u></u> 8	and complete lines 30 through 34.	_	ł	
원 30	Capital stock or trust principal, or current funds	0.	-	0.
Š 31	Paid in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	Retained earnings, endowment, accumulated income, or other funds	1,362,745.	32	1,540,193
ž 33	Total net assets or fund balances	1,362,745.		1,540,193.
34	Total liabilities and net assets/fund balances	1,362,745.	34	1,540,193.

	1990 (2015) NEVADA BIGHORNS UNLIMITED, RENO CHAPTER	88-0	180276	Pag	_{7e} 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		3,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2	40	5,7	84.
3	Revenue less expenses. Subtract line 2 from line 1	3	17'	7,5	54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,363	2,7	45.
6	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9		-1	06.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,540	0,1	93.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	T [I	
2 a	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 reviewed	lon a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
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:		1 1	l	
	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	eaudit,		*	
	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 in Sch	zdule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Su	gle Audit	1 1		
	Act and OMB Circular A-133?		, 3 a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	. 3b		
			Form	990 ¢	2015)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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.

▶ Information about Schodule A (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990. Employer Identification number

OMB No. 1545-0047

Open to Public Inspection

		NEVA	DA BIGHORN	S UNLIMITED,	RENO	CHAP	TER	8	8-0180276
Pε	irt I	Reason for Public	Charity Status (All organizations must c	omplete th	is part.) Se	e instructions		
The	organ	ization is not a private found	lation because it is:	(For lines 1 through 11,	check only	one box.)			
`1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (For	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in s	ection 170	Xb)(1)(A)(ii	ii).		
4		A medical research organiz	· -				•	(lii). Enter	the hospital's name.
		city, and state:	•					•	•
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a o	overnmental u	nit descrit	ned in
_		section 170(b)(1)(A)(iv). (C				, - 5			
6		A federal, state, or local go		mental unit described in	section 1	70/h)/4)/A)	W		
7	Ī	An organization that norma	•				• •	no aonoral	nublic described in
•		section 170(b)(1)(A)(vi). (C	-	initia part of its ouppoint	nom a gor	on micrical	drat or troin a	io generai	paolic acsorioca in
8		A community trust describe	•	(1VA)(vi) (Complete Par	+ 11 \				
9	Ħ	An organization that norma			•	contributio	ane mambare	hin faar a	nd arose mediate from
9		activities related to its exen							
			•						•
		Income and unrelated busin		(less section at reax) ii	om basine	sses acqu	med by the ort	janization	alter June 30, 1975.
40		See section 509(a)(2). (Con An organization organized a	•	incheta toat for public or	ofate Can	nastian Ef	00/5//4)		
10	Ħ		•	•	•				
• •		An organization organized		•	-			•	• •
		more publicly supported or	=						neck the box in
_		lines 11a through 11d that	• • •			•	-	•	
a	<u> </u>	Type I. A supporting orga			-	-			-
		the supported organization	• • •	•	a majority (or the aired	ctors or truste	es of the s	supporting
		organization. You must o	·						•
Đ	<u> </u>	J Type II. A supporting org					_	• •	-
		control or management o			same perso	ons that co	ontrol or mana	ge tne sup	ропеа
		organization(s). You mus							
С		J Type III functionally inte	-	T . T		-		y integrate	ed with,
		its supported organization				-	-		
đ	L	J Type III non-functionally					* *	•	• •
		that is not functionally int	-		-		-	an attent	iveness
		requirement (see instruct							
e	· -	J Check this box if the orga					Type I, Type	II, Type III	
	_	functionally integrated, or		nally integrated support	ing organi	zation.			
f		er the number of supported of							
_ 9		vide the following information i) Name of supported	about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the o	rganization	(v) Amount of	mocetany	(vi) Amount of
	٧.	organization	(1.7 C.1.1	(described on lines 1.9	listed i	n your	support (-	other support (see
				above (see instructions))	governing o		instruction		Instructions)
					Yes	No			
		············							
		 		·					
					l				
					1				
						ļ			
			1		l				

Schedule A (Form 990 or 990-EZ) 2015 NEVADA BIGHORNS UNLIMITED, RENO CHAPTER 88-0180276 Page 2

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

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			:			
	include any "unusual grants.")	447,948.	467,689.	407,263.	509,357.	566,941.	2,399,198.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					l	
	or expended on its behalf				i		
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	447,948.	467,689.	407,263.	509,357.	566,941.	2,399,198.
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)						
_		,		,			2,399,198.
	Public support. Subtract line 5 from line 4.	<u></u>				L 1	-,,
		(-) 2011	(h) 2012	(c) 2013	(d) 2014	/o) 2015	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2011 447, 948.	(b) 2012 467,689.	407,263.	509,357.	(e) 2015 566,941.	2,399,198.
	Amounts from line 4	337,330.	207,0031	207,203.	303,3371	300,341.	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	1 022	609.	411.	145.	190.	3,178.
	and income from similar sources	1,823.	603.	477.	143.	130.	3,170.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	<u> </u>					
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				<u> </u>		2,402,376.
12	Gross receipts from related activities					12	<u> </u>
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and sto	p here					<u> </u>
Se	ction C. Computation of Pub						
14	Public support percentage for 2015 ((ine 6, column (1) d	ivided by line 11, o	column (f))		14	99.87 %
15	Public support percentage from 2014	4 Schedule A, Part	II, line 14			15	90.11 %
168	33 1/3% support test - 2015. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies						▶ [X]
Ł	33 1/3% support test - 2014. If the	organization did no	ot check a box on l	ine 13 or 16a, and	i line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qua						
178	10% -facts-and-circumstances tes						
_	and if the organization meets the *fac						
	meets the "facts-and-circumstances"						
ŧ	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the *facts-and-cir						
18	Private foundation. If the organization						
						edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2015 NEVADA BIGHORNS UNLIMITED, RENO CHAPTER 88-0180276 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		1				
	include any "unusual grants.")				1		
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		1	•			
	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				Ĭ		
	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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
8	Public support. (Subtractions 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses		İ		Į.		
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net Income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital	·					
12	assets (Explain in Part VI.)		 	 	 	1	
	First five years. If the Form 990 is for	the organization's	s first second this	rd fourth or fifth t	lax vear as a section	on 501(c)(3) organia	zation.
•~	check this box and stop here	o.ganaanon	o mar, occorra, um		your as a sooti		▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage	·· . ·· · · · ·			
	Public support percentage for 2015 (column (fi)	·····	15	%
	Public support percentage from 2014	• • •	•			16	%
	ction D. Computation of Inve						
-	Investment income percentage for 20					17	%
	Investment income percentage from	=				18	%
	a 33 1/3% support tests - 2015. If the				e 15 is more than		
	more than 33 1/3%, check this box a						▶□
1	b 33 1/3% support tests - 2014. If the	=	-				and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						▶ □
	23 09-23-15					edule A (Form 99	0 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 NEVADA BIGHORNS UNLIMITED, RENO CHAPTER 88-0180276 Page 4 Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

Sec	sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.) stion A. All Supporting Organizations			
Sec	don A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		res	NO
•	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by	1		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1 , 1		
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	i 1		
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? // "Yes," answer			
-	(b) and (c) below.	3a		
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.	3ь		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
Ĭ	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
7.0	*Yes, and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
h	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.	4b		ĺ
c	Did the organization support any foreign supported organization that does not have an IRS determination			,
Ŭ	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)		1	
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
•••	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			ĺ
	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	1 1		
	was accomplished (such as by amendment to the organizing document).	5 a		
ь	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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			l
	anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class			ĺ
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			ł
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	1 _	l '	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	<u> </u>	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			l
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	۱ 👡		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	-	
Ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9b	ŀ	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	30		
C	Did a disqualified person (as defined in 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.	90		1
40-	Was the organization subject to the excess business holdings rules of section 4943 because of section	 ""	 	
ıva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	1		
	supporting organizations)? If "Yes," answer 10b below.	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1		
	determine whether the organization had excess business holdings.)	10b		

	dule A (Form 990 or 990-EZ) 2015 NEVADA BIGHORNS UNLIMITED, RENO CHAPTER 88-01	8027	<u>6 Ра</u>	ige 5
Pa	rt IV Supporting Organizations (continued)			
			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			A1 -
_	man and the second seco		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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 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.	2		
Sec	tion C. Type II Supporting Organizations			
	•		Yes	No
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			
	or management of the supporting organization was vested in the same persons that controlled or managed	*	i	
	the supported organization(s).	_1_	\Box	
<u>Sec</u>	tion 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 in (2), did the organization's supported organizations have a	_		
	significant volce 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			Ì
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions):			
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 government entity (see inst	ructions). 	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	ĺ		İ
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identity		1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			ļ
	how the organization was responsive to those supported organizations, and how the organization determined	0-		İ
	that these activities constituted substantially all of its activities.	2a	├	⊢
b	Did the activities described in (a) 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	İ		
	reasons for the organization's position that its supported organization(s) would have engaged in these	Oh.	1	1
	activities but for the organization's involvement.	2b	 	1
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
a		3a	1	1
	trustees of each of the supported organizations? Provide details in Part VI.	<u> </u>	†	┼
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		1
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	<u>, 55</u>		

Schedule A (Form 990 or 990-EZ) 2015 NEVADA BIGHORNS UNLIMITED, RENO CHAPTER 88-0180276 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Libert Here If the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 4 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly value of securities b Average monthly cash balances 16 c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) **Current Year** Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Schedule A (Form 990 or 990-EZ) 2015 NEVADA BIGHORNS UNLIMITED, RENO CHAPTER 88-0180276 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (iii) Underdistributions Distributable **Excess Distributions** Pre-2015 Section E - Distribution Allocations (see instructions) Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: a ь d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2015 from Section D. a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3j Breakdown of line 7: c Excess from 2013 d Excess from 2014 e Excess from 2015

Schedule A	(Form 990 or 990-	EZ) 2015	NEVADA	BIGHORNS	UNLIMITED,	RENO	CHAPTER	88-0180276	Page 8
Part VI	Supplements Part IV, Section A line 1: Part IV, Se	I Informal Informal Information Informatio	mation. Pro 2, 3b, 3c, 4b ines 2 and 3;	vide the explanati , 4c, 5a, 6, 9a, 9b, Part IV, Section E,	ons required by Part I 9c, 11a, 11b, and 11c	I, line 10; Pa c; Part IV, Se nd 3b; Part \	rt II, line 17a or ction B, lines 1 /, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section Section B, line 1e; Pa	n C.
						 			
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SCHEDULE C (Form 990 or 990-EZ)

(Form Aan ot Aan-FT)

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (see separate instructions), then	1			
 Section 501(c)(4), (5), or (6) organize 	ations: Complete Part III.			
Name of organization			Empl	oyer Identification number
NEVADA	BIGHORNS UNLIMIT	ED, RENO CH	IAPTER	88-0180276
Part I-A Complete if the or	ganization is exempt und	er section 501(c	or is a section 527 o	rganization.
Provide a description of the organ Political expenditures Volunteer hours			_	5,000.
Part I-B Complete if the or	ganization is exempt und	er section 501(c)(3).	
1 Enter the amount of any excise tax	k incurred by the organization und	der section 4955	▶ \$	
2 Enter the amount of any excise tax	k incurred by organization manag	ers under section 495	5 ▶\$	
3 If the organization incurred a section was a correction made? b If "Yes." describe in Part IV.	on 4955 tax, did it file Form 4720	for this year?		Yes No
Part I-C Complete if the or				
1 Enter the amount directly expende				
2 Enter the amount of the filing orga			_	
exempt function activities				
3 Total exempt function expenditure				
line 17b				Yes No
5 Enter the names, addresses and e made payments. For each organiz contributions received that were political action committee (PAC).	employer identification number (El ation listed, enter the amount pai romptly and directly delivered to	IN) of all section 527 p id from the filing organ a separate political org	olitical organizations to whic ization's funds. Also enter th ganization, such as a separa	th the filing organization ne amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter 0.

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

Schedule C (Form 990 or 990-EZ) 2015

LHA 532041 10-05-15

Schedule C (Form 990 or 990 EZ) 2015 Part II-A Complete if the org section 501(h)).	NEVADA BIGH anization is exer	ORNS UNLIMI npt under section	TED, RENO C n 501(c)(3) and fil	HAPTER 88-0 ed Form 5768 (e	180276 Page 2 lection under
A Check I if the filing organizate expenses, and share	e of excess lobbying	liated group (and list in expenditures). nd "limited control" pro		group member's nam	e, address, EIN,
	s on Lobbying Exper litures" means amou	nditures ints pald or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (grass roots lobbying)		0.	
b Total lobbying expenditures to influ				5,000.	
c Total lobbying expenditures (add lin	-		.,	5,000.	
d Other exempt purpose expenditure				405,784.	
e Total exempt purpose expenditure:				410,784.	
f Lobbying nontaxable amount. Ente				82,157.	
If the amount on line 1e, column (a) o		bying nontaxable am			
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17,6		0 plus 5% of the exce			
Over \$17,000,000	\$1,000,0	000.			
					<u>.</u>
g Grassroots nontaxable amount (en	ter 25% of line 1f) \dots	***************************************		20,539.	
h Subtract line 1g from line 1a. If zero				0.	
I Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than zer reporting section 4911 tax for this		line 1i, did the organiza	ation file Form 4720	<u>.,,</u>	Yes No
(Some organizations th	at made a section 5	raging Period Under 01(h) election do not ate instructions for lir	have to complete all c	of the five columns b	elow.
	Lobbying Exper	ditures During 4-Yes	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(ь) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	104,547.	100,642.	81,865.	82,157.	369,211.
b Lobbying ceiling amount (150% of line 2a, column(e))				· · · · · · · · · · · · · · · · · · ·	553,817.
c Total lobbying expenditures	3,500.		8,000.	5,000.	16,500.
d Grassroots nontaxable amount	26,137.	25,161.	20,466.	20,539.	92,303.
e Grassroots celling amount (150% of line 2d, column (e))				,	138,455.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015 NEVADA BIGHORNS UNLIMITED, RENO CHAPTER 88-0180276 Page 3 [Part II-B] Complete If the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 11 below, provide in Part IV a detailed description	(;	1)	(b)
of the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?				· <u>-</u>
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			***************************************	
i Other activities?				
j Total, Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ction	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		. 3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OI	R (b) Part		e 3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid).	cal			
a Current year				
b Carryover from last year				
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex- does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
expenditure next year?				····
6 Taxable amount of lobbying and political expenditures (see instructions)	· <u>·</u>	5_		
Part IV Supplemental Information	. 1 - 4 - 5 - 4 11			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1:	o list); Part li		.no 2 (See	
THE ORGANIZATION MADE THE ELECTION BY AN ELIGIBLE SEC	TION 5	01(C)	3 TO M	IAKE
EXPENDITURES TO INFLUENCE LEGISLATION. INTO THE CURRE	NT YE	R THE		
ORGANIZATION DID NOT TAKE PART IN ANY DIRECT AND/OR I	NDIREC	T POL	ITICAI	<u>. </u>
CAMPAIGN ACTIVITIES.				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/lorm990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NEVADA BIGHORNS UNLIMITED, RENO CHAPTER

Employer Identification number 88-0180276

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		•
	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Pai			
1	Purpose(s) of conservation easements held by the organization		
-	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certif	- · · ·
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
Ð	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic str	• •• • • • • • • • • • • • • • • • • • •	··· ·
	Number of conservation easements included in (c) acquired		· · ·
_	listed in the National Register		1 1
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	
•	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements i		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•			
7	Amount of expenses incurred in monitoring, inspecting, hand	tling of violations, and enforcing conservati	ion easements during the year
•	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1700	n)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
·	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (As	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr	_	•
b	If the organization elected, as permitted under SFAS 116 (A)		and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	gain, provide
_	the following amounts required to be reported under SFAS 1		÷
А	Revenue included on Form 990, Part VIII, line 1	• •	> \$
	Assets included in Form 990, Part X		
			0-b-d-b-D/T 000) 0046

Sche	edule D (Form 990) 2015 NEVADA	BIGHORNS U	NLIM	IITED,	RENO	CHAPT	ER	88-01	80276	Page 2
	rt III Organizations Maintaining C	collections of A	rt, His	torical T	reasures	s, or Oth	er Sin	ilar Asse	ts/contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following t	that are a	significa	nt use of its	collection	items
	(check all that apply):						_			
a	Public exhibition	C	, 🗀	Loan or exc	change pro	grams				
þ	Scholarly research	€	, 🗀	Other						
c	Preservation for future generations								-	
4	Provide a description of the organization's co	ollections and explai	in how t	hey further t	the organiz	ation's ex	empt pu	pose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	asures, or c	other simil:	ar assets			
	to be sold to raise funds rather than to be ma									□ No
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	on answere	ed "Yes" o	n Form 9	90, Part IV,	line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.								
1 a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for	contribution	ns or other	assets no	t include	d	_	_
	on Form 990, Part X?					••••		∟	J Yes	L_J N₀
Þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
C	Beginning balance						1c			
	Additions during the year									
e	Distributions during the year						<u>1</u> e			
ſ	Ending balance							<u> </u>	·.·	
	Did the organization include an amount on Fo								Yes ل	Щ №
	If "Yes," explain the arrangement in Part XIII.									<u> Ш</u>
Pai	t V Endowment Funds. Complete if									
		(a) Current year	(b) F	Prior year	(c) Two y	ears back	(d) Thre	e years back	(e) Four	years back
	Beginning of year balance ,									
	Contributions				<u> </u>					
	Net investment earnings, gains, and losses							*****		
	Grants or scholarships				<u> </u>					
е	Other expenditures for facilities									
	and programs							·····		
f	Administrative expenses									
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curr		e (line 1	g, column (a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment >									
С	Temporarily restricted endowment	<u></u> %								
_	The percentages on lines 2a, 2b, and 2c short	•	-41 41-							
3a	Are there endowment funds not in the posses	ssion of the organiz	auon tna	at are nelo s	ino aominis	stered for	ine orga	nization	r	V N-
	by:									Yes No
	(i) unrelated organizations				• • ••		•		3a(i)	
	(ii) related organizations If "Yes" on line 3a(ii), are the related organizations	tions listed as requi							3a(ii)	
4	Describe in Part XIII the intended uses of the								3b	
Par			winent	iunus.						
	Complete if the organization answered). Part IV	V. line 11a S	See Form 9	90 Part X	line 10			
	Description of property	(a) Cost or o			or other		ccumul		(d) Book	value
	pescription of property	basis (investr			(other)		preciation		(a) 200K	4410G
10	Land				5,949				865	,949.
	Buildings			<u>-</u> -	_ ,					0.
	Leasehold improvements			1	6,013	.	11.	373.	4	,640.
	Equipment				6,828			119.		709.
	Other	.								0.
	Add been to through to (Column (d) must or	aval Form 000 Dod	Y ook	mm (D) fire	10-1				227	298

Complete if the organization answered "Yes" of a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat		of-year market vah
				,
Closely-held equity interests	···		···	
Other				
(A)				
(B)				
(C)				
(D)				
(E)		<u> </u>		
(F)				
(G)			· · · · - · · · · · · · · · · · · · · ·	
(H)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
art VIII Investments - Program Related.				
Complete if the organization answered "Yes" o (a) Description of investment	n Form 990, Part IV, line (b) Book value	(c) Method of valuat		of year madest year
	(b) Book vaide	(c) Niedlod of Valuat	ion. Costa ena	Oryear market vall
(1)				
(2)				
(3)				
(4)				
(5) (6)		 		
(7)				
(8)				
(9)				·
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	····			
Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part	X, line 15.	
(a) D	escription			(b) Book value
(1)				
(2)				
(3)				
(4)		 		
(5)				
(6)				
(7)				
(8)				
(9)	15 \			
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	15.)			+ *
Complete if the organization answered "Yes" of	o Form 990 Part IV line	11e or 11f See Form 99f	Part Y line 25	
(a) Description of liability	11101111050,1 211111, 11111	(b) Book value	5,1 dit 2,1110 20.	
(1) Federal income taxes				
(2)				
			•	
(3)				
(3)				
(4)				
(4) (5)				
(4)			•	
(4) (5) (6)			,	
(4) (5) (6) (7)				
(4) (5) (6) (7) (8)			,	

	edule D (Form 990) 2015 NEVADA BIGHORNS UNLIMITED,		88-U18U2/6 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per l	Return.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements		11
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
_ a	Net unrealized gains (losses) on investments	2a	
Ď	Donated services and use of facilities		1 I
c	Recoveries of prior year grants		i I
ď	Other (Describe in Part XIII.)		i
e	Add lines 2a through 2d		7 _{2e}
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1
ь	Other (Describe in Part XIII.)	4b	1
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
ь	Prior year adjustments		1
c	Other losses		1
d	Other (Describe in Part XIII.)		1
e	Add lines 2a through 2d	·	1 2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
			₹
ь	Other (Describe in Part XIII.)	4b	1 1
	Other (Describe in Part XIII.)	L	4 _c
	Add lines 4a and 4b		4c 5
c 5			
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information.		5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line	5

Schedule D (Form 990) 2015

532054 09-21-15

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization enswered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2015

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Information a	sbout Schedule G (Form 990 or 990-EZ	and it	s Instr	uctions is at www.irs.	gov/form990.	Inspection
Name of the organization	BICUODNIC INTITATES	\ T	ENIC			r identification number
Francisco A - Martin -	BIGHORNS UNLIMITED Complete if the organization answer					.80276
Part I Fundraising Activities required to complete this par	t.	sieu i	162 0		wie Ir. Form 99	U-EZ filers are not
Indicate whether the organization rais Mail solicitations		-		Check all that apply overnment grants	·.	
b Internet and email solicitations				nment grants		
c Phone solicitations	g LLJ Special	fundr	aising	events		
d L In-person solicitations 2 a Did the organization have a written of	or oral agreement with any individual	l (inclu	dina o	officers directors tru	etase or	
key employees listed in Form 990, P						Yes No
b If "Yes," list the ten highest paid ind		uant to	o agre	ements under which	the fundraiser i	s to be
compensated at least \$5,000 by the	organization.	_				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	Į or cor	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col. (to (or retained by)
		Yes	No			
	APER I					
						•
					· · · · · · · · · · · · · · · · · · ·	
Total			<u> </u>			
List all states in which the organizatio or licensing.	n is registered or licensed to solicit (contrib	utions	or has been notified	d it is exempt fro	m registration
					·	
						
		•				

Schedule G (Form 990 or 990-EZ) 2015 NEVADA BIGHORNS UNLIMITED, RENO CHAPTER 88-0180276 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events AUCTION (add col. (a) through DINNER SALESSALES col. (c)) (event type) (event type) (total number) 1 Gross receipts 277,830 238,000. 138,351 654,181. 2 Less: Contributions 145,125. 209,630 354,755. 3 Gross income (line 1 minus line 2) 132,705. 28,370 138,351. 299,426. 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct 7 Food and beverages 8 Entertainment 9 Other direct expenses 208,132. 107,500. 330,884. 330,884. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) -31,458. Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 236,237 236,237. Gross revenue 2 Cash prizes Expenses 199,293. 199,293. 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % X Yes 95.00 % Yes 6 Volunteer labor ои L No J No 199,293. 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 36,944. 9 Enter the state(s) in which the organization conducts gaming activities: NV a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2015 NEVADA BIGHORNS UNLIMITED, RENO CHAPTER 88-0180276 Page 3
11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name TOM FENNEL
Address > 333 HOLCOMB SUITE 300 - RENO, NV 89502
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes X No
b If "Yes," enter the amount of gaming revenue received by the organization ► S and the amount
of gaming revenue retained by the third party >\$
c If "Yes," enter name and address of the third party:
Name >
Address >
16 Gaming manager Information:
Name NA
Gaming manager compensation ▶ \$0.
Description of services provided >
Director/officer Employee Independent contractor
17 Mandatory distributions:
a is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
organization's own exempt activities during the tax year S [Part IV] Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional Information (see Instructions).

Schedule G (Form 990 or 990-EZ) Part IV Supplemental Infor	NEVADA	BIGHORNS	UNLIMITED,	RENO	CHAPTER	88-0180276	Page 4
rait iv Supplemental into	madon (com	unueo)					

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ê [Employer identification number 88-0180276 Open to Public OMB No 1545-0047 2015 Inspection X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ▶ Information about Schedule I (Form 990) and its instructions is at www./ns.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ► Attach to Form 990. NEVADA BIGHORNS UNLIMITED, RENO CHAPTER General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990) Part I

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

2 De Part ≡

	(h) Purpose of grant or assistance	WILDLIPE PRESERVATION	WILDLIFE PRESERVATION	WILDLIFE PRESERVATION		A	A	Schedule I (Form 990) (2015)
	(g) Description of non-cash assistance							
	(f) Method of valuation (book, FMV, appraisal, other)	:						
led.	(e) Amount of non-cash assistance	0.	0.	0.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ional space is neec	(d) Amount of cash grant	182,462.	10,000.	5,000.				
be duplicated if addit	(c) IRC section if applicable					ganizations listed in the	1 table	ions for Form 990.
55,000. Part II can	(b) EIN	88-600022	99-1819614	88-600022		nd government or	s listed in the line	, see the Instruct
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	1 (a) Name and address of organization or government	NEVADA DEPARTMENT OF WILDLIFE	UNIVERISTY OP NEVADA RENO	SPARKS ROTARY		2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3 Enter total number of other organizations listed in the line 1	

Schedule I (Form 990) (2015) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Schedule I (Form 990) (2015) NEVADA BIGHORNS UNLIMITED, RENO CHAPTER

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. BE GOVERNMENT AGENCIES, UNIVERSITIES AND SERVICE CLUBS AND ARE KNOWN TO BARD MEMBERS AND VOLUNTEERS ASSIST THE GRANT RECIPIENT IN CONDUCTING THE RECIPIENTS ARE (d) Amount of non-cash assistance (c) Amount of cash grant THE ACTIVITY THE GRANT MONEY WAS PROVIDED FOR. (b) Number of recipients (a) Type of grant or assistance PUBLIC CHARITIES. PART I, LINE 2: 532102 10-28-15

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NEVADA BIGHORNS UNLIMITED, RENO CHAPTER

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	NEVADA	BIGHORNS	UNLIMITE	, RENO	CHAPTER	Employer identificat 88-0180276	
FORM 990, PART	I, LINE	1, DESCR	IPTION OF	ORGANI	ZATION MIS	SION:	
USED FOR THE PI	ROTECTION	AND PRE	SERVATION	OF NEV	ADA WILDLI	FE	
FORM 990, PART	VI, SECI	CION A, L	INE 8B:				
THERE ARE NO CO	OMMITTEES	WITH THE	E AUTHORIT	Y TO A	CT ON BEHA	LF OF THE BO	ARD.
FORM 990, PART	VI, SECT	NION B, L	INE 11:				
THE FORM 990 IS	REVIEWE	D AND API	PROVED BY	THE FI	NANCE COMM	ITTE PRIOR T	.o
FILING.							
FORM 990, PART	VI, SECI	ION B, L	INE 12C:				
CONFLICT OF INT	TEREST PO	LICY IS I	REVIEWED A	T BOARI	D MEETINGS	AND BOARD M	IEMBERS
ARE GIVEN A COL	Y OF CON	FLICT OF	INTEREST	POLICY	•		
FORM 990, PART	VI, SECI	ION C, L	INE 18:				
UPON REQUEST 7	75-323-11	.77					
FORM 990, PART	VI, SECI	CION C, L	INE 19:				
THE ORGANIZATION	ON MAKES	ITS GOVE	RNING DOCU	MENTS,	CONFLICT	OF INTEREST	
POLICY, AND FIR	NANICAL S	TATEMENT	S AVAILABI	E TO T	HE PUBLIC	UPON REQUEST	<u>r. </u>
			<u>.</u>				·
FORM 990, PART	XI, LINE	9, CHAN	GES IN NET	ASSET	S:		<u></u>
PRIOR PERIOD A	DJUSTMENI	Ţ					-106.

Soction 512(b)(13) controlled Schedule R (Form 990) 2015 Employer identification number 88-0180276 Š 2015 Open to Public Inspection OMB No. 1545-0047 × entlhy? Direct controlling Yos entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets Public charity status (if section 501(c)(3)) 9 છ Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yos" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ information about Schodulo R (Form 990) and its instructions is at www.lrs.gov/form990. Total income Exempt Code section ন্ত 501(C)(3) Ð Legal domicile (state or Identification of Disregarded Entitles Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) NEVADA BIGHORNS UNLIMITED, RENO CHAPTER YEVADA Primary activity Primary activity PRIVATE POUNDATION ê For Paperwork Reduction Act Notice, see the Instructions for Form 990. THE NEVADA BIGHORNS POUNDATION - 88-0398947 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 890 EAST PATRIOT BLVD Name of the organization Department of the Treasury Internal Revenue Service RENO, NV 89511 SCHEDULE R (Form 990) Part II Parl

Page 2 88-0180276

Schedule R (Form 990) 2015 NEVADA BIGHORNS UNLIMITED, RENO CHAPTER

Part III Identification of Rolated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

æ	Ceneral of Percentage managing ownership partner? Yes No			related	Socilon S12(b)(13) controlled antity?	
8	General or Parametrical or Post No No No No No No No No No No No No No			ne or more	(h) Percentage ownership	
(3)	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			because it had o	(g) Share of Pe end-of-year ov assets	
(3)	Assessment allocates ?			nt IV, line 34		
(6)	Share of end-of-year assets			orm 990, Pa	(f) Share of total income	
ω	Share of total Sincome en			ered "Yes" on F	(a) Type of entity (C corp., S corp. or trust)	
				anization answ	(d) Direct controlling entity	
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)			nplete if the org	(c) Legal domicile Dire (state or foreign country)	
ଚ	Direct controlling entity			ration or Trust Con rear.	(b) Primary activity Le	
(0)	Legal domicile (state or torelon county)	,		as a Corpo ng the tax y	Prim:	
æ	Primary activity			janizations Taxable poration or trust duri	Zc	
(0)	Name, address, and ElN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Namo, address, and EIN of related organization	

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Schodulo R (Form 990) 2015

Schedule R (Form 990) 2015 NEVADA BIGHORNS UNLIMITED, RENO CHAPTER

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	with one or more re	s schedule. ollowing transactions with one or more related organizations listed in Parts II.N?	in Parts II.V?		Yes No
a Receipt of (ii) Interest, (iii) royalties, or (iv) rent from a controlled entity				1 a	×
b Gift, grant, or capital contribution to related organization(s)				₽	H
c Gift, grant, or capital contribution from related organization(s)				~ 2	×
d Loans or loan guarantees to or for related organization(s)	*** ***			14	×
:		· · · · · · · · · · · · · · · · · · ·		16	×
					×
Sale of assets to related organization(s)				P	×
				ŧ	×
Exchange of assets with related organization(s)				Ę	×
ınization(s)				=	×
k Lease of facilities, equipment, or other assets from related organization(s)				녹	×
1 Performance of services or membership or fundraising solicitations for related organization(s)	:	***		1	×
m Performance of services or membership or fundraising solicitations by related organization(s)	rization(s)			1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	cs)uc			ţ.	×
o Sharing of paid employees with related organization(s)				4	×
					_:
Reimbursement paid to related organization(s) for expenses				2	×
q Reimbursement paid by related organization(s) for expenses		: :: :: :: :: :: :: :: :: :: :: :: :: :		튀	<u> </u>
				,	\$
Other transfer of cash of property to related organization(s) Chartenaries of cash or company from related organization(s)		************** *** * * ****** * ***		- 0	< ×
S Outer transfer of data to show as a sea the instructions for information on who must complete this line including course to show as a sea the instructions for information on who must compare this line including course to show a sea the instructions the sea the instruction the sea the instruction that is not the sea the instruction that is not the sea the sea the instruction that is not the sea the sea the instruction that is not the sea the sea the instruction that is not the sea the sea the sea the instruction that is not the sea	to must complete th	e line including course	relationshine and transaction thresholds	2	
1	Condition (Smile)				İ
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved	
(1) THE NEVADA BIGHORNS FOUNDATION	υ	32,222.	CASH		
(2)		•			
(3)					
(4)					
(5)					
(9)					
532163 09-08-15			Schedule R (Form 890) 2015	R (Form 9	90) 2015

Schedule R (Form 990) 2015 NEVADA BIGHORNS UNLIMITED, RENO CHAPTER

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions reparding exclusion for certain investment partnerships.

(h) (i) (k)	code V-UBI General of Pen amount in box 20 managing own st of Schedule K-1 pariner own form 1065) yes No				
(6)	of /ear ts				
S	Share of total income				
9	Are all Surfmers sec Solici(3) orgs.?				·
(d)	t income related, tax under 2-514)				
Sion for certain inve	micile oreign ry)				
tructions regarding excitu	Primary activity				
that was not a related organization. See instructions regarding exclusion for certain investment partners inps. (a) (d) (d)	Name, address, and EIN of entity				

Schedule R	(Form 990) 2015	NEVADA	BIGHORNS	UNLIMITED,	RENO	CHAPTER	88-0180576	Page 5
Part VII	(Form 990) 2015 Supplemental Info	ormation						
	Provide additional infor	mation for respor	ses to questions	on Schedule R (see in	structions)			
								
		 						
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Schedule R (Form 990) 2015