Form	990
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### \*\* PUBLIC DISCLOSURE COPY \*\* **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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



AI	or th	le 2023 calendar year, or tax year beginning and	ending		
Ba	Check in applicat	Dee: C Name of organization		D Employer identific	ation number
	Addr	ge   RANCHERS STEWARDSHIP ALLIANCE			
	Nam Chan	ge Doing business as		**-***252	15
	Initia retur		Room/suite	E Telephone number	
	Final Final			406-654-2	1405
	term ated	<sup>n-</sup> City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	525,044.
	Ame retur	MALIA, MI 59556		H(a) Is this a group re	turn
	Appl tion	F Name and address of principal officer: DEO DARINELMEDD		for subordinates	? Yes X No
	penc	ING SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1	Tax-e	xempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a	list. See instructions
	Webs			H(c) Group exemption	
K	orm o	f organization: 🚺 Corporation 📄 Trust 🦳 Association 📄 Other	L Year	of formation: 2006 N	State of legal domicile: MT
Pa	art I				
•	1	Briefly describe the organization's mission or most significant activities: TO P			
ů		SOCIAL, AND ECONOMIC CONDITIONS THAT WILL			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
ove	3				8
ۍ مح	4	Number of independent voting members of the governing body (Part VI, line 1b)			8
es S	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			4
<u>viti</u>	6	Total number of volunteers (estimate if necessary)			17
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
_	k	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		848,223.	516,636.
ent	9	Program service revenue (Part VIII, line 2g)		9,860.	7,928.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		164.	230.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		895.	250.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		859,142.	525,044.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		700.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		96,111.	131,202.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)		777 026	179 066
	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		727,836. 824,647.	<u>478,966.</u> 610,168.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		34,495. ginning of Current Year	-85,124. End of Year
ts or		Tatal assists (Dart V. line 10)		239,836.	155,530.
t Assets	20	Total assets (Part X, line 16)		1,516.	2,334.
Net A		Total liabilities (Part X, line 26)			
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		238,320.	153,196.

Part II Signature Block

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

Sign	Signature of officer				Date				
-	LEO BARTHELMESS, PRESIDENT	C							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN			
Paid	AMY T IVERSON, CPA			08/01	/24 self-employed	P0099739	9		
Preparer	Firm's name IVERSON ACCOUNTING	G LLC			Firm's EIN **-	***3408			
Use Only	Firm's address 1643 LEWIS AVE, ST	<b>FE 214</b>							
	BILLINGS, MT 59102	2-4151			Phone no. <b>(406</b>	) 831-52	200		
May the II	May the IRS discuss this return with the preparer shown above? See instructions								
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		**-***2	515	Page	2
Par	rt III Statement of Program Service Accomplishments			_	_
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	<u></u>	. L	
1	Briefly describe the organization's mission: <u>TO PROMOTE THE ECOLOGICAL</u> , SOCIAL, AND ECONOMIC CONDITION		WILL		
	SUSTAIN THE BIODIVERSITY AND INTEGRITY OF AMERICA'S NORTH	(ERN			
	MIXED-GRASS PRAIRIE FOR PRESENT AND FUTURE GENERATIONS.				
2	Did the organization undertake any significant program services during the year which were not listed on the	Г		37	
	prior Form 990 or 990-EZ?	L	Yes	XN	D
	If "Yes," describe these new services on Schedule O.	г		37	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	Yes	XN	D
	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 m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others			d	
	revenue, if any, for each program service reported.				
4a	(Code: ) (Expenses \$ 523,860. including grants of \$ ) (Revenue	e\$	7,9	28.	_ )
	CONSERVATION IMPROVEMENTS, WORKSHOPS, AND EDUCATION.				
46					_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	•\$			_ )
					_
					_
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	e \$			)
					• ′
4d	Other program services (Describe on Schedule O.)				
	(Expenses \$ including grants of \$ ) (Revenue \$		)		
4e	Total program service expenses     523,860.				
					<b>`</b>

Form 990 (				EWARDSHIP	ALLIANCE			
Part IV Checklist of Required Schedules								

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - 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	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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 Part IV
 Checklist of Required Schedules (continued)
 (continued)
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		X
24a	Did the organization have a 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 K. If "No," go to line 25a	24a		x
b		24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No	
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 4				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
	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 on 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).				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
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?	<u>6a</u>		X X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).	_		77	
	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?	7a		<u> </u>	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x	
	to file Form 8282?	7c			
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f			
f					
-					
h 8					
0					
9					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1			
11	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders				
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
с	Enter the amount of reserves on hand 13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X	
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.				

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 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. .. X

Sec	tion A. Governing Body and Management						
				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other				
	officer, director, trustee, or key employee?			L	2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e direc <sup>-</sup>	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?	. L	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		.  _	5		X
6	Did the organization have members or stockholders?			F	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•					
	more members of the governing body?			F	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or				
	persons other than the governing body?			H	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•				
а	The governing body?			⊢	8a	X	
b	Each committee with authority to act on behalf of the governing body?			⊢	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						37
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)				
				Г	10	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			⊢	10a		
a	If "Yes," did the organization have written policies and procedures governing the activities of such ch				104		
44-			a filing the form?	· F	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y belor	e ming the form?	h	11a	<u></u>	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				12a	Х	
12a b	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>				12a 12b	X	
c b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>			· ⊢	120		
C		,			12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			F	13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			F	14	X	
15	Did the process for determining compensation of the following persons include a review and approva				14		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	an by in t					
а	The organization's CEO, Executive Director, or top management official				15a	х	
	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	nd 990	T (section 501(c)(3	3)s d	only) a	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	n on Sc	hedule O)				
40	Describe on Cabadula O whether (and if as how) the experimetion mode its assuming description		A links work in all as a -			ial	

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

20	State the name, address, and telephone n	number of the person who possesses the organization's books and records
	ANGELICA DEVRIES, CPA	- 406.654.1405
	PO BOX 716, MALTA, MT	59538

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and title     Average hours per weak figurany box and processore the total at attraction state organization regarization (W-2/109-MEC)     Reportable compensation from organization (W-2/109-MEC)     Estimated compensation from regarization (W-2/109-MEC)     Estimated compensation regarization (W-2/109-MEC)       (1) ANGELICA DEVRIES     29.00     X     X     0.     0.       (2) LOB DARTHELMESS     4.00     X     X     0.     0.       (3) DALK VEETH     3.00     X     X     0.     0.       (3) LOB NARTHELMESS     4.00     X     X     0.     0.       (3) DALK VEETH     3.00     X     X     0.     0.       (3) DALK VEETH     3.00     X     X     0.     0.       (4) VICE PRESIDENT     X     X     0.     0.     0.       (3) DALK VEETH     3.00     X     X     0.     0.       (4) VICE PRESIDENT     2.00     X     X     0.     0.       (5) AARON OXARAT     1.00     X     X     0.     0.       (3) DALK VEETH     2.00     X     X     0.     0.       (5) AARON OXARAT     1.00     X     X     0.     0.       (3) TYRE ORGELIN     2.00     X     X     0.     0.       (3) TYRE ORRCH	(A)	(B)	(C)		(D)	(E)	(F)				
hours per week (list any hours for related organization line)box, unless person is both and director/rusten)compensation from the organization (W-2/1099-MISC/ 1099-NEC)amount of other compensation from the organization (W-2/1099-MISC/ 1099-NEC)amount of other compensation from the organization and related organizations(1) ANGELICA DEVRIES29.00x53,280.0.0.(2) LEO BARTHELMESS4.00x53,280.0.0.(3) DALE VESETH3.00xx0.0.0.(3) DALE VESETH3.00xx0.0.0.(4) VICKI OLSON1.00xx0.0.0.(5) AARON OXARART1.00xx0.0.0.(6) CONI FRENCH2.00x0.0.0.0.DIRECTORx0.0.0.0.0.(6) AMIN FRENCH2.00x0.0.0.0.DIRECTORx0.0.0.0.0.(6) AMIN FRENCH2.00x0.0.0.0.DIRECTORx0.0.0.0.0.(8) AMBER SMITH2.00x0.0.0.0.DIRECTORx0.0.0.0.0.(9) TYREL OBRECHT1.00x0.0.0.0.	Name and title	Average	(do					ane	Reportable	Reportable	Estimated
Week (list any hours for related organization below line)Inform feated organization (W-2/1099-MISC/ 1099-NEC)Other organization (W-2/1099-MISC/ 1099-NEC)(1) ANGELICA DEVRIES29.00xx53,280.0.0.(1) ANGELICA DEVRIES29.00xx0.0.0.(2) LEO BARTHELMESS4.00xx0.0.0.(3) DALE VESETH3.00xx0.0.0.VICE PRESIDENTXx0.0.0.0.(3) DALE VESETH3.00xx0.0.0.(5) AARON OXARART1.00xx0.0.0.(6) CONNI FRENCH2.00xx0.0.0.DIRECTORxx0.0.0.0.(6) CONNI FRENCH2.00x1.000.0.0.DIRECTORxx0.0.0.0.(1) AMBER SMITH2.00x1.000.0.0.DIRECTORxx0.0.0.0.(1) AMBER SMITH2.00x0.0.0.0.DIRECTORx0.0.0.0.0.(1) DIRECTORx0.0.0.0.0.(1) DIRECTORx1.001.001.000.0.(1) DIRECTORx1.001.000.0.0.<		hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
(1) ANGELICA DEVRIES       29.00       X       53,280.       0.       0.         EXECUTIVE DIRECTOR       X       X       53,280.       0.       0.         (2) LEO BARTHELMESS       4.00       X       X       0.       0.       0.         PRESIDENT       X       X       0.       0.       0.       0.       0.         (3) DALE VESETH       3.00       X       X       0.       0.       0.       0.         VICE PRESIDENT       X       X       0.       0.       0.       0.       0.         (4) VICKI OLSON       1.00       X       X       0.       0.       0.       0.         CO-TREASURER       X       X       0.       0.       0.       0.       0.       0.         (5) AARON OXARART       1.00       X       X       0.       0.       0.       0.       0.       0.         (5) CONNI FRENCH       2.00       X       X       0.			-	cer ar I	nd a d T	irecto	or/trus T	tee)			
(1) ANGELICA DEVRIES       29.00       X       53,280.       0.       0.         EXECUTIVE DIRECTOR       X       X       53,280.       0.       0.         (2) LEO BARTHELMESS       4.00       X       X       0.       0.       0.         PRESIDENT       X       X       0.       0.       0.       0.       0.         (3) DALE VESETH       3.00       X       X       0.       0.       0.       0.         VICE PRESIDENT       X       X       0.       0.       0.       0.       0.         (4) VICKI OLSON       1.00       X       X       0.       0.       0.       0.         CO-TREASURER       X       X       0.       0.       0.       0.       0.       0.         (5) AARON OXARART       1.00       X       X       0.       0.       0.       0.       0.       0.         (5) CONNI FRENCH       2.00       X       X       0.			ector								
(1) ANGELICA DEVRIES       29.00       X       53,280.       0.       0.         EXECUTIVE DIRECTOR       X       X       53,280.       0.       0.         (2) LEO BARTHELMESS       4.00       X       X       0.       0.       0.         PRESIDENT       X       X       0.       0.       0.       0.       0.         (3) DALE VESETH       3.00       X       X       0.       0.       0.       0.         VICE PRESIDENT       X       X       0.       0.       0.       0.       0.         (4) VICKI OLSON       1.00       X       X       0.       0.       0.       0.         CO-TREASURER       X       X       0.       0.       0.       0.       0.       0.         (5) AARON OXARART       1.00       X       X       0.       0.       0.       0.       0.       0.         (5) CONNI FRENCH       2.00       X       X       0.			or dir	e			ated				
(1) ANGELICA DEVRIES       29.00       X       53,280.       0.       0.         EXECUTIVE DIRECTOR       X       X       53,280.       0.       0.         (2) LEO BARTHELMESS       4.00       X       X       0.       0.       0.         PRESIDENT       X       X       0.       0.       0.       0.       0.         (3) DALE VESETH       3.00       X       X       0.       0.       0.       0.         VICE PRESIDENT       X       X       0.       0.       0.       0.       0.         (4) VICKI OLSON       1.00       X       X       0.       0.       0.       0.         CO-TREASURER       X       X       0.       0.       0.       0.       0.       0.         (5) AARON OXARART       1.00       X       X       0.       0.       0.       0.       0.       0.         (5) CONNI FRENCH       2.00       X       X       0.			ustee	truste		e	pens			1099-NEC)	, ,
(1) ANGELICA DEVRIES       29.00       X       53,280.       0.       0.         EXECUTIVE DIRECTOR       X       X       53,280.       0.       0.         (2) LEO BARTHELMESS       4.00       X       X       0.       0.       0.         PRESIDENT       X       X       0.       0.       0.       0.       0.         (3) DALE VESETH       3.00       X       X       0.       0.       0.       0.         VICE PRESIDENT       X       X       0.       0.       0.       0.       0.         (4) VICKI OLSON       1.00       X       X       0.       0.       0.       0.         CO-TREASURER       X       X       0.       0.       0.       0.       0.       0.         (5) AARON OXARART       1.00       X       X       0.       0.       0.       0.       0.       0.         (5) CONNI FRENCH       2.00       X       X       0.		1 °	ual tri	ional		ploye	t com		1099-NEC)		
(1) ANGELICA DEVRIES       29.00       X       53,280.       0.       0.         EXECUTIVE DIRECTOR       X       X       53,280.       0.       0.         (2) LEO BARTHELMESS       4.00       X       X       0.       0.       0.         PRESIDENT       X       X       0.       0.       0.       0.       0.         (3) DALE VESETH       3.00       X       X       0.       0.       0.       0.         VICE PRESIDENT       X       X       0.       0.       0.       0.       0.         (4) VICKI OLSON       1.00       X       X       0.       0.       0.       0.         CO-TREASURER       X       X       0.       0.       0.       0.       0.       0.         (5) AARON OXARART       1.00       X       X       0.       0.       0.       0.       0.       0.         (5) CONNI FRENCH       2.00       X       X       0.			ndivid	n stit ut	Officer	(ey em	Highes	ormei			organizations
EXECUTIVE DIRECTOR         X         53,280.         0.         0.           (2) LEO BARTHELMESS         4.00         X         X         0.         0.         0.           PRESIDENT         X         X         0.         0.         0.         0.         0.           (3) DALE VESETH         3.00         X         X         0.         0.         0.         0.           (4) VICKI OLSON         1.00         X         X         0.         0.         0.         0.           (5) AARON OXARART         1.00         0.<	(1) ANGELICA DEVRIES	,				Ť	1 0	ш.			
(2) LEO BARTHELMESS       4.00       X       X       0.       0.       0.         PRESIDENT       3.00       X       X       0.       0.       0.       0.         (3) DALE VESETH       3.00       X       X       0.       0.       0.       0.         VICE PRESIDENT       X       X       0.       0.       0.       0.       0.         (4) VICKI OLSON       1.00       X       X       0.       0.       0.       0.         CO-TREASURER       X       X       0.       0.       0.       0.       0.         (5) AARON OXARART       1.00       X       X       0.       0.       0.       0.         (6) CONNI FRENCH       2.00       X       X       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.       0.         (8) AMBER SMITH       2.00       X       0.       0.       0.       0.       0.         (9) TYREL OBRECHT       1.00       0.       0.       0.       0.       0.       0.	EXECUTIVE DIRECTOR		1		x				53,280.	0.	0.
(3) DALE VESETH       3.00       X       X       0       0.       0.         VICE PRESIDENT       1.00       X       X       0.       0.       0.       0.         (4) VICKI OLSON       1.00       X       X       0.       0.       0.       0.         CO-TREASURER       X       X       0.       0.       0.       0.       0.         (5) AARON OXARART       1.00       X       X       0.       0.       0.       0.         (6) CONNI FRENCH       2.00       X       X       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.       0.         (6) AMBER SMITH       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (3) AMBER SMITH       2.00       X       0.       0.       0.       0.       0.         (9) TYREL OBRECHT       1.00       1.00       1.00       1.00       1.00       1.00       1.00       1.00       1.00	(2) LEO BARTHELMESS	4.00									
VICE PRESIDENT         X         X         X         0.	PRESIDENT		Х		Х				0.	0.	0.
(4) VICKI OLSON       1.00       X       X       0.       0.       0.         CO-TREASURER       1.00       X       X       0.       0.       0.       0.         (5) AARON OXARART       1.00       X       X       0.       0.       0.       0.         (6) CONNI FRENCH       2.00       X       X       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         (7) RICK CAQUELIN       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (8) AMBER SMITH       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (9) TYREL OBRECHT       1.00       1       1       1       1       1       1       1	(3) DALE VESETH	3.00									
CO-TREASURER         X         X         X         0.	VICE PRESIDENT		Х		Х				0.	0.	0.
(5) AARON OXARART       1.00       X       X       0.       0.       0.         CO-TREASURER       X       X       X       0.       0.       0.       0.         (6) CONNI FRENCH       2.00       X       X       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         (7) RICK CAQUELIN       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (8) AMBER SMITH       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (9) TYREL OBRECHT       1.00       0       0       0       0.       0.       0.	(4) VICKI OLSON	1.00									
CO-TREASURER         X         X         X         X         0.         <	CO-TREASURER		Х		Х				0.	0.	0.
(6) CONNI FRENCH       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (7) RICK CAQUELIN       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (8) AMBER SMITH       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (9) TYREL OBRECHT       1.00       0       0       0       0.	(5) AARON OXARART	1.00									
DIRECTOR         X         0. <t< td=""><td>CO-TREASURER</td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	CO-TREASURER		Х		Х				0.	0.	0.
(7) RICK CAQUELIN2.000.0.DIRECTORX0.0.0.(8) AMBER SMITH2.00X0.0.DIRECTORX0.0.0.(9) TYREL OBRECHT1.0000	(6) CONNI FRENCH	2.00									
DIRECTORX0.0.0.(8) AMBER SMITH2.00DIRECTORX0.0.0.(9) TYREL OBRECHT1.00			Х						0.	0.	0.
(8) AMBER SMITH         2.00         X         0.		2.00									
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(9) TYREL OBRECHT 1.00		2.00									
			Х						0.	0.	0.
SECRETARY     X     X     X     0.     0.     0.		1.00									
	SECRETARY		Х		X				0.	0.	0.
			<u> </u>								

Form 990 (2023) RANCHERS									**_***	2515	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Emp (B) Average hours per week	ge (C) Position (do not check more than one			ne an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	am	(F) timated nount of		
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer		Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC, 1099-NEC)	ons compensation IISC/ from the	
1b Subtotal								53,280.	0	· ·	0.
<ul> <li>c Total from continuation sheets to Part VI</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n</li> </ul>	I, Section A	·····	· · · · · · · ·					0. 53,280.	C		0.
compensation from the organization											0 Yes No
<ul> <li>3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s</li> <li>4 For any individual listed on line 1a, is the su</li> </ul>	uch individual	, 				<i>.</i>				3	x
<ul><li>and related organizations greater than \$150</li><li>5 Did any person listed on line 1a receive or a</li></ul>	),000? <i>If</i> "Yes, accrue compen	" co sati	<i>mple</i> on fr	ete S om a	Sche any	edule unre	<i>J fe</i> late	or such individual	dual for services	. 4	X
rendered to the organization? <i>If</i> "Yes," con Section B. Independent Contractors	plete Schedule	e J fo	or su	ich r	bers	on .				. 5	X
Complete this table for your five highest co the organization. Report compensation for	•	•								nsation fro	
(A) Name and business	address	NC	ONE	2				(B) Description of s	services	Comper	
2 Total number of independent contractors (i \$100.000 of compensation from the organi	•	ot lin	nitec	to t	thos		ted	above) who received m	ore than		

		Chock if Schodulo O	contains a rospons	o or poto to any line	in this Part VIII			
		Check if Schedule O	contains a respons		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	<ul> <li>Membership dues</li> <li>Fundraising events</li> <li>Related organizations</li> <li>Government grants (contributions, gifts, similar amounts not included)</li> </ul>	ributions) 1d grants, and d above 1f	5,170. 485,480. 25,986.				
anc	h	Total. Add lines 1a-1f			516,636.			
				Business Code				
ø	2 a				6,528.			
e vic	b	OTHER SERVICE	E FEES	900099	1,400.	1,400.		
Se	с							
eve eve	d	1						
Program Service Revenue	е	)		_				
Ъ	f	All other program service	revenue					
	g	<b>Total.</b> Add lines 2a-2f			7,928.			
	3	Investment income (inclue	ding dividends, inte	erest, and				
				F	230.			230.
	4	Income from investment of	of tax-exempt bond	l proceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a	200.				
	b	Less: rental expenses	6b	0.				
	С	Rental income or (loss)	6c	200.				
	d	Net rental income or (loss			200.			200.
	7 a	Gross amount from sales of	(i) Securities	s (ii) Other				
		assets other than inventory	7a					
	b	Less: cost or other basis						
anu		and sales expenses						
Revenue		Gain or (loss)						
		I Net gain or (loss)	Г					
Other	8 a	Gross income from fundraisi including \$	of					
		contributions reported on	, , , , , , , , , , , , , , , , , , , ,					
		Part IV, line 18		Ba				
		Less: direct expenses		3b				
		Net income or (loss) from						
	9 a	Gross income from gamir	-					
		Part IV, line 19						
		Less: direct expenses		9b				
		Net income or (loss) from						
	iu a	Gross sales of inventory,		0a 50.				
	la la	and allowances		0a 50. 0b 0.				
		Less: cost of goods sold			50.			50.
-+	С	Net income or (loss) from	sales of inventory	Business Code	50•			50.
sn	11 a							
Miscellaneous Revenue	ii a b							
scellaneo <u>Revenue</u>	u 0			-				
Be	ט ה	All other revenue		-				
ž		• Total. Add lines 11a-11d						
		Total revenue. See instruction			525.044.	7,928.	0.	480.

## Form 990 (2023) RANCHERS STEWARDSHIP ALLIANCE Part VIII Statement of Revenue Statement of Revenue Statement of Revenue

Form 990 (2023)

Check if Schedule O contains a response not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	(D) Fundraising
		expenses	general expenses	expenses
Grants and other assistance to domestic organizations				
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				
Compensation of current officers, directors,	53,280.	21 050	21,940.	290
trustees, and key employees	55,200.	31,050.	21,940.	290
Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	CD 111	20 110		265
Other salaries and wages	67,111.	39,110.	27,636.	365
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
Other employee benefits	10.011			
Payroll taxes	10,811.	6,300.	4,452.	59
Fees for services (nonemployees):				
a Management				
D Legal				
Accounting	2,850.	1,425.	1,425.	
J Lobbying				
Professional fundraising services. See Part IV, line 17				
Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)	177,236.	177,236.		
Advertising and promotion	2,676.	321.	2,355.	
Office expenses	5,309.	2,389.	2,655.	265
Information technology	1,029.	309.	720.	
Royalties	-			
Occupancy	9,999.	4,999.	4,500.	500
Travel	6,172.	3,703.	2,469.	
Payments of travel or entertainment expenses	- /		,	
for any federal, state, or local public officials				
Conferences, conventions, and meetings	7,654.	4,592.	3,062.	
	.,	1,000		
Payments to affiliates				
Depreciation, depletion, and amortization	2,960.		2,960.	
	2,079.	416.	1,663.	
Insurance	4,013.	410.	I,005.	
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
amount, list line 24e expenses on Schedule 0.)	189,379.	189,379.		
RESTRICTED: SUPPLIES				
RESTRICTED: OTHER	61,086.	61,086.	E 700	205
TRAINING & EDUCATION	7,730.	1,545.	5,798.	387
OTHER	2,405.		2,405.	
All other expensesSEE_SCH_O	402.	F00 070	402.	
Total functional expenses. Add lines 1 through 24e	610,168.	523,860.	84,442.	1,866
Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				

RANCHERS STEWARDSHIP ALLIANCE	5
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\*\*-\*\*\*2515 Page 11

	THETOTION	<b>BIHHHBBHH</b>	1122111(02	
eet				
ule (	O contains a respo	onse or note to any line i	in this Part X	 

		Check if Schedule O contains a response or no	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			214,740.	1	124,174.
	2	Savings and temporary cash investments			12,294.	2	12,524.
	3	Pledges and grants receivable, net		L		3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial co	ntributor, or 35%			
		controlled entity or family member of any of the	ese persor	ns		5	
	6	Loans and other receivables from other disqua	lified pers	ons (as defined			
		under section 4958(f)(1)), and persons describe	ed in secti	on 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	14,914.			
	b	Less: accumulated depreciation	10b	<u>14,914</u> . 3,936.	6,656.	10c	10,978.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		F		13	
	14	Intangible assets		F	6,146.	14	7,854.
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq			239,836.	16	155,530.
	17	Accounts payable and accrued expenses			1,516.	17	2,334.
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
lique		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unre		Γ		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25		Γ	1,516.	26	2,334.
		Organizations that follow FASB ASC 958, ch	eck here	X			
es		and complete lines 27, 28, 32, and 33.		_			
anc	27				238,320.	27	153,196.
Bal	28	Net assets with donor restrictions				28	
p		Organizations that do not follow FASB ASC					
Ē		and complete lines 29 through 33.					
P	29	Capital stock or trust principal, or current fund	S			29	
sets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated i		Γ		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		E C	238,320.	32	153,196.
2	33	Total liabilities and net assets/fund balances			239,836.	33	155,530.

155,530. Form **990** (2023)

Form	1990 (2023) RANCHERS STEWARDSHIP ALLIANCE	**_*	**2515	Pa	<sub>qe</sub> 12
	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	525	, 0	44.
2	Total expenses (must equal Part IX, column (A), line 25)	2	610	,1	68.
3	Revenue less expenses. Subtract line 2 from line 1	3	-85	5,1	24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	238	, 3	20.
5	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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	153	,1	96.
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: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

#### Name of the organization

Name o	f the organization							identification number
			RDSHIP ALLIAN					*-**2515
Part I						ee instruction	S.	
The orga	anization is not a private found		<b>e</b> ,		,			
1	A church, convention of ch				n 170(b)(1	I)(A)(i).		
2	A school described in <b>sect</b>							
3	A hospital or a cooperative					-		
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
	city, and state:						1	
5 📖	An organization operated for		lege or university owned	or operate	ed by a go	ivernmental ur	nit describe	ain
•	section 170(b)(1)(A)(iv). (C					<i>(</i> )		
6 [	A federal, state, or local go	•				.,		anda Barrada a su Mara at An
7 <u>X</u>	An organization that norma		ntial part of its support fi	om a gove	ernmental	unit or from th	e general p	Dudiic described in
•	section 170(b)(1)(A)(vi). (C		(1)(A)(ui) (Complete Der					
8 9	A community trust describe			-	nd in ooniu	notion with a	land grant	
9	An agricultural research orgoing or university or a non-land-				-		-	-
	university:	grant college of agrici			lame, city	, and state of	the college	, OI
10	An organization that norma	Ily receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns membershi	in fees and	d aross receipts from
	activities related to its exen							
	income and unrelated busir							-
	See section 509(a)(2). (Co		(					
11	An organization organized a		vely to test for public sa	fety. See	section 50	)9(a)(4).		
12	An organization organized a	-	•	•			ry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	5 <b>09(a)(3).</b> (	Check the box on
	lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting
_	organization. You must o	complete Part IV, Se	ections A and B.					
b	<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatior	n(s), by hav	ring
	control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
_	organization(s). You mus	t complete Part IV,	Sections A and C.					
cL	Type III functionally inte						y integrate	d with,
	its supported organizatio		-					
d∟	Type III non-functionally						-	
	that is not functionally int			•		-	an attentiv	reness
. Г	requirement (see instruct	,	•	-				
e∟	Check this box if the orga					турет, турет	і, туре ш	
f Er	functionally integrated, or nter the number of supported of		any integrated supporting	ng organiz	ation.			
	ovide the following information	•	d organization(s)					
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Total								

#### Schedule A (Form 990) 2023

#### RANCHERS STEWARDSHIP ALLIANCE

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	160,915.	507,068.	437,649.	848,223.	516,636.	2470491.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	160,915.	507,068.	437,649.	848,223.	516,636.	2470491.
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)						
6	Public support. Subtract line 5 from line 4.						2470491.
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	160,915.	507,068.	437,649.		516,636.	2470491.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			131.	164.	230.	525.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	118.	198.	6,265.	895.	250.	7,726.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2478742.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop	bhere					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>99.67 %</u>
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	99.40 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	<b>33 1/3% support test - 2022.</b> If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is <sup>.</sup>	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Schedule A	(Form 990) 2023

Schedule A (	Form 990	) 2023

# Schedule A (Form 990) 2023 RANCHERS STEWARDSHIP ALLIANCE Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to I.) 

	qualify unde	<u>r the tests list</u>	ed below, ple	ease complete	Part II
Section	A. Public S	Support			

Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(	e) 2023	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	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							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	6	e) 2023	(f) Total
	Amounts from line 6	(,			(-,	<b> </b> `	-,	(-)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b							
	Net income from unrelated business activities not included on 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 assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section &	501(c)(3	8) organizatio	on,
	check this box and stop here							
Sec	ction C. Computation of Publi	c Support Pe	rcentage					
15	Public support percentage for 2023 (I	ine 8, column (f), c	livided by line 13,	column (f))		15		%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16		%
Sec	ction D. Computation of Invest	stment Income	e Percentage					
17	Investment income percentage for 20	<b>)23</b> (line 10c, colu	mn (f), divided by li	ine 13, column (f))		17		%
18						18		%
19a	33 1/3% support tests - 2023. If the					33 1/3%	6, and line 17	7 is not
	more than 33 1/3%, check this box a							
b	33 1/3% support tests - 2022. If the	-	•		••••		n 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization							

#### RANCHERS STEWARDSHIP ALLIANCE

Yes

No

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

#### RANCHERS STEWARDSHIP ALLIANCE Schedule A (Form 990) 2023

1

2

No

Pa	t 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 on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.		

	more supported organizations have the power to regularly uppoint of sloet at hadet a majority of the organization of one of o
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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 hopefit carried out the purposes of the supported organization(s) that operated

providing such benefit carried out the purposes of the supported organization(s) that operated. vised or controlled the supporting organization

Supervis	seu. ur cu		SUDDOLING	uganization.	
Section C.	. Týpe II	Support	ing Orga	anizations	

Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 1 the supported organization(s).

Section D	All Typ	e III Sup	porting	Organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy	, the Integral Part Test during the year	ar (see instructions).
-			

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

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

2a

Yes No

Part V	/ -	Tvne

Schedule A	(Form 990	) 2023	RANCHERS	STEWARDSHIP	ALLIANCE
Part V	Type II	Non-Functio	onally Integrat	ed 509(a)(3) Suppo	orting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on l	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		1

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

Schedule A (Form 990) 2023

3	RANCHERS	STEWARDSHIP	ALLIANCE
n-Func	ctionally Integrat	ed 509(a)(3) Suppo	orting Organizations
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-		ARDSHIP ALLIAN			*-**2515 Page 7
	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	ued)	1
Sect	ion D - Distributions			1	Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D.				
-	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributions of phot years				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2023, if				
5					
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	RANCHERS	STEWARDSHIP	ALLIANCE	**-**2515 Pa	age <b>8</b>
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I	<b>nation.</b> Provide t 2, 3b, 3c, 4b, 4c, 5 ines 2 and 3; Part I	he explanations requir a, 6, 9a, 9b, 9c, 11a, 1 V, Section E, lines 1c, 2	ed by Part II, line 10; Part II 1b, and 11c; Part IV, Sectio 2a, 2b, 3a, and 3b; Part V, I	, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, ine 1; Part V, Section B, line 1e; Part V any additional information.	

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## **Schedule of Contributors**

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

2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

R

ANCHERS STEWARDSHIP ALLIANCE	ANCHERS	STEWARDSHIP	ALLIANCE
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*	*	_	*	*	*	2	5	1	5
		_				4	J	т.	J

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

Check if your organization is covered by the General Rule or a Special Rule.

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

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

Name of organiza	ation	
RANCHERS	STEWARDSHIP	Δт

Employer identification number

\*\*-\*\*\*2515

#### Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 450,602. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 29,704. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

#### Page 2

### WARDSHIP ALLIANCE

Schedule B (Form 990) (2023)

Part I

RANCHERS STEWARDSHIP ALLIANCE

Name of organization

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\	

Employer identification number

\*\*-\*\*\*2515

Schedule B (Form 990) (2023)

Schedule B	3 (Form 990) (2023)		Page <b>4</b>
Name of or	ganization		Employer identification number
DANCUE	ERS STEWARDSHIP ALLIANC	<b>r</b>	**-***2515
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	ions to organizations described in sec ) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ŀ		e) Transfer of gift	
ŀ	Transferee's name, address, a 	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gift	
F	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

SCHEDU	ILE D
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(Form	990)
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332051 09-28-23

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

23 **Open to Public** Inspection Employer identification number

\*\*-\*\*\*2515

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

### RANCHERS STEWARDSHIP ALLIANCE

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(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 w	vriting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		-
Par			
1	Purpose(s) of conservation easements held by the organizatio		,
-	Preservation of land for public use (for example, recreat		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
-	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
c	Number of conservation easements on a certified historic stru	at we be also be also at the side of a	
d	Number of conservation easements included on line 2c acqui		
u	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
5	year	eased, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation eas	ement is located	
- 5	Does the organization have a written policy regarding the peri		
5	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
U		landing of violations, and chloreing cons	civation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conservat	tion easements during the year
•			ter outer outer of the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(b)	)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservatio		
Ū	balance sheet, and include, if applicable, the text of the footne	•	
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958		nd balance sheet works
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		•
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			•
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under FASB AS		- 30, provide
а		SC 930 relating to these items.	\$
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023
	. e aportion nousellon Act nouse, see the man deliving		

Sche		S STEWARDS						**_**	*251	5 р	age <b>2</b>
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or	Othe	r Simila	r Assets	(contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	k any of the f	following that	make s	ignificant	use of its			
	collection items (check all that apply).										
а	Public exhibition	d	1 🗌	Loan or exc	hange progra	m					
b	Scholarly research	e	,	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how th	ney further th	ne organization	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, hi	storical treas	sures, or othe	r similar	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Pa	rt IV Escrow and Custodial Arrang		te if the	organizatior	n answered "Y	'es" on	Form 990	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi		•						-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	table:					•		
									Amoun	τ	
c	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
T	Ending balance Did the organization include an amount on Fo						. <b>1</b> f		Yes		
	If "Yes," explain the arrangement in Part XIII.						ity?		l tes	-	_ No □
	rt V Endowment Funds Complete if						0		<u></u>		
		(a) Current year		Prior year	(c) Two years	· · · · · · · · · · · · · · · · · · ·		vears back	(e) Fou	r vears	back
1a	Beginning of year balance	(-,,	(-7)		(-,		(-)	,	(-)	<i></i>	
b	Contributions										
c	Net investment earnings, gains, and losses										
ď	Grants or scholarships										
e	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1o	g, column (a	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_								
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held ar	nd administere	ed for th	ne				
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment f	funds.							
Pa	rt VI Land, Buildings, and Equipm			/ l'a		Denty	l'a a 10				
	Complete if the organization answered			1	,						
	Description of property	(a) Cost or o basis (investr			or other (other)	• •	ccumulat preciation		(d) Boo	k valu	е
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment			1	4,914.		3,9	36.	1	0,9	78.
	Other									<u> </u>	
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X, line 1</u>	<u>0c. column</u>	<u>(B))</u>				1	0,9	78.

Schedule D (Form 990) 2023

11) Financial derivatives	Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	hofwaar market value
2) Closely held equity interests			(c) Method of Valdation. Cost of end	1-01-year market value
(a)       (b)         (b)       (c)         (c)       (				
AA     Image: Constraint of a second of the s				
(B)       Image: Construction of investment       Image: Construction of investment         (a)       Image: Construction of investment       (b) Book value         (c)       Image: Construction of investment       (c) Method of valuation: Cost or end-of-year market value         (b)       Image: Construction of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (a)       Image: Construction of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (c)       Image: Construction of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (c)       Image: Construction of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (c)       Image: Construction of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (c)       Image: Construction of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (c)       Image: Construction of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (d)       Image: Construction answered "Yes" on Form 980, Part IV, line 11d: See Form 990, Part X, line 15.       (c) Book value         (d)       Image: Construction answered "Yes" on Form 980, Part IV, line 11d: See F				
CO       Image: Constraint of the organization answered "Yes" on Form 990, Part X, line 13.       Image: Constraint of the organization answered "Yes" on Form 990, Part X, line 13.         Can prefer if the organization answered "Yes" on Form 990, Part X, line 13.       (e) Method of valuation: Cost or end of year market value         (f)       (g)       (g)       (g)         Part VIII       Investments - Program Related.       (e) Method of valuation: Cost or end of year market value         (g)       (g)       (g)       (g)         (g)				
(D)         (E)         (F)           (F)         (F)         (F)           (G)         (F)         (F)           (F)         (F)         (F)           (F)         (F)         (F)           (F)         (F)         (F)				
(E)       Image: state of the				
(F)       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (3)       (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (3)       (a) Description       (c) Method of valuation: Cost or end-of-year market value       (c) Method of valuation: Cost or end-of-year market value         (b)       (c) Method of value       (c) Method of value       (c) Method of value       (c) Method of value         (7)       (c) Method of value         (1)       (c) Method of value         (1)       (c) Method of value       (c) Method of value       (c) Method of value				
(G)         (A)           (B)         (A)           (B)         (B)           Part VIIII         Investments - Program Related.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Method of valuation: Cost or end of year market value           (1)         (b) Book value         (c) Method of valuation: Cost or end of year market value           (1)         (b) Book value         (c) Method of valuation: Cost or end of year market value           (1)         (b) Book value         (c) Method of valuation: Cost or end of year market value           (1)         (b) Book value         (c) Method of valuation: Cost or end of year market value           (3)         (c)         (c)         (c)           (6)         (c)         (c)         (c)           (6)         (c)         (c)         (c)           (1)         (c)         (c)         (c)           (a) Description         (b) Book value         (c)           (1)         (c) Description         (b) Book value           (2)         (c)         (c)         (c)           (a)         (c)         (c)         (c)           (a)         (c)         (c)         (c)           (a)				
(H)         Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (c) Method of valuation: Cost or end-of-year market value         (c) Method of valuation: Cost or end-of-year market value           (1)         (c) Method of valuation: Cost or end-of-year market value         (c) Method of valuation: Cost or end-of-year market value           (1)         (c) Method of valuation: Cost or end-of-year market value         (c) Method of valuation: Cost or end-of-year market value           (3)         (c) Method of valuation: Cost or end-of-year market value         (c) Method of valuation: Cost or end-of-year market value           (3)         (c) Method of valuation: Cost or end-of-year market value         (c) Method of valuation: Cost or end-of-year market value           (6)         (c) Method of value         (c) Method of value         (c) Method of value           (7)         (c) Method of value         (c) Method of value         (c) Method of value           (1)         (c) Description         (c) Book value         (c) Method of value           (1)         (c) Description of investment 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.         (				
Ordel. (-0). (b) must equal Form 390, Part X, line 12, col. (b).         Complete if the organization answered 'Yes' on Form 390, Part IV, line 11c. See Form 990, Part X, line 13.           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of year market value           (1)         (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of year market value           (1)         (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of year market value           (1)         (a) Description         (b) Book value         (c) Method of valuation: Cost or end-of year market value           (3)         (b) Book value         (c) Method of valuation: Cost or end-of year market value           (3)         (b) Book value         (c) Method of valuation: Cost or end-of year market value           (6)         (c) Method of value         (c) Method of value           (7)         (a) Description         (b) Book value           (1)         (a) Description         (b) Book value           (1)         (a) Description         (b) Book value           (1)         (b) Book value         (c) Method of value           (1)         (a) Description         (b) Book value           (1)         (b) Book value         (c) Tor           (6)         (C				
Part VIII         Investments - Program Related.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (2)         (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (4)         (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (4)         (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (5)         (a)         (b) Book value         (c)         (c)           (6)         (a)         (b) Book value         (c)         (c)           (a) Description         (b) Book value         (c)         (c)         (c) Mook value           (1)         (a) Description of must equal Form 990, Part X, line 15, col. (B)         (c)         (c)         (c)         (c)           (3)         (b) Must equal Form 990, Part X, line 15, col. (B)         (c)         (c)         (c)         (c)           (4)         (c)         (c) <th(c)< th=""></th(c)<>				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (c) Method of valuation: Cost or end-of-year market value         (c) Method of valuation: Cost or end-of-year market value           (2)         (c)         (c) Method of valuation: Cost or end-of-year market value           (3)         (c) Method of valuation: Cost or end-of-year market value           (4)         (c)         (c)           (4)         (c)         (c)           (5)         (c)         (c)           (6)         (c)         (c)         (c)           (7)         (c)         (c)         (c)           (7)         (c)         (c)         (c)           (7)         (c)         (c)         (c)           (8)         (c)         (c)         (c)         (c)           (a) Description         (b) Book value         (c)         (c)         (c)           (1)         (c) Description         (c) Book value         (c)         (c)           (4)         (c)         (c)         (c)         (c)         (c)           (6)         (c)	Part VIII Investments - Program Related.			
(a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (2)         (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (3)         (a)         (b) Book value         (c)		on Form 990, Part IV, line	a 11c. See Form 990. Part X. line 13.	
(1)       (2)       (3)         (3)       (4)       (5)         (4)       (6)       (7)         (6)       (7)       (7)         (7)       (7)       (7)         (8)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (8)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (9)         (1)       (a) Description       (b) Book value         (7)       (7)       (7)       (7)         (8)       (9)       (1) Federal form 990, Part X, line 15, col. (B)       (1)         Part X       Other Liabilities       (b) Book value         (1)       Federal income taxes       (b) Book value         (1)       Federal income taxes       (b) Book value         (2)       (3)       (6)       <	-			d-of-vear market value
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(7)       Image: Constraint of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (b) Book value         (2)       (b) Book value         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Fotal. (Column (b) must equal Form 990, Part X, line 15, col. (B))       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         (a) Description of liability       (b) Book value         (1) Federal income taxes       (c)         (2)       (c)       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (a) Description of liability       (b) Book value         (1) Federal income taxes       (c)         (2)       (c)       (c)         (6)       (c)       (c)				
(8)         Image: Construct equal Form 990, Part X, line 13, col. (B)           Part IX         Other Assets         (b) Book value           (a)         Description         (b) Book value           (1)         (b) Book value         (c)           (2)         (c)         (c)         (c)           (3)         (c)         (c)         (c)           (3)         (c)         (c)         (c)         (c)           (4)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)         (c)           (1)         (c)         (c)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (a)         (c)         (c)         (c) <th(c)< th=""> <th(c)< th="">         (c)</th(c)<></th(c)<>				
(9)         (1)           Part IX         Other Assets           Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (b) Book value           (1)         (a) Description         (b) Book value           (1)         (a) Description         (b) Book value           (2)         (b) Book value         (c)           (3)         (c)         (c)           (4)         (c)         (c)           (5)         (c)         (c)           (6)         (c)         (c)           (7)         (c)         (c)           (7)         (c)         (c)           (7)         (c)         (c)           (9)         (c)         (c)           Other Liabilities         (c)           Complete if the organization answered "Yes" on Form 990, Part IV, line 116 or 11f. See Form 990, Part X, line 25.           1.         (a) Description of liability         (b) Book value           (1)         Federal income taxes         (c)           (2)         (c)         (c)           (3)         (c)         (c)           (6)         (c)         (c)           (6)         (c)         (c)      <				
Intel (Col. (b) must equal Form 990, Part X, line 13, col. (B))         (b) Book value           Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (b) Book value           (1)         (b) Book value         (c)           (2)         (c)         (c)           (3)         (c)         (c)           (4)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (9)         (c)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (1)         Federal income taxes         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (2)         (c)         (c)         (c)         (c)         (c)         (c				
Part IX         Other Assets           Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (b) Book value           (1)         (c)           (2)         (c)           (3)         (c)           (4)         (c)           (5)         (c)           (6)         (c)           (7)         (c)           (8)         (c)           (9)         (c)           Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))         (c)           Part X         Other Liabilities           Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.           1.         (a) Description of liability         (b) Book value           (1) Federal income taxes         (c)           (2)         (c)         (c)           (3)         (c)         (c)           (4)         (c)         (c)           (5)         (c)         (c)           (6)         (c)         (c)           (7)         (c)         (c)           (6)         (c)         (c)           (7)         (c)         (c)      (6)         (c)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (b) Book value           (1)         (b) Book value           (2)         (c)           (3)         (c)           (4)         (c)           (5)         (c)           (6)         (c)           (7)         (c)           (8)         (c)           (9)         (c)           Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))         (c)           Part X         Other Liabilities           Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (b) Book value           (1)         Federal income taxes         (c)           (2)         (c)         (c)           (3)         (c)         (c)           (4)         (c)         (c)           (5)         (c)         (c)           (6)         (c)         (c)           (6)         (c)         (c)           (6)         (c)         (c)           (7)         (c)         (c)           (6)         (c)         (c)           (7)         (c)         (c) <t< th=""><th>Part IX Other Assets</th><th></th><th></th><th></th></t<>	Part IX Other Assets			
(a) Description         (b) Book value           (1)		on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(2)	-			(b) Book value
(2)	(1)			
(3)       (4)         (4)       (5)         (6)       (7)         (7)       (7)         (8)       (7)         (9)       (7)         Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))       (7)         Part X       Other Liabilities         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1) Federal income taxes       (2)         (3)       (1) Federal income taxes         (2)       (3)         (4)       (1) Federal income taxes         (5)       (2)         (6)       (2)         (7)       (6)         (7)       (7)         (8)       (9)				
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(8)       (1)         (9)       Interface         Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))       (1)         Part X       Other Liabilities         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1)       Federal income taxes       (2)         (2)       (2)       (2)         (3)       (2)       (2)         (4)       (2)       (3)         (5)       (6)       (6)         (7)       (8)       (9)				
(9)       Image: Column (b) must equal Form 990, Part X, line 15, col. (B))       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (b)         (2)       (b)       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)				
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))         Part X         Other Liabilities         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a) Description of liability         (b) Book value         (1)       Federal income taxes       (b) Book value         (2)       (3)       (4)       (5)       (6)         (5)       (6)       (7)       (8)       (9)				
Part X       Other Liabilities         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (b)         (2)       (1)       (1)         (3)       (2)       (1)         (4)       (2)       (2)         (5)       (2)       (2)         (6)       (2)       (2)         (7)       (2)       (2)         (8)       (2)       (2)         (9)       (2)       (2)		<i>(B</i> ))		
(a) Description of liability         (b) Book value           (1) Federal income taxes	Part X Other Liabilities	<u></u>		1
(a) Description of liability         (b) Book value           (1) Federal income taxes	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
(1) Federal income taxes	1. (a) Description of liability			(b) Book value
(2)       (3)         (3)       (4)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)				
(3)       (4)         (4)       (5)         (5)       (6)         (6)       (7)         (8)       (9)				
(4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)				
(5)       (6)         (7)       (7)         (8)       (9)				
(6)     (7)       (7)     (8)       (8)     (9)				
(7)       (8)       (9)				
(8)       (9)				
(9)				
		(D))		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

#### \*\*-\*\*2515 Page 3

#### Schedule D (Form 990) 2023 Part VII Investments RANCHERS STEWARDSHIP ALLIANCE

Other Securities

Sche	dule D (Form 990) 2023 RANCHERS STEWARDSHIP ALLIA	NCE	**-***2515 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per R	leturn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	• •	Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		- <u> </u>
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	_
b	Prior year adjustments		_
С	Other losses	2c	_
d	Other (Describe in Part XIII.)		_
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		_
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)		5
Par	t XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



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

RANCHERS STEWARDSHIP ALLIANCE

AND INTEGRITY OF AMERICA'S NORTHERN MIXED-GRASS PRAIRIE FOR PRESENT AND

FUTURE GENERATIONS.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION AMENDED ITS BY-LAWS IN JULY 2023.

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

THE DRAFT COPY OF THE 990 IS FIRST REVIEWED BY THE EXECUTIVE DIRECTOR.

AFTER THAT REVIEW, THE EXECUTIVE DIRECTOR TAKES THE 990 TO THE BOARD FOR

APPROVAL AT THE NEXT BOARD MEETING.

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

BOARD MEMBERS, STAFF, COMMITTEE MEMBERS, AND VENDORS ARE REQUIRED TO FILL

OUT A NEW CONFLICT OF INTEREST FORM EVERY YEAR.

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

THE BOARD MEETS TO DISCUSS AND APPROVE WAGE AMOUNTS PRIOR TO JOB OFFERS FOR EACH HIRED EMPLOYEE.

FORM 990, PART VI, SECTION C, LINE 18:

THE 990 TAX RETURNS ARE AVAILABLE ON OUR WEBSITE. THE REMAINDER OF THE

FORMS ARE AVAILABLE UPON REQUEST DURING NORMAL BUSINESS HOURS.

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

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST DURING NORMAL BUSINESS

Name of the organization RANCHERS STEWARDSHIP ALLIANCE	Employer identification number **-**2515
HOURS.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	175,084.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	175,084.
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	2,152.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,152.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	177,236.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES	:
LICENSES & FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	402.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	402.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	402.

#### 2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
	DESKS, FILE CABINETS, CHAIRS														
	FOR OFFICE	12/16/21	SL	5.00		16	5,866.				5,866.	1,243.		1,173.	2,416.
2	SOUND EQUIPMENT	02/17/22	SL	7.00		16	2,308.				2,308.	275.		330.	605.
	CONFERENCE TABLE, SHELF,						-,				-,				
4	RISERS, MONITOR MOUNTS	04/13/23	SL	5.00		16	3,640.				3,640.			546.	546.
6	COPIER	03/09/23	SL	7.00		16	3,100.				3,100.			369.	369.
	* 990 PAGE 10 TOTAL						,				,				
	FURNITURE & FIXTURES						14,914.				14,914.	1,518.		2,418.	3,936.
	OTHER														
3	LOGO DEVELOPMENT FEES	10/12/22		180M	HY	43	6,250.				6,250.	104.		417.	521.
5	BRAND DEVELOPMENT - EDGE	03/02/23		180M	нү	42	2,250.				2,250.			125.	125.
	* 990 PAGE 10 TOTAL OTHER						8,500.				8,500.	104.		542.	646.
	* GRAND TOTAL 990 PAGE 10														
	DEPR & AMORT						23,414.				23,414.	1,622.		2,960.	4,582.
	CURRENT YEAR ACTIVITY														
	CORRENT TEAR ACTIVITI														
	BEGINNING BALANCE						14,424.			0.	14,424.	1,622.			3,542.
	ACQUISITIONS						8,990.			0.	8,990.	٥.			1,040.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						23,414.			0.	23,414.	1,622.			4,582.
	ENDING ACCUM DEPR											4,582.			

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	RM 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ENDING BOOK VALUE											18,832.			

328111 04-01-23

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form <b>4562</b>
Department of the Treasury Internal Revenue Service
Name(s) shown on return

# **Depreciation and Amortization** (Including Information on Listed Property)

990

OMB No. 1545-0172 **)23** C ΖU

Identifying number

Attachment Sequence No. **179** 

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

RAI	NCHERS STEWARDSHIP			RM 990 PZ			**-***2515
Pa	rt I Election To Expense Certain Prope	rty Under Section 17	79 Note: If you have any li	sted property, o	complete Part	V before y	
							1,160,000.
	Total cost of section 179 property plac						
3 7	Threshold cost of section 179 property		2,890,000.				
4 F	Reduction in limitation. Subtract line 3	from line 2. If zero	or less, enter -0-				
5 [	Dollar limitation for tax year. Subtract line 4 from line					5	
6	(a) Description of p	roperty	(b) Cost (busi	ness use only)	(c) Elected	cost	
<b>7</b> L	isted property. Enter the amount from	n line 29	I	7			
8 1	Total elected cost of section 179 prope	erty. Add amounts	in column (c), lines 6 and	7		8	
9 1	Centative deduction. Enter the smaller	r of line 5 or line 8				9	
	Carryover of disallowed deduction from						
11 E	Business income limitation. Enter the s	maller of business	s income (not less than ze	ro) or line 5 🛛		11	
12 3	Section 179 expense deduction. Add I	ines 9 and 10, but	don't enter more than line	e 11 <u></u>		12	
13 (	Carryover of disallowed deduction to 2	024. Add lines 9 a	nd 10, less line 12	13			
Note	: Don't use Part II or Part III below for	listed property. In	stead, use Part V.				
Pa	rt II Special Depreciation Allowa	ance and Other D	epreciation (Don't inclue	de listed propert	:y.)		
14 8	Special depreciation allowance for qua	lified property (oth	ner than listed property) pl	aced in service	during		
t	he tax year					14	
15 F	Property subject to section 168(f)(1) ele	ection				15	
<u>16</u>	Other depreciation (including ACRS)					16	2,418.
Pa	rt III MACRS Depreciation (Don't	include listed pro	perty. See instructions.)				
			Section A				
17 N	MACRS deductions for assets placed i	in service in tax ye	ars beginning before 2023	3		17	
<b>18</b> I	f you are electing to group any assets placed in serv	vice during the tax year ir	nto one or more general asset acco	unts, check here			
	Section B - Assets	Placed in Servic	e During 2023 Tax Year	Using the Gene	eral Deprecia	tion Syste	m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
		/		27.5 yrs.	MM	S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		39 yrs.	MM	S/L	
i	Nonresidential real property	/			MM	S/L	
	Section C - Assets I	Placed in Service	During 2023 Tax Year U	sing the Altern	ative Depreci	iation Syst	tem
<u>20a</u>	Class life					S/L	
b	12-year			12 yrs.		S/L	
с	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	
Pa	<b>rt IV</b> Summary (See instructions.)						
<b>21</b> I	_isted property. Enter amount from line	e 28				21	
22 1	Total. Add amounts from line 12, lines	14 through 17, lin	es 19 and 20 in column (g	), and line 21.			
E	Enter here and on the appropriate lines	s of your return. Pa	artnerships and S corpora	tions - s <u>ee instr.</u>		22	2,418.
	For assets shown above and placed in						
F	portion of the basis attributable to sect	tion 263A costs		23			

	rm 4562 (2023)		CHERS S										**_	***2	515	Page <b>2</b>
Pa	<b>art V</b> Listed Propert entertainment,				her vehic	les, o	certa	ain aircr	aft, and	d property	y used fo	r				
	<b>Note:</b> For any 24b, columns (	vehicle for w	hich you are u	, sing the	e standar Section B	d mil , and	leage I Sec	e rate or ction C i	r dedu if appli	cting leas cable.	e expens	se, comp	olete <b>or</b>	<b>ily</b> 24a,		
	Section A -	Depreciatio	on and Other	Informa	ation (Ca	utior	n:S	ee the i	nstruc	tions for li	mits for	basseng	er auton	nobiles. )		
24a	a Do you have evidence to s	support the bus	siness/investme	nt use cl	aimed?		] Ye	es 🗌	No	<b>24b</b> lf "ነ	∕es," is th	ne evide	nce writt	ten?	] Yes [	No
	(a) Type of property (list vehicles first) (list vehicles first)		OUSL 01			(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g)		(h) Depreciation deduction		(i) Elected section 179			
				-				-		I	-				U.	ost
25	Special depreciation allo							•		2		05				
	used more than 50% in a Property used more that									<u></u>		25				
20	Froperty used more that										1					
		: :		% 												
		: :		% %												
	Property used 50% or le															
21	Froperty used 50% of le										0/1					
		: :		%							S/L -					
		: :		%							S/L -					
		(h) lines OF	,			line		1			S/L -	00				
	Add amounts in column													00		
29	Add amounts in column	(I), IINE 26. E												29		
0		hieles			B - Infor								16			
	mplete this section for ve														enicies	
το γ	your employees, first ans	wer the ques	tions in Section	on C to s	see if you	i me	et ar	1 excep	tion to	completii	ng this se	ection to	r those v	/enicies.		
					(-)		().			(-)		-1)		-)	,	£)
~~	Total husingss (investment)	milaa driwan di	uring the	(a)			(b)		(c)		d) (e		-			
30	• Total business/investment miles driven during the year (don't include commuting miles)			Vehicle 1 \			Vehicle 2 Vehicle 2		ehicle 3 Vehic			cle 4 Vehicle 5		Vehicle 6		
~				<b>├</b> ─── <b>├</b> ──							┟─────╂					
	Total commuting miles of															
32	Total other personal (no	-														
~~	driven															
33	Total miles driven during															
~ 4	Add lines 30 through 32												~			
34	Was the vehicle available			Yes	No	Y (	es	No	Yes	s No	Yes	No	Yes	No	Yes	No
~-	during off-duty hours?									_						<u> </u>
35	Was the vehicle used pr															
~~	than 5% owner or relate									_						<u> </u>
36	Is another vehicle availa	ble for perso	nai													
	use?	<u> </u>		<u> </u>												
			- Questions f	-	-											
	swer these questions to $c$			ceptior	n to comp	Dietir	ng Se	ection E	s tor ve	enicies us	ea by em	ipioyees	who a	ren t		
	re than 5% owners or rela			- 1- 11- 11		1						1			N.	
37	Do you maintain a writte employees?		ement that pro												Yes	No
38	Do you maintain a writte	en policy stat	ement that pro	ohibits p	oersonal	use (	of ve	hicles,	except	t commuti	ng, by yo	our				
	employees? See the ins	tructions for	vehicles used	by corp	porate off	ficers	s, dir	ectors,	or 1%	or more o	wners					
39	Do you treat all use of v	ehicles by en	nployees as pe	ersonal	use?											
40	Do you provide more that	an five vehicl	es to your em	ployees	, obtain i	nforr	natio	on from	your e	employees	about					
	the use of the vehicles,	and retain th	e information	received	d?											
41	Do you meet the require	ements conce	erning qualified	d autom	nobile der	mons	strati	ion use'	?							
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don	't comple	ete S	ectic	on B for	the co	vered veh	nicles.					
Pa	art VI Amortization															
	(a)		D-+-	(b)			(C)			(d)		(e)	tion		(f)	
	Description of	COSIS	Date	amortizatior begins	<u> </u>		rtizabl 10unt			Code section		Amortiza period or per		Ar fc	nortization r this year	
42	Amortization of costs th			3 tax yea	ar:											
BF	RAND DEVELOPM	ENT – 1	EDGE 03	0223	3		2	,250	•			180	M			125.
				: :												
43	Amortization of costs th	at began bef	ore your 2023	tax ver	ar						STI	4T 1	43			417.

43 Amortization of costs that began before your 2023 tax year STMT 1	43	417.
44 Total. Add amounts in column (f). See the instructions for where to report	44	542.
		Form <b>AFCO</b> (0000)

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FORM 4562	PART VI	- AMORTIZA	STATEMENT 1			
(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YR.
LOGO DEVELOPMENT FEES	10/12/22	6,250.		180M	104.	417.
TOTAL TO FORM 4562, LINE	43					417.