

BAILEY CPA, LLC
32 N 3RD STREET, 222
YAKIMA, WA 98901

YAKIMA BASIN FISH & WILDLIFE RECOVERY BO
1200 CHESTERLY DRIVE, 280
YAKIMA, WA 98902

|||||

CLIENT COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2024

Prepared For:

Yakima Basin Fish & Wildlife Recovery Board
1200 Chesterly Drive 280
Yakima, WA 98902

Prepared By:

BAILEY CPA, LLC
32 N 3RD STREET, 222
YAKIMA, WA 98901

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2023

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YAKIMA BASIN FISH & WILDLIFE RECOVERY BO Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1200 CHESTERLY DRIVE 280 City or town, state or province, country, and ZIP or foreign postal code YAKIMA, WA 98902 F Name and address of principal officer: ALEX CONLEY SAME AS C ABOVE	D Employer identification number ** - ***2000 E Telephone number 509-452-4104 G Gross receipts \$ 593,825. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: YBFWRB.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2006 M State of legal domicile: WA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: THE YAKIMA BASIN FISH & WILDLIFE RECOVERY BOARD'S (YBFWRB) MISSION IS TO CONSERVE AND RESTORE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	25
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 463,452.
9 Program service revenue (Part VIII, line 2g)		627.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-1,227.	29.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,839.	4,851.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		466,691.	593,825.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	289,108.	257,615.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	9,121.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	177,837.	310,600.
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	466,945.	568,215.
	19 Revenue less expenses. Subtract line 18 from line 12	-254.	25,610.
	20 Total assets (Part X, line 16)	Beginning of Current Year 102,331.	End of Year 187,449.
	21 Total liabilities (Part X, line 26)	83,428.	142,936.
	22 Net assets or fund balances. Subtract line 21 from line 20	18,903.	44,513.

Part II Signature Block

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

Sign Here	Signature of officer ALEX CONLEY, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name ABBY BAILEY, CPA, CFE	Preparer's signature
	Firm's name BAILEY CPA, LLC	Date
	Firm's address 32 N 3RD STREET, 222 YAKIMA, WA 98901	Check if self-employed <input checked="" type="checkbox"/> PTIN P00196387
		Firm's EIN ** - ***5841
		Phone no. 509-833-1179

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: RESTORE SUSTAINABLE AND HARVESTABLE POPULATIONS OF SALMON, STEELHEAD, BULL TROUT AND OTHER AT-RISK FISH AND WILDLIFE THROUGH COLLABORATIVE, ECONOMICALLY SOUND EFFORTS THAT BRING TOGETHER DIVERSE RESOURCES TO PROMOTE WISE MANAGEMENT OF THE YAKIMA RIVER BASIN.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 482,088. including grants of \$) (Revenue \$ 593,825.) KEY ACCOMPLISHMENTS INCLUDED: 1) MAINTAINED A CONSENSUS-BASED NON-PROFIT ORGANIZATION GOVERNED BY CITY, COUNTY AND TRIBAL GOVERNMENT REPRESENTATIVES, 2) RAN A COMPETITIVE GRANT PROGRAM USED BY THE WASHINGTON SALMON RECOVERY FUNDING BOARD TO ALLOCATE OVER \$7 MILLION TO THE SALMON RECOVERY PROJECTS IN THE YAKIMA BASIN, 3) WORKED WITH THE BUREAU OF LAND MANAGEMENT TO PROVIDE BLM FUNDS TO AQUATIC RESTORATION PROJECTS ON AND IN PROXIMITY TO BLM LANDS IN THE YAKIMA BASIN, 4) CONVENED THE YAKIMA BULL TROUT WORKING GROUP, 5) PROVIDED TECHNICAL SUPPORT AND PARTNER INPUT TO THE YAKIMA BASIN INTEGRATED PLAN AND ITS HABITAT SUBCOMMITTEE, 6) SUPPORTED DEVELOPMENT OF PRIORITY PROJECTS THAT IMPLEMENT THE BOARD'S 2009 YAKIMA STEELHEAD RECOVERY PLAN.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 482,088.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 10; 1b Enter the number of voting members included... 10; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
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 number of the person who possesses the organization's books and records
ALEX CONLEY - 509-453-4104
1200 CHESTERLY DRIVE, SUITE 280, YAKIMA, WA 98902

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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEX CONLEY EXECUTIVE DIRECTOR	40.00				X		107,349.	0.	16,500.	
(2) PATRICIA BYERS DIRECTOR	1.00	X					0.	0.	0.	
(3) TERRY HEEMSAH DIRECTOR	1.00	X					0.	0.	0.	
(4) RICHARD BLOOM DIRECTOR	1.00	X					0.	0.	0.	
(5) STEVE BECKEN DIRECTOR	1.00	X					0.	0.	0.	
(6) AMANDA MCKINNEY DIRECTOR	1.00	X					0.	0.	0.	
(7) NANCY LILLQUIST SECRETARY	1.00	X		X			0.	0.	0.	
(8) JAY MCGOWAN VICE-CHAIR/TREASURER	1.00	X		X			0.	0.	0.	
(9) ADAM FYALL CHAIRMAN	2.00	X		X			0.	0.	0.	
(10) BRETT WACHSMITH DIRECTOR	1.00	X					0.	0.	0.	
(11) MICHAEL ALVAREZ DIRECTOR	1.00	X					0.	0.	0.	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	588,945.		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a-1f	1g	\$		
	h	Total. Add lines 1a-1f		588,945.		
Program Service Revenue	2 a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		29.	29.	
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real			
			(ii) Personal			
	6 b	Less: rental expenses				
	6 c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
	7 b	Less: cost or other basis and sales expenses				
	7 c	Gain or (loss)				
	d	Net gain or (loss)				
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
		8 a				
8 b	Less: direct expenses					
c	Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19					
		9 a				
9 b	Less: direct expenses					
c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances					
		10 a				
b	Less: cost of goods sold					
10 b						
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	REIMBURSED EXPENSES	Business Code			
			900099	4,851.	4,851.	
	b					
	c					
	d	All other revenue				
e	Total. Add lines 11a-11d		4,851.			
12	Total revenue. See instructions		593,825.	4,880.	0.	0.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	111,259.	72,318.	33,378.	5,563.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	96,147.	89,980.	6,167.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	32,714.	23,622.	7,971.	1,121.
10 Payroll taxes	17,495.	12,632.	4,263.	600.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	29,838.	24,838.	5,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	208,969.	208,969.		
12 Advertising and promotion				
13 Office expenses	10,478.	7,566.	2,553.	359.
14 Information technology	506.	366.	123.	17.
15 Royalties				
16 Occupancy	27,661.	19,973.	6,740.	948.
17 Travel	7,208.	6,487.	721.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,105.	1,105.		
20 Interest	5,031.		5,031.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,492.	1,800.	607.	85.
23 Insurance	4,100.	2,960.	999.	141.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a UTILITIES	7,539.	5,444.	1,837.	258.
b DUES & SUBSCRIPTIONS	4,813.	3,406.	1,407.	0.
c MISCELLANEOUS	681.	493.	165.	23.
d PRINTING AND REPRODUCTI	130.	94.	32.	4.
e All other expenses	49.	35.	12.	2.
25 Total functional expenses. Add lines 1 through 24e	568,215.	482,088.	77,006.	9,121.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	74,565.	1	37,868.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	12,926.	4	37,635.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,694.	9	2,065.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 24,954.		
	b Less: accumulated depreciation	10b 17,640.	9,146.	10c 7,314.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	102,567.
16 Total assets. Add lines 1 through 15 (must equal line 33)	102,331.	16	187,449.	
Liabilities	17 Accounts payable and accrued expenses	43,107.	17	41,155.
	18 Grants payable		18	
	19 Deferred revenue	40,321.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	101,781.
	26 Total liabilities. Add lines 17 through 25	83,428.	26	142,936.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	18,124.	27	44,513.
	28 Net assets with donor restrictions	779.	28	0.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	18,903.	32	44,513.
	33 Total liabilities and net assets/fund balances	102,331.	33	187,449.

Part 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	593,825.
2	Total expenses (must equal Part IX, column (A), line 25)	2	568,215.
3	Revenue less expenses. Subtract line 2 from line 1	3	25,610.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,903.
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	44,513.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2023)

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.)

Section A. Public Support

Calendar 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.")	320,756.	327,398.	464,951.	461,932.	588,945.	2163982.
2 Tax revenues levied for the organization'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	320,756.	327,398.	464,951.	461,932.	588,945.	2163982.
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.						2163982.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	320,756.	327,398.	464,951.	461,932.	588,945.	2163982.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4.	1.	1.	12.	29.	47.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
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						2164029.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	100.00	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	100.00	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar 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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
7a 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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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? <i>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.</i>			
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? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	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	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information with a large diagonal watermark reading 'CLIENT COPY'.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

YAKIMA BASIN FISH & WILDLIFE RECOVERY BO

Employer identification number

**** - *** 2000**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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 \$ _____

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

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

Schedule B (Form 990) (2023)

Name of organization YAKIMA BASIN FISH & WILDLIFE RECOVERY BO	Employer identification number ** - *** 2000
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WA STATE RECREATION & CONSERVATION PO BOX 40917 OLYMPIA, WA 98504-0917	\$ 419,142.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BUREAU OF LAND MANAGEMENT 1220 SW 3RD AVE PORTLAND, OR 97204	\$ 140,533.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DEPARTMENT OF ECOLOGY PO BOX 47600 OLYMPIA, WA 98504-7600	\$ 32,215.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YAKIMA BASIN FISH & WILDLIFE RECOVERY BO	Employer identification number ** - *** 2000
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Part II Noncash Property (see instructions). Use duplicate copies of Part 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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization YAKIMA BASIN FISH & WILDLIFE RECOVERY BO	Employer identification number ** - *** 2000
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(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, 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, 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, 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, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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 YAKIMA BASIN FISH & WILDLIFE RECOVERY BO Employer identification number ** - *** 2000

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d 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 current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		24,954.	17,640.	7,314.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				7,314.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OPERATING LEASE	102,567.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	102,567.

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	
(2) OPERATING LEASE LIABILITY	101,781.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	101,781.

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 ...

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

YAKIMA BASIN FISH & WILDLIFE RECOVERY BO

Employer identification number

** - *** 2000

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

SUSTAINABLE AND HARVESTABLE POPULATIONS OF NATIVE FISH AND WILDLIFE
SPECIES IN CLOSE PARTNERSHIP WITH THE LOCAL COMMUNITIES OF THE YAKIMA
RIVER BASIN.

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

22 OF THE LOCAL GOVERNMENTS IN THE YAKIMA BASIN SIGNED AN INTERLOCAL
AGREEMENT CREATING THE YAKIMA BASIN FISH & WILDLIFE RECOVERY BOARD. THE
BOARD IS GOVERNED BY A 10 MEMBER BOARD OF DIRECTORS SELECTED FROM THE
MEMBER GOVERNMENTS. THE GOVERNMENTS THAT DO NOT HAVE REPRESENTATION THROUGH
THE BOARD ARE MEMBERS, AND HAVE RESERVED DECISIONS AT THE ANNUAL MEETING,
INCLUDING ELECTING THE BOARD OF DIRECTORS, AND APPROVING THE ANNUAL WORK
PLAN AND BUDGET.

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

22 OF THE LOCAL GOVERNMENTS IN THE YAKIMA BASIN SIGNED AN INTERLOCAL
AGREEMENT CREATING THE YAKIMA BASIN FISH & WILDLIFE RECOVERY BOARD. THE
BOARD IS GOVERNED BY A 10 MEMBER BOARD OF DIRECTORS SELECTED FROM THE
MEMBER GOVERNMENTS.

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

SEE ABOVE.

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

THE IRS FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS PRIOR
TO SUBMISSION TO THE IRS.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization YAKIMA BASIN FISH & WILDLIFE RECOVERY BO	Employer identification number **-***2000
--	--

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

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON A) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY B) HAS READ AND UNDERSTANDS THE POLICY C) HAS AGREED TO COMPLY WITH THE POLICY, AND D) UNDERSTANDS THE BOARD IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

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

WHEN NEW POSITIONS ARE ESTABLISHED THE PROPOSED PAY RANGE SHALL BE APPROVED BY THE EXECUTIVE COMMITTEE PRIOR TO RECRUITING. PAY SHALL BE SET BASED ON INDUSTRY NORMS, WITH REFERENCE TO COMPARABLE POSITIONS IN OTHER ORGANIZATIONS. A DECISION RELATING TO THE EMPLOYEE'S MERIT INCREASE IN PAY WILL BE MADE BY THE EXECUTIVE DIRECTOR AFTER THE REVIEW AND RANKING PROCESS HAS BEEN COMPLETED. THE DIRECTOR WILL FORWARD A MERIT INCREASE FOR REVIEW AND APPROVAL BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE DIRECTOR SHALL BE REVIEWED IN THE SAME MANNER, EXCEPT THAT THE CHAIR SHALL ACT AS THE REVIEWING SUPERVISOR AND SUBMIT AND RECOMMEND COMPENSATION CHANGES TO THE EXECUTIVE COMMITTEE FOR REVIEW.

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

ALL REQUESTS SHALL BE DIRECTED TO THE YBFWRB OFFICE. THE REQUEST SHALL INCLUDE THE FOLLOWING INFORMATION A) THE NAME OF THE PERSON REQUESTING THE RECORDS B) THE DATE OF THE REQUEST C) THE IDENTIFIABLE RECORDS BEING REQUESTED. PUBLIC RECORDS SHALL BE AVAILABLE FOR INSPECTION AND COPYING DURING THE REGULAR OFFICE HOURS OF MONDAY THROUGH FRIDAY, EXCLUDING LEGAL

Name of the organization

YAKIMA BASIN FISH & WILDLIFE RECOVERY BO

Employer identification number

** - ***2000

HOLIDAYS. PUBLIC RECORDS REQUIRED TO BE DISCLOSED BY CHAPTER 42 17 RCW SHALL BE MADE AVAILABLE FOR INSPECTION UNDER THE SUPERVISION OF THE YBFWRB OFFICE. ARRANGEMENTS FOR PHOTOCOPYING OF DOCUMENTS SHALL BE MADE BY THE YBFWRB OFFICE IN SUCH A WAY AS TO PROTECT THE RECORDS FROM DAMAGE OR DISORGANIZATION AND TO PREVENT EXCESSIVE INTERFERENCE WITH OTHER ESSENTIAL FUNCTIONS OF THE YBFWRB.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROGRAM EXPENSES:

PROGRAM SERVICE EXPENSES	208,969.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	208,969.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	208,969.

LIST OF OTHER FEES FOR SERVICES EXPENSES (PART IX, LINE 11G)

PAYMENTS MADE FOR A VARIETY OF RESTORATION PROJECTS TO SUBCONTRACTORS, INCLUDING FACILITATION, CONSTRUCTION, AND REHABILITATION.

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
	MACHINERY & EQUIPMENT														
2	OFFICE FURNITURE	01/01/09	SL	10.00		16	3,000.				3,000.	3,000.		0.	3,000.
3	4 DRAWER LEG	11/18/10	SL	10.00		16	298.				298.	298.		0.	298.
4	POLY SOUND SYS	11/29/10	SL	10.00		16	135.				135.	135.		0.	135.
5	MAGNETIC BOARD	01/05/11	SL	10.00		16	389.				389.	389.		0.	389.
7	LED DESK ETC	06/23/11	SL	10.00		16	903.				903.	903.		0.	903.
8	SELINA II OFFICE CHAIR	06/30/11	SL	10.00		16	319.				319.	319.		0.	319.
9	END NOTE SOFTWARE	04/18/12	SL	5.00		16	567.				567.	567.		0.	567.
11	MAP DISPLAY ORGANIZER	06/30/13	SL	10.00		16	499.				499.	450.		0.	450.
12	NEC PROJECTOR	07/01/14	SL	10.00		16	1,283.				1,283.	1,152.		128.	1,280.
13	DELL E7440 LAPTOP	07/28/14	SL	10.00		16	2,121.				2,121.	1,937.		184.	2,121.
14	OLYMPUS TG3 CAMERA	09/04/14	SL	10.00		16	331.				331.	292.		33.	325.
15	GALAXY 11 TABLET	11/06/14	SL	10.00		16	595.				595.	479.		60.	539.
16	PA SYSTEM TOURS	04/14/15	SL	10.00		16	825.				825.	680.		83.	763.
17	EPSON PROJECTOR	08/03/15	SL	10.00		16	757.				757.	562.		76.	638.
18	INK JET COLOR PRINTER	03/06/18	SL	10.00		16	341.				341.	181.		34.	215.
19	CHAIR	06/25/18	SL	7.00		16	303.				303.	215.		43.	258.
20	ALEX LAPTOP	04/24/19	SL	7.00		16	2,291.				2,291.	1,349.		327.	1,676.

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
22	DELL DOCKING STATION	04/23/20	SL	7.00		16	287.				287.	128.		41.	169.
23	DELL XPS 15 (LAPTOP 3)	05/02/20	SL	7.00		16	2,002.				2,002.	894.		286.	1,180.
24	DELL DOCKING STATION	09/04/20	SL	7.00		16	281.				281.	100.		40.	140.
25	HDS-9 SONAR DEPTHFINDER	07/27/21	SL	7.00		16	1,791.				1,791.	480.		256.	736.
26	2 DELL MONITORS	03/03/22	SL	7.00		16	498.				498.	98.		71.	169.
27	AIR PURIFYING MACHINE	04/27/22	SL	7.00		16	457.				457.	73.		65.	138.
28	OWL CONFERENCE CAMERA	05/26/22	SL	7.00		16	1,082.				1,082.	174.		155.	329.
29	MEMORY BOOK HARD DRIVE	02/22/23	SL	5.00		16	230.				230.	23.		46.	69.
30	DELL XPS LAPTOP	03/20/23	SL	5.00		16	2,708.				2,708.	271.		542.	813.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						24,293.				24,293.	15,149.		2,470.	17,619.
	OTHER														
31	STAND UP DESK	04/30/24	SL	5.00		16	661.				661.			22.	22.
	* 990 PAGE 10 TOTAL OTHER						661.				661.	0.		22.	22.
	* GRAND TOTAL 990 PAGE 10 DEPR						24,954.				24,954.	15,149.		2,492.	17,641.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						24,293.			0.	24,293.	15,149.			17,619.
	ACQUISITIONS						661.			0.	661.	0.			22.

328111 04-01-23

(D) - Asset disposed

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

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - YAKIMA BASIN FISH & WILDLIFE RECOVERY BO

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
2	OFFICE FURNITURE	010109	SL	10.00	16	3,000.			3,000.	3,000.		0.
3	4 DRAWER LEG	111810	SL	10.00	16	298.			298.	298.		0.
4	POLY SOUND SYS	112910	SL	10.00	16	135.			135.	135.		0.
5	MAGNETIC BOARD	010511	SL	10.00	16	389.			389.	389.		0.
7	LED DESK ETC	062311	SL	10.00	16	903.			903.	903.		0.
8	SELINA II OFFICE CHAIR	063011	SL	10.00	16	319.			319.	319.		0.
9	END NOTE SOFTWARE	041812	SL	5.00	16	567.			567.	567.		0.
11	MAP DISPLAY ORGANIZER	063013	SL	10.00	16	499.			499.	450.		0.
12	NEC PROJECTOR	070114	SL	10.00	16	1,283.			1,283.	1,152.		128.
13	DELL E7440 LAPTOP	072814	SL	10.00	16	2,121.			2,121.	1,937.		184.
14	OLYMPUS TG3 CAMERA	090414	SL	10.00	16	331.			331.	292.		33.
15	GALAXY 11 TABLET	110614	SL	10.00	16	595.			595.	479.		60.
16	PA SYSTEM TOURS	041415	SL	10.00	16	825.			825.	680.		83.
17	EPSON POJECTOR	080315	SL	10.00	16	757.			757.	562.		76.
18	INK JET COLOR PRINTER	030618	SL	10.00	16	341.			341.	181.		34.
19	CHAIR	062518	SL	7.00	16	303.			303.	215.		43.
20	ALEX LAPTOP	042419	SL	7.00	16	2,291.			2,291.	1,349.		327.

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - YAKIMA BASIN FISH & WILDLIFE RECOVERY BO

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
22	DELL DOCKING STATION	042320	SL	7.00	16	287.			287.	128.		41.
23	DELL XPS 15 (LAPTOP 3)	050220	SL	7.00	16	2,002.			2,002.	894.		286.
24	DELL DOCKING STATION	090420	SL	7.00	16	281.			281.	100.		40.
25	HDS-9 SONAR DEPTHFINDER	072721	SL	7.00	16	1,791.			1,791.	480.		256.
26	2 DELL MONITORS	030322	SL	7.00	16	498.			498.	98.		71.
27	AIR PURIFYING MACHINE	042722	SL	7.00	16	457.			457.	73.		65.
28	OWL CONFERENCE CAMERA	052622	SL	7.00	16	1,082.			1,082.	174.		155.
29	MEMORY BOOK HARD DRIVE	022223	SL	5.00	16	230.			230.	23.		46.
30	DELL XPS LAPTOP	032023	SL	5.00	16	2,708.			2,708.	271.		542.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPME					24,293.		0.	24,293.	15,149.		2,470.
	OTHER											
31	STAND UP DESK	043024	SL	5.00	16	661.			661.			22.
	* 990 PAGE 10 TOTAL OTHER					661.		0.	661.	0.		22.
	* GRAND TOTAL 990 PAGE 10 DEPR					24,954.		0.	24,954.	15,149.		2,492.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					24,293.		0.	24,293.	15,149.		
	ACQUISITIONS					661.		0.	661.	0.		

2024 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

YAKIMA BASIN FISH & WILDLIFE RECOVERY BO

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	MACHINERY & EQUIPMENT								
2	OFFICE FURNITURE	010109	SL	10.00	3,000.		3,000.	3,000.	0.
3	4 DRAWER LEG	111810	SL	10.00	298.		298.	298.	0.
4	POLY SOUND SYS	112910	SL	10.00	135.		135.	135.	0.
5	MAGNETIC BOARD	010511	SL	10.00	389.		389.	389.	0.
7	LED DESK ETC	062311	SL	10.00	903.		903.	903.	0.
8	SELINA II OFFICE CHAIR	063011	SL	10.00	319.		319.	319.	0.
9	END NOTE SOFTWARE	041812	SL	5.00	567.		567.	567.	0.
11	MAP DISPLAY ORGANIZER	063013	SL	10.00	499.		499.	450.	0.
12	NEC PROJECTOR	070114	SL	10.00	1,283.		1,283.	1,280.	3.
13	DELL E7440 LAPTOP	072814	SL	10.00	2,121.		2,121.	2,121.	0.
14	OLYMPUS TG3 CAMERA	090414	SL	10.00	331.		331.	325.	6.
15	GALAXY 11 TABLET	110614	SL	10.00	595.		595.	539.	56.
16	PA SYSTEM TOURS	041415	SL	10.00	825.		825.	763.	62.
17	EPSON POJECTOR	080315	SL	10.00	757.		757.	638.	76.
18	INK JET COLOR PRINTER	030618	SL	10.00	341.		341.	215.	34.
19	CHAIR	062518	SL	7.00	303.		303.	258.	43.
20	ALEX LAPTOP	042419	SL	7.00	2,291.		2,291.	1,676.	327.
22	DELL DOCKING STATION	042320	SL	7.00	287.		287.	169.	41.
23	DELL XPS 15 (LAPTOP 3)	050220	SL	7.00	2,002.		2,002.	1,180.	286.
24	DELL DOCKING STATION	090420	SL	7.00	281.		281.	140.	40.
25	HDS-9 SONAR DEPTHFINDER	072721	SL	7.00	1,791.		1,791.	736.	256.
26	2 DELL MONITORS	030322	SL	7.00	498.		498.	169.	71.
27	AIR PURIFYING MACHINE	042722	SL	7.00	457.		457.	138.	65.
28	OWL CONFERENCE CAMERA	052622	SL	7.00	1,082.		1,082.	329.	155.
29	MEMORY BOOK HARD DRIVE	022223	SL	5.00	230.		230.	69.	46.
30	DELL XPS LAPTOP	032023	SL	5.00	2,708.		2,708.	813.	542.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				24,293.		24,293.	17,619.	2,109.
	OTHER								
31	STAND UP DESK	043024	SL	5.00	661.		661.	22.	132.
	* 990 PAGE 10 TOTAL OTHER				661.		661.	22.	132.
	* GRAND TOTAL 990 PAGE 10 DEPR				24,954.		24,954.	17,641.	2,241.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone