

Alliance-FY21

FY21 Application for Funding

Gallatin Invasive Species Alliance

Jennifer Mohler
903 N Black
903 N Black
Bozeman, MT 59715

info@gallatinisa.org
O: 406-209-0905
M: 406-209-0905

Jennifer Mohler

903 N Black
903 N Black
Bozeman, MT 59714

jen@gallatinisa.org
O: 406-209-0905
M: 406-209-0905

Application Form

Guidelines & Applications Tips

Guidelines:

- Please direct questions or concerns to Jenny Muscat, Operations Manager, at jenny@resorttax.org or 406-995-3234
- Please only provide the information requested within this application
 - Supplemental materials will not be accepted or included in the final board review
- Blackmail or bribery of staff or board members is strictly prohibited and will result in disqualification
- Please proofread your application for grammar and validate your data prior to submission
- When applicable, group themed initiatives into larger project/program requests
 - You can apply for funds for up to 8 projects/programs
 - Please group all operational (payroll, training, maintenance, etc) costs into 1 project and individually list capital projects or programs
- Avoid organizational jargon and use layman's terms to minimize follow up questions
- You may SAVE the application at any time and return to it
- Final submission happens upon clicking 'SUBMIT'
- **The deadline for applications is Thursday, April 30 @ 11:59pm (Mountain Time)**

Acknowledgement*

I have read and understand the instructions and guidelines for this application

Document Uploads:

You may be required to upload the following documents in this application. We recommend saving these files in one location on your computer for easy upload.

- 990 Form
- Auditor's Report
- Operating Budget Current Fiscal Year
- Profit & Loss Budget vs Actual Previous Fiscal Year
- Balance Sheet Previous Fiscal Year

You will be asked to download the '3-Year Financial Forecast' and complete both worksheets, 'Itemized Expenses & Revenues' *AND* 'Reserves & Cash Flow,' save and upload in the Financial Information section below. Use the links below to download your preferred format. (We suggest using EXCEL as formulas are set to populate totals and percentages for you.)

- EXCEL (3-Year Financial Forecast)

- WORD (3-Year Financial Forecast)
- PDF (3-Year Financial Forecast)

Background Information

Please complete the following section with information about your organization:

Request Title*

Please enter your "Organization Acronym"-FY21' in the following format. For example: *BSRAD-FY21*

Alliance-FY21

Fees*

Does your organization charge any dues or fees? If yes please explain in the next question.

No

Explain Fees

If applicable, please explain any fees or dues your organization charges and what portion of your total revenue this accounts for:

To be clear, historically the Alliance has not charged a fee for service. However, considering funding reductions, the Alliance may consider charging a fee to cover costs for individual landowner site visits to identify noxious weeds and inform landowners on best management practices. Our concern is this will prove to be a barrier for some who can't afford it and possibly deter those who can. It also compromises our "neutral" educational position when there is a fee for service.

FTE Count*

Please list the number of full-time employees in your organization. If you have none please enter 0:

0

PTE Count*

Please list the number of part-time employees in your organization. If you have none please enter 0:

1

Volunteer Count*

Please list the number of volunteers in your organization. If you have none please enter 0:

178

Future Personnel Growth*

Please explain any predicted 3-year growth to the numbers listed above (FTE, PTE, Volunteers). And explain if you anticipate Resort Tax funds will support this growth:

The Alliance would like to graduate the $\frac{1}{5}$ time director to $\frac{3}{4}$ time with resort tax support. Without a person to manage operations, there is little opportunity to pursue outside funding sources for programming, as funders either expect a staff match or provide only partial staff funding. Therefore, staff funding is key to maintaining programming and the pursuit to grow it. We expect the volunteer numbers to increase over time as programs continue to become established.

Organizational Partnerships

Please explain any other organizations you have partnered with and provide details for any ongoing strategic partnerships:

The Alliance partners with BSCO, GRTF, BSOA, Ophir School, Big Sky Rotary, Custer Gallatin National Forest, Gallatin and Madison County Weed Districts, TU, One Montana, MCC, Crail Ranch, Big Sky Water & Sewer, JCP, YC, Gallatin County Conservation District, Gallatin Watershed Council, MSU, GVL, MDOT, multiple Big Sky HOA's, DNRC, MWA, Wild Sheep Foundation, and Montana FWP to execute our programs and implement our goal of protecting natural resources from the threats of invasive species.

Number of Projects/Programs*

How many projects/programs are you requesting Resort Tax funds for?

Applicants can apply for funds for up to 8 projects/programs. When applicable, please consider grouping themed initiatives into larger project/program requests.

4

For applicants with multiple projects please note that the application will expand and create additional project/program information sections for each project you are requesting funding for based upon the number entered above. Please enter your projects in order of highest to lowest priority as you complete the application.

Forecasted Request FY21*

In last year's application, what amount did you predict you would be requesting for this year (FY21)?

If you did not apply last year please enter 0.

Please reference question #5 "Total Cash Flow 3-Year Requirement" on last year's application to gather this data.

\$159,000.00

Total Funds Requested FY21*

Please enter the total amount of funds your organization is requesting for all projects/programs for this year (FY21):

Please ensure that all requests for all projects add up to this total, the form does not calculate a total for you.

\$26,068.00

Explain Variance

If applicable, please explain any differences in your current request vs the amount entered on last year's application:

Recognizing the impact of COVID-19, we are requesting "survival +" funding (\$26,068), the amount needed to remain viable, meet the basic requirements of existing grants and projects already in the works, and provide minimal landowner services. These projects (noxious weed mgmt.) require an annual effort to avoid losing ground on the investments already made. Our "survival" budget, which would allow us not to close our doors but do nothing else, is \$6,718 and is outlined in our attached budget.

State your estimated payment request schedule FY21. Amounts should add up to *Total Funds Requested FY21*.

For any month you are NOT requesting funds please enter 0.

Important: July 15, 2020, will be the first day a payment can be requested. Funding will not be available until a contract has been signed and the Award Orientation has been completed.

July 2020 Estimate*

\$5,442.00

August 2020 Estimate*

\$3,297.00

September 2020 Estimate*

\$1,772.00

October 2020 Estimate*

\$1,834.00

November 2020 Estimate*

\$444.00

December 2020 Estimate*

\$669.00

January 2021 Estimate*

\$1,580.00

February 2021 Estimate*

\$444.00

March 2021 Estimate*

\$1,300.00

April 2021 Estimate*

\$3,744.00

May 2021 Estimate*

\$1,970.00

June 2021 Estimate*

\$3,572.00

When projecting future requests, please ensure these numbers are as accurate as possible. While calculating these numbers keep the following in mind:

- **Economic Growth**
- **Staffing Changes**
- **Changes in Community Needs**

Future Funding Request FY22*

What is your forecasted Resort Tax request for FY22 (7/1/21-6/30/22)?

\$85,000.00

Future Funding Request FY23*

What is your forecasted Resort Tax request for FY23 (7/1/22-6/30/23)?

\$90,000.00

Mill Levy Authority*

Does your organization have mill levy authority?

No

Public Safety

Public Safety*

Does your organization provide a public service that responds to emergency calls?

No

Financial Information

Please complete the following questions and upload all available documents for your organization; if a document is not available please explain why:

3-Year Financial Forecast*

Please download the '3-Year Financial Forecast' and complete both worksheets: 'Itemized Expenses & Revenues' AND 'Reserves & Cash Flow.' And save the completed workbook, and upload your '3-Year Financial Forecast.' Use the links below to download your preferred format. (We suggest using EXCEL as formulas are set to populate totals and percentages for you.)

- EXCEL (3-Year Financial Forecast)
- WORD (3-Year Financial Forecast)
- PDF (3-Year Financial Forecast)

3-Year Financial Forecast (FY21)_GISA.xlsx

990 Form

Please upload a copy of your organization's most recently completed 990 form. If you are unable to provide a 990 form, briefly explain why:

Gallatin Invasive Species Alliance 2018 Client Copy.pdf

Auditor's Report

Please upload a copy of your organization's most recently completed Auditor's Report. If you are unable to provide an Auditor's Report, briefly explain why:

Since the Alliance does not receive funding from organizations that require it, and our annual income is small enough that the cost of an audit would take up a substantial portion of our entire annual budget, we have not conducted one.

Operating Budget Current Fiscal Year

Please upload a copy of your organization's complete operating budget for your current fiscal year. If you are unable to provide this document, briefly explain why:

GISA_Budget_2019-2020.pdf

Profit & Loss | Budget vs Actual Previous Fiscal Year

Please upload a copy of your organization's Profit and Loss, Budget vs. Actual from your previous completed fiscal year. If you are unable to provide this document, briefly explain why:

GISA_BudgetvActual_2018-2019.pdf

Balance Sheet Previous Fiscal Year

Please upload your organization's balance sheet from your previous completed fiscal year. If you are unable to provide your document, briefly explain why:

GISA_BalanceSheet_6-30-2019.pdf

Funding Sources*

Please explain your approach and sources for funding, including what part Resort Tax currently provides, among other funding sources. Additionally, describe your long-term plan to supplement Resort Tax Funds:

The Alliance pursues funding from government and foundation grants, fundraising, and resort tax. Both government and foundation grants primarily support program costs with limited to no funding for staff. The Alliance fundraises via individual donations, small gift campaigns, known public giving days, and selling products and sponsorships. We were preparing to kick off an annual fundraising event, "Wine & Wildflowers" at the Gardens at Crail Ranch this summer, but in consideration of the current coronavirus pandemic, we will likely aim for 2021. Resort tax funds are critical as they provide the operational and staff funding that allows the Alliance to pursue and obtain funding from the other sources described above for development and

implementation of programs. Simply put, the critical task of protecting Big Sky's amazing natural resources is most successful when supported locally with consistent and adequate funding.

Strategic Plan/Long-Term Plan*

Does your organization have a strategic plan/long-term plan? If yes, please upload in the next question.

No

Strategic/Long-Term Plan Explanation

If your organization has a strategic/long-term plan please upload **ONLY** the executive summary/overview:

I.E 3 year plan, 5-year plan, etc...

Project/Program 1 Information

Please complete the following section pertaining to your organization's 1st priority project/program that you are requesting funds for. There will be subsequent sections to complete for organizations with multiple projects. Please enter your projects in order of highest to lowest priority as you complete the application.

Project/Program 1*

Please enter the name for your 1st priority project/program:

Administration

Amount Requested | Project/Program 1*

State the amount you are requesting for project/program 1:

\$9,118.00

Percent of Total | Project/Program 1*

What percent of your total ask does this project/program represent?

Please enter percentages as numbers only, special characters will not be accepted. I.E. 50% should be entered as 50.

35

Category | Project/Program 1*

Please select the category that best pertains to this project/program:

Recreation & Conservation

Category (Other) | Project/Program 1

If you selected "other" in the previous question, please explain the nature of your project/program:

Our Big Sky Strategies | Project/Program 1*

Please select which strategies outlined in the Our Big Sky Community Vision and Strategy this project/program is working to achieve. Select all that apply:

- Protect wildlife habitat & natural resources
- Protect & enhance our water resources
- Work to become a sustainable & resilient community

Strategy Explanation | Project/Program 1*

Briefly explain how your project/program is meeting the needs of the strategies selected in the previous question:

Since 2004, the Alliance has led a proactive, collaborative, and cost-effective effort to address the impacts of invasive species (IS) on the upper Gallatin Watershed. The Alliance brings resources (financial, human, and technological) to the Big Sky community to help fight IS by connecting and coordinating all available resources to enhance wildlife habitat, protect water resources (as IS do impact water quality and quantity), and educate landowners, the community, youth, and visitors. The Alliance works with a broad network of organizations and agencies to facilitate the stewardship of natural resources, fostering sustainability and resiliency to ensure that what we love most about this place is not destroyed in our pursuit of experiencing it. The resort tax has invested \$481,960 into the Alliance's work since 2005, and we have matched that with \$831,212 (every \$1 invested has been matched with \$1.72). The execution of our programming requires robust administration.

Other Community Needs | Project/Program 1

If applicable, please explain any community needs or priorities that this project/program is assisting with that are not outlined in the Our Big Sky Plan:

Big Sky's long-term economic prosperity is intimately linked to the health of the surrounding ecosystem. A 2014 CSU study concluded \$4.4 million was lost in recreation revenue due to IS. Cumulative degradation of natural resources will make Big Sky a less desirable place to live and visit. The Alliance focuses on implementing proactive measures to protect the economic engine (natural resources) of Big Sky because, as the saying goes, an ounce of prevention is worth a pound of cure.

Community Target Segment | Project/Program 1*

Identify the community target segment(s) that applies to this project/program. Please select all that apply. You can provide more explanation if needed in the next question:

- Businesses
- Children/Families
- Property Owner/HOAs
- Non-Profits
- Outdoor Recreationalist
- Part-Time Residents

- Tourist/Visitor
- Year-Round Residents
- Other (please explain in the next question)

More Detail Community Segment | Project/Program 1

If applicable, please provide more detail on your community target segment:

The Alliance serves all those who live, work, visit, and recreate in the greater Big Sky area, along with the businesses that benefit from that activity. Additionally, we work to protect the habitat that wildlife and native plants need to survive.

Schedule | Project/Program 1*

What is the schedule of this project/program? Select all that apply:

- Ongoing
- Annually Recurring

Schedule Explanation | Project/Program 1

If applicable, please provide more detail on the schedule of this program/project:

Invasive species are a constant threat; thus, a sustained, consistent, and proactive effort is required to prevent degradation of wildlife habitat, water resources, and native plant communities.

Additional Operating Costs | Project/Program 1*

Will the outcome of this project result in a need for additional operating and maintenance costs? If yes, please explain in the next question.

- Yes

Additional Operating Costs Explanation | Project/Program 1

If applicable, please provide more detail on how you plan to fund the additional operating and maintenance costs:

Yes, in that requested funding for FY21 (for all 4 programs) takes into consideration the current pandemic conditions and is far below baseline funding needed to adequately address the threats of invasive species in and the associated impacts. However, if funding does rebound in future years to facilitate that level of operation and provide capacity to meet demand, there is no need for additional operating and maintenance costs.

Goals | Project/Program 1*

What are the goals of this project/program and how will they be measured?

- Goals:

- Implement the organization's mission, strategies and goals; measured by execution of our three programs.
- Identify and pursue funding opportunities; measured by the number of grants applied for, obtained, and completed.
- Adhere to Generally Accepted Accounting Practices (GAAP); measured by maintaining budgets, organization and accounting files.
- Produce annual report to communicate the organization's work for the year; measured by the distribution of said report.
- Execute a fundraising program to build community support for the Alliance's program; measured by participation in annual giving days, events hosted, creative methods employed to raise funds and brand awareness, and feedback from participants and donors.

Shared Goals & Collaboration | Project/Program 1*

Are you collaborating with any other organizations or partners on this project/program? If yes, please explain in the next question.

Yes

Shared Goals & Collaboration Explanation | Project/Program 1

If applicable, please explain any collaboration on this project/program with other organizations or partners and your shared goals:

The Alliance works in collaboration with multiple organizations and agencies (listed in the background information section of this application) to execute a comprehensive and cost-effective campaign to mitigate the impacts of invasive species in the upper Gallatin Watershed via our community outreach, educational and awareness programs, and environmental stewardship efforts.

Community Outreach | Project/Program 1*

Please explain any community outreach that has led to the development of this project/program:

The Alliance has worked hard to leverage limited funding to the benefit of the Big Sky community and upper Gallatin Watershed. We have taken advantage of the resources from Bozeman Area Community Foundation to improve our programs and overall administration. Because our organization does so much work directly with landowners, youth, and the public, we rely on feedback and information from them to improve and grow our efforts on an ongoing basis. With less than part time contracted staff, we work extremely hard to maximize our limited resources to provide high quality services that directly benefit landowners, the community, and the environment.

Start Date | Project/Program 1*

07/01/2020

Completion Date | Project/Program 1*

06/30/2021

Additional Funding Sources | Project/Program 1*

Does your budget include any additional funding sources for this project/program, including any matches, assistance, or support you have received? If yes, please explain in the next question.

Yes

Additional Funding Sources Explanation | Project/Program 1

If applicable, please explain any additional funding sources for this project/program, including any matches, assistance, or support you have received:

The Gallatin County Weed District has been an integral and steadfast partner to the Alliance since the beginning. They provide educational materials and supplies, partner on events, provide in-kind technical services, include us in their Montana Weed Control Association membership, and assist us in administering our mission and programming on an ongoing basis.

Fees & Revenue | Project/Program 1*

Are there any other fees or revenue associated with this project/program? If yes, please explain in the next question.

No

Fees & Revenue Explanation | Project/Program 1

If applicable, please explain any other fees or revenue associated with this project/program:

Project/Program 2 Information

Please complete the following section pertaining to your organization's 2nd priority project/program that you are requesting funds for. There will be subsequent sections to complete for organizations with multiple projects. Please enter your projects in order of highest to lowest priority as you complete the application.

Project/Program 2*

Please enter the name for your 2nd priority project/program:

Environmental Stewardship

Amount Requested | Project/Program 2*

State the amount you are requesting for project/program 2:

\$6,500.00

Percent of Total | Project/Program 2

What percent of your total ask does this project/program represent?

Please enter percentages as numbers only, special characters will not be accepted. I.E. 50% should be entered as 50.

25

Category | Project/Program 2*

Please select the category that best pertains to this project/program:

Recreation & Conservation

Category (Other) | Project/Program 2

If you selected "other" in the previous question, please explain the nature of your project/program:

Our Big Sky Strategies | Project/Program 2*

Please select which strategies outlined in the Our Big Sky Community Vision and Strategy this project/program is working to achieve. Select all that apply:

- Protect wildlife habitat & natural resources
- Protect & enhance our water resources
- Work to become a sustainable & resilient community

Strategy Explanation | Project/Program 2*

Briefly explain how your project/program is meeting the needs of the strategies selected in the previous question:

This program focuses on wildlife habitat improvement projects, landowner assistance, and invasive species (IS) mapping and monitoring. Invasive species are known as “habitat transformers” because they change the physical structure and forage availability in habitats, eventually pushing resident wildlife out. We work to improve impaired wildlife habitat, e.g., our near decade long bighorn sheep winter range improvement effort. Private land is the primary source of IS infestation and spread, and we work to educate and empower private landowners to manage IS using best management practices. The Alliance assists and supports partner agencies responsible for IS management via our mapping and monitoring program, where early detection and rapid response are key to maintaining ecological health and diversity. Healthy, resilient ecosystems are the key to Big Sky’s visitor economy, and by proactively safeguarding our natural resources, the Alliance directly assists the strategies listed above.

Other Community Needs | Project/Program 2

If applicable, please explain any community needs or priorities that this project/program is assisting with that are not outlined in the Our Big Sky Plan:

Resource managers recognize that invasive non-native species are the second biggest threat behind climate change to the integrity and function of ecosystems, and rarely has a landscape fully recovered from

the introduction of invasive species. Our environmental stewardship program works to proactively address this threat.

Community Target Segment | Project/Program 2*

Identify the community target segment(s) that applies to this project/program. Please select all that apply. You can provide more explanation if needed in the next question:

- Businesses
- Children/Families
- Property Owner/HOAs
- Non-Profits
- Outdoor Recreationalist
- Part-Time Residents
- Tourist/Visitor
- Year-Round Residents
- Other (please explain in the next question)

More Detail Community Segment | Project/Program 2

If applicable, please provide more detail on your community target segment:

The Alliance serves all those who live, work, visit, and recreate in the greater Big Sky area, along with the businesses that benefit from that activity. Additionally, we work to protect the habitat that wildlife and native plants need to survive.

Schedule | Project/Program 2*

What is the schedule of this project/program? Select all that apply:

- Ongoing
- Annually Reccuring

Schedule Explanation | Project/Program 2

If applicable, please provide more detail on the schedule of this program/project:

Invasive species are a constant threat; thus, a sustained, consistent, and proactive effort is required to prevent degradation of wildlife habitat, water resources, and native plant communities.

Additional Operating Costs | Project/Program 2*

Will the outcome of this project result in a need for additional operating or maintenance costs? If yes, please explain in the next question.

- No

Additional Operating Costs Explanation | Project/Program 2

If applicable, please provide more detail on how you plan to fund the additional operating and maintenance costs:

Goals | Project/Program 2*

What are the goals of this project/program and how will they be measured?

Habitat Improvement Program: Goal is to enhance critical wildlife habitat. Success is measured by the participation of cooperating agencies and reduction of invasive species in treated areas.

Landowner Assistance Program: Goal is to provide the tools and resources needed to execute ecologically based IS management using best management practices on private land. Success is measured by the number of site visits, number of referrals, follow-up questions, and action taken.

Mapping & Monitoring Program: Goals are to identify new invaders, facilitate early detection and rapid response, and assist and support partner agencies responsible of IS management. Success is measured by the quantity and quality of data collected and shared.

Shared Goals & Collaboration | Project/Program 2*

Are you collaborating with any other organizations or partners on this project/program? If yes, please explain in the next question.

Yes

Shared Goals & Collaboration Explanation | Project/Program 2

If applicable, please explain any collaboration on this project/program with other organizations or partners and your shared goals:

The Alliance works in collaboration with the following organizations and agencies to execute our environmental stewardship programs: BSCO, GRTE, BSOA, Custer Gallatin National Forest, Gallatin and Madison County Weed Districts, TU, MCC, Gallatin County Conservation District, Gallatin Watershed Council, MSU, GVL, MDOT, multiple Big Sky HOA's, DNRC, MWA, Wild Sheep Foundation, and Montana FWP.

Community Outreach | Project/Program 2*

Please explain any community outreach that has led to the development of this project/program:

Habitat Improvement Program: In the 10 years we have been working on the bighorn sheep winter range improvement project, we have sought input by the GNF, MT FWP, MDOT, GCWD, NRCS, and WSF. For the Conserve Our Canyon effort, which treats IS in the Gallatin Canyon, we receive input from our partners (GNF, MDOT, GWCD, MCC, and GRTE) and the public.

Landowner Assistance: In addition to the feedback via email and farmers market, surveys conducted have provided us with helpful information in crafting our program. The most recent survey showed that 97% of landowners we've assisted actively manage noxious weeds on their property, 71% do it themselves, and only 14% think this community does enough to address the threats of invasive species.

Start Date | Project/Program 2*

07/01/2020

Completion Date | Project/Program 2*

06/30/2021

Additional Funding Sources | Project/Program 2

Does your budget include any additional funding sources for this project/program, including any matches, assistance, or support you have received? If yes, please explain in the next question.

Yes

Additional Funding Sources Explanation | Project/Program 2

If applicable, please explain any additional funding sources for this project/program, including any matches, assistance, or support you have received:

Additional funds for these programs include in-kind technical services and materials from partner organizations and agencies, along with funding from Montana Noxious Weed Trust Fund, Gallatin Conservation District, Gallatin Resource Advisory Committee, Gallatin County, Yellowstone Club Community Foundation, Moonlight Community Foundation, Spanish Peaks Community Foundation, Fidelity Charitable, Charitable Cross Foundation.

Fees & Revenue | Project/Program 2*

Are there any other fees or revenue associated with this project/program? If yes, please explain in the next question.

No

Fees & Revenue Explanation | Project/Program 2

If applicable, please explain any other fees or revenue associated with this project/program:

To be clear, historically the Alliance has not charged a fee for service. However, considering funding reductions, the Alliance may consider charging a fee to cover costs for individual landowner site visits to identify noxious weeds and inform landowners on best management practices. Our concern is this will prove to be a barrier for some who can't afford it and possibly deter those who can. It also compromises our "neutral" educational position when there is a fee for service.

Project/Program 3 Information

Please complete the following section pertaining to your organization's 3rd priority project/program that you are requesting funds for. There will be subsequent sections to complete for organizations with multiple projects. Please enter your projects in order of highest to lowest priority as you complete the application.

Project/Program 3*

Please enter the name for your 3rd priority project/program:

Education & Awareness

Amount Requested | Project/Program 3*

State the amount you are requesting for project/program 3:

\$5,500.00

Percent of Total | Project/Program 3*

What percent of your total ask does this project/program represent?

Please enter percentages as numbers only, special characters will not be accepted. I.E. 50% should be entered as 50.

21

Category | Project/Program 3*

Please select the category that best pertains to this project/program:

Recreation & Conservation

Category (Other) | Project/Program 3

If you selected "other" in the previous question, please explain the nature of your project/program:

Our Big Sky Strategies | Project/Program 3*

Please select which strategies outlined in the Our Big Sky Community Vision and Strategy this project/program is working to achieve. Select all that apply:

- Protect wildlife habitat & natural resources
- Protect & enhance our water resources
- Work to become a sustainable & resilient community

Strategy Explanation | Project/Program 3*

Briefly explain how your project/program is meeting the needs of the strategies selected in the previous question:

This program implements activities and strategies that educate the public about IS and their impact on natural resources. The Alliance partners with organizations to promote nationally recognized PR campaigns that promote clean recreation practices.

In 2016, we initiated the PlayCleanGo campaign to promote and instill clean recreational habits. We have installed 4 PCG signs in the canyon, 4 trailhead signs at local trailheads (with 3 more to be installed this year) and created PlayCleanGo kits for kids.

In 2017, we initiated Clean.Drain.Dry. in the Upper Gallatin with our partners GRTF, MT FWP, and GCWD, seeking to address and mitigate the spread of AIS through human activity. To date, the combined funding for this cooperative project was \$47,220, and we were just awarded \$13,682 from DNRC for 2020 efforts.

In addition, we conduct an annual summer educational campaign, distribute educational materials and e-newsletters, and maintain a website with extensive resources.

Other Community Needs | Project/Program 3

If applicable, please explain any community needs or priorities that this project/program is assisting with that are not outlined in the Our Big Sky Plan:

Resource managers recognize that invasive non-native species are the second biggest threat behind climate change to the integrity and function of ecosystems, and rarely has a landscape recovered from the introduction of invasive species. Our education and awareness program aims to proactively address this threat.

Community Target Segment | Project/Program 3*

Identify the community target segment(s) that applies to this project/program. Please select all that apply. You can provide more explanation if needed in the next question:

- Businesses
- Children/Families
- Property Owner/HOAs
- Non-Profits
- Outdoor Recreationalist
- Part-Time Residents
- Tourist/Visitor
- Year-Round Residents
- Other (please explain in the next question)

More Detail Community Segment | Project/Program 3

If applicable, please provide more detail on your community target segment:

The Alliance serves all those who live, work, visit, and recreate in the greater Big Sky area, along with the businesses that benefit from that activity. Additionally, we work to protect the habitat that wildlife and native plants need to survive.

Schedule | Project/Program 3*

What is the schedule of this project/program? Select all that apply:

- Ongoing
- Annually Recurring

Schedule Explanation | Project/Program 3

If applicable, please provide more detail on the schedule of this program/project:

Invasive species are a constant threat; thus, a sustained, consistent, and proactive effort is required to prevent degradation of wildlife habitat, water resources, and native plant communities.

Additional Operating Costs | Project/Program 3*

Will the outcome of this project result in a need for additional operating or maintenance costs? If yes, please explain in the next question.

- No

Additional Operating Costs Explanation | Project/Program 3

If applicable, please provide more detail on how you plan to fund the additional operating and maintenance costs:

Goals | Project/Program 3*

What are the goals of this project/program and how will they be measured?

The goal of our Education and Awareness Program is to promote “clean recreational habits” to interrupt recreation-based pathways of spread for invasive species, educate the public about invasive species and their impact on natural resources, inspire the community to appreciate and conserve native habitats, and advocate for healthy, functioning ecosystems to maintain ecological and economic health of the community. Success is evaluated by the quality of programming implemented and response by the public to receiving the message, and an increased awareness of invasive species and their impacts.

Shared Goals & Collaboration | Project/Program 3*

Are you collaborating with any other organizations or partners on this project/program? If yes, please explain in the next question:

- Yes

Shared Goals & Collaboration Explanation | Project/Program 3

If applicable, please explain any collaboration on this project/program with other organizations or partners and your shared goals:

The Alliance works in collaboration with the following organizations and agencies to execute our education and awareness programs: BSCO, GRTF, BSOA, Ophir School, Custer Gallatin National Forest,

Gallatin and Madison County Weed Districts, TU, JCP, Gallatin County Conservation District, Gallatin Watershed Council, MSU, DNRC, and Montana FWP.

Community Outreach | Project/Program 3*

Please explain any community outreach that has led to the development of this project/program:

In addition to the feedback via email, in person, and at the farmers market, surveys conducted by the Alliance have provided us with helpful information in crafting our program. The most recent survey indicated that the Alliance has been successful in educating the community, as it showed that 72% consider invasive species a threat to Big Sky's natural resources, 83% believe wildlife are affected by noxious weeds, 79% think water quality and quantity is affected by invasive species, and 86% think recreation is affected by invasive species.

Start Date | Project/Program 3*

07/01/2020

Completion Date | Project Program 3*

06/30/2021

Additional Funding Sources | Project/Program 3*

Does your budget include any additional funding sources for this project/program, including any matches, assistance, or support you have received? If yes, please explain in the next question.

Yes

Additional Funding Sources Explanation | Project/Program 3

If applicable, please explain any additional funding sources for this project/program, including any matches, assistance, or support you have received:

Additional funds for these programs include in-kind technical services and materials from partner organizations and agencies, along with funding from Montana Noxious Weed Trust Fund, Department of Natural Resources and Conservation, Gallatin Conservation District, Gallatin County, Yellowstone Club Community Foundation, Moonlight Community Foundation, Spanish Peaks Community Foundation, and Charitable Cross Foundation over the years.

Fees & Revenue | Project/Program 3*

Are there any other fees or revenue associated with this project/program? If yes, please explain in the next question.

No

Fees & Revenue Explanation | Project/Program 3

If applicable, please explain any other fees or revenue associated with this project/program:

Project/Program 4 Information

Please complete the following section pertaining to your organization's 4th priority project/program that you are requesting funds for. There will be subsequent sections to complete for organizations with multiple projects. Please enter your projects in order of highest to lowest priority as you complete the application.

Project/Program 4*

Please enter the name for your 4th priority project/program:

Community Outreach

Amount Requested | Project/Program 4*

State the amount you are requesting for project/program 4:

\$4,900.00

Percent of Total | Project/Program 4*

What percent of your total ask does this project/program represent?

Please enter percentages as numbers only, special characters will not be accepted. I.E. 50% should be entered as 50.

19

Category | Project/Program 4*

Please select the category that best pertains to this project/program:

Recreation & Conservation

Category (Other) | Project/Program 4

If you selected "other" in the previous question, please explain the nature of your project/program:

Our Big Sky Strategies | Project/Program 4*

Please select which strategies outlined in the Our Big Sky Community Vision and Strategy this project/program is working to achieve. Select all that apply:

Protect wildlife habitat & natural resources

Protect & enhance our water resources

Work to become a sustainable & resilient community

Strategy Explanation | Project/Program 4*

Briefly explain how your project/program is meeting the needs of the strategies selected in the previous question:

This program engages and educates the public about invasive species and their impact through community events, partnerships, and programs. The Community Outreach Program is designed to raise awareness of invasive species among residents, visitors, and youth. Weed pulls, youth education at local camps, realtor education classes, master hunter classes, Farmers Market, Ophir School IS field trip for second graders, Gallatin Valley Farm Fair, and the Crail Ranch Native Demonstration Garden are examples of what this program provides. We partner with a wide array of organizations and agencies to share educational information about IS and their impacts, clean recreational practices, and the hallmarks and benefits of healthy and resilient ecosystems.

Other Community Needs | Project/Program 4

If applicable, please explain any community needs or priorities that this project/program is assisting with that are not outlined in the Our Big Sky Plan:

Resource managers recognize that invasive non-native species are the second biggest threat behind climate change to the integrity and function of ecosystems, and never has a landscape recovered from the introduction of invasive species. Our community outreach program works to proactively address this threat.

Community Target Segment | Project/Program 4*

Identify the community target segment(s) that applies to this project/program. Please select all that apply. You can provide more explanation if needed in the next question:

- Businesses
- Children/Families
- Property Owner/HOAs
- Non-Profits
- Outdoor Recreationalist
- Part-Time Residents
- Tourist/Visitor
- Year-Round Residents
- Other (please explain in the next question)

More Detail Community Segment | Project/Program 4

If applicable, please provide more detail on your community target segment:

The Alliance serves all those who live, work, visit, and recreate in the greater Big Sky area, along with the businesses that benefit from that activity. Additionally, we work to protect the habitat that wildlife and native plants need to survive.

Schedule | Project/Program 4*

What is the schedule of this project/program? Select all that apply:

- Ongoing
- Annually Recurring

Schedule Explanation | Project/Program 4

If applicable, please provide more detail on the schedule of this program/project:

Invasive species are a constant threat; thus, a sustained, consistent, and proactive effort is required to prevent degradation of wildlife habitat, water resources, and native plant communities.

Additional Operating Costs | Project/Program 4*

Will the outcome of this project result in a need for additional operating or maintenance costs? If yes, please explain in the next question.

- No

Additional Operating Costs Explanation | Project/Program 4

If applicable, please provide more detail on how you plan to fund the additional operating and maintenance costs:

Goals | Project/Program 4*

What are the goals of this project/program and how will they be measured?

The goal of our Community Program is to engage and educate the public about invasive species and their impacts on natural resources through community events, partnerships, and other outreach activities. This program aims to inspire the community to appreciate and conserve native habitats, advocate for healthy, functioning ecosystems to maintain ecological and economic health of the community, and promote “clean recreational habits” to interrupt recreation pathways of spread for invasive species. Success is evaluated by the quantity and quality of events, the number of people attending events, requests from other organizations to assist with and participate in events, and increased awareness of invasive species and their impacts.

Shared Goals & Collaboration | Project/Program 4*

Are you collaborating with any other organizations or partners on this project/program? If yes, please explain in the next question.

- Yes

Shared Goals & Collaboration Explanation | Project/Program 4

If applicable, please explain any collaboration on this project/program with other organizations or partners and your shared goals:

The Alliance works in collaboration with the following organizations and agencies to execute our education and awareness programs: BSCO, GRTEF, BSOA, Ophir School, Big Sky Rotary, GNF, Gallatin and

Madison County Weed Districts, TU, One Montana, Crail Ranch, Big Sky Water & Sewer, JCP, GCD, Gallatin Watershed Council, MSU, GVL, DNRC, and Montana FWP to execute our programs and implement our goal of protecting natural resources from the threats of invasive species.

Community Outreach | Project/Program 4*

Please explain any community outreach that has led to the development of this project/program:

The Alliance assimilates feedback via email, in person and at events, from teachers and educators, along with input by partners on cooperative projects to help shape our Community Outreach program. For example, the native demonstration garden at Crail Ranch was a collaborative effort among the Alliance, BSCO, GRTF, Big Sky Water and Sewer and Crail Ranch. All parties provided input on the development of the project with stated specific goals, while the Alliance led and executed the garden build. As such, the completed demonstration garden will educate residents, students, and visitors about sustainable gardening, showcase water savings over time, and enhance the Ranch's natural heritage.

Start Date | Project/Program 4*

07/01/2020

Completion Date | Project/Program 4*

06/30/2021

Additional Funding Sources | Project/Program 4*

Does your budget include any additional funding sources for this project/program, including any matches, assistance, or support you have received? If yes, please explain in the next question.

Yes

Additional Funding Sources Explanation | Project/Program 4

If applicable, please explain any additional funding sources for this project/program, including any matches, assistance, or support you have received:

Additional funds for these programs include in-kind technical services and materials from partner organizations and agencies, along with funding from private donors, Trout Unlimited, Gallatin Conservation District, Big Sky Rotary, GRTF, Big Sky Water and Sewer, Big Sky Owners Association, Gallatin County, Yellowstone Club Community Foundation, Moonlight Community Foundation, Spanish Peaks Community Foundation, and Charitable Cross Foundation over the years.

Fees & Revenue | Project/Program 4*

Are there any other fees or revenue associated with this project/program? If yes, please explain in the next question.

No

Fees & Revenue Explanation | Project/Program 4

If applicable, please explain any other fees or revenue associated with this project/program:

COVID-19

COVID-19*

What, if any, predicted impacts of COVID-19 will directly impact your operation and request?

Now more than ever, as people turn to the outdoors for respite and relief from the current situation, we are reminded of how important these places are. Conservation doesn't just happen, it's a commitment made by the collective and requires a long-term vision and ongoing investment to yield results. The people of Big Sky resoundingly support conservation efforts, acknowledging that our unparalleled natural resources are intimately linked to the health and prosperity of the community.

While the Alliance is hoping to move forward with our annual community weed pulls, maintenance of the gardens at Crail Ranch, and other routine programs, much of our ability to execute depends on resort tax funding. In the short term, the Alliance foresees a reduction of in-person educational and community events to protect the health and safety of all. If funding is reduced to "survival" only or eliminated, the Alliance will not be able to adapt to alternative forms of outreach and education or fulfill existing grant requirements, which may cause irrevocable harm to current projects. Annual projects, such as treating noxious weeds in the Gallatin Canyon, will see significant setbacks and the loss of gains made to date. The ability to fundraise will take a significant hit, as competition will be fierce. To be blunt, fundraising for invasive species has, and will always be, an uphill climb, and without the support of resort tax, it will be a steeper hill. We had planned to kick off an annual fundraiser, Wine and Wildflowers at the Garden at Crail Ranch, which will now likely not take place in 2020, but hopefully in 2021. In the long term, funding reductions will limit our ability to pursue and obtain new grants, which directly translates to a reduction of on-the-ground conservation efforts.

Conversely, this is an ideal time to educate landowners on-site. As we are spending more time at home, this is a prime opportunity to engage and motivate landowners to take stewardship seriously and care for their property. It is also an opportunity to showcase to all who live in, recreate in, and visit this community the many benefits of a healthy outdoor environment. Keeping highly used areas healthy and resilient takes significant work and comes with great responsibility. As use of public spaces increases, our efforts to promote clean recreation practices and mitigate our impact on them are more pertinent than ever.

Application Verification & Summary

Community Messaging*

Please provide a brief description of your application for community messaging purposes:

Governed by a board of community members and natural resource experts, the Alliance is a not-for-profit organization that facilitates a comprehensive and cost-effective campaign to protect natural resources from the threats of invasive species in the upper Gallatin Watershed.

Please ensure that your application is complete, all calculations are accurate, and it has been proofread before submitting for Board review. Once you select Submit you will no longer be able to edit your application.

Completion*

Incomplete applications may not be considered for funding. It is the applicant's responsibility to provide all the information requested in the proper format by the application deadline.

I certify this application is complete and accurate

Date Submitted*

04/30/2020

Once you click 'SUBMIT', do not refresh the page. It may take a few moments to process the information and submit the application.

Staff Questions

Staff Questions for Applicant*

File Attachment Summary

Applicant File Uploads

- 3-Year Financial Forecast (FY21)_GISA.xlsx
- Gallatin Invasive Species Alliance 2018 Client Copy.pdf
- GISA_Budget_2019-2020.pdf
- GISA_BudgetvActual_2018-2019.pdf
- GISA_BalanceSheet_6-30-2019.pdf

*** Please be sure to complete both the
"Itemized Expenses & Revenues" AND "Reserves & Cash Flow" Worksheets.**

GLOSSARY OF TERMS

- **Full Time Equivalent (FTE):** A unit that indicates the workload of an *employed* person to makes workloads comparable across various contexts. Please use a 40-hour week as full time. For example, if your organization employs one person at 20 hours per week and hires an accountant for 10 hours per week the FTE is $\frac{3}{4}$. Likewise, if your organization employs two people at 40 hours per week each, hires a grant writer at 10 hours per week and a fundraiser at 10 hours per week the FTE is $2\frac{1}{2}$.
- **In-Kind:** Goods, services and transactions not involving money. For example, goods or services are exchanged for other goods or services with no monetary change. Another example, charitable giving in which, instead of giving money to buy goods and services, the goods and services themselves are given. Employee benefits such as a company car or gym membership would also be considered in-kind.
- **On Hand Restricted:** A reserve of money that can only be used for specific purposes and the purpose cannot be changed by the organization's board or director. For example, on hand restricted applies to contributions in which, donors indicated that the contributions must be used in a manner the donor has chosen.
- **On Hand Unrestricted:** A reserve of money given by a donor in which, the organization is free to use as they see fit. For example, when given a donation of unrestricted funds, the organization might allocate their use toward helping offset operating costs such as rent, labor costs and utility bills.
- **Capital Reserves Goal:** The ideal end result for a reserve of money that will specifically be used for capital investment projects or any other large and anticipated expense(s) that will be incurred in the future.

* Please be sure to complete both the "Itemized Expenses & Revenues" AND "Reserves & Cash Flow" Worksheets.

ITEMIZED EXPENSES AND REVENUES <i>(Include all organization projects and programs, not only those requesting resort tax funding)</i>	<i>Please enter the dates of your Organization's Current Fiscal Year below:</i> 07/01/2019 - 06/30/2020
--	---

		Previous Fiscal Year (Budgeted)	Previous Fiscal Year (Actual)	Current Fiscal Year (Budgeted)	Next Fiscal Year Anticipated ¹	% Change From Previous Fiscal Year ²	% Change From Last Year's to This Year's Budget ³	% of Total Revenue (Current Fiscal Year)	
Revenue	Resort Tax	\$57,000.00	\$55,443.00	\$138,925.00	\$26,068.00	144%	-81%	56%	
	Other Public Grants	\$47,450.00	\$32,148.94	\$54,960.00	\$53,882.00	16%	-2%	22%	
	Private Donations (not including In-Kind)	\$3,000.00	\$18,773.68	\$5,000.00	\$1,000.00	67%	-80%	2%	
	Fundraising Events (Net Amount)	\$0.00	\$4,663.46	\$2,000.00	\$1,000.00	#DIV/0!	-50%	1%	
	Dues & Fees	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	0%	
	Other*	\$34,846.00	\$82,185.63	\$47,096.00	\$41,900.00	35%	-11%	19%	
	Total	\$142,296.00	\$193,214.71	\$247,981.00	\$123,850.00	43%	-50%	100%	
Expenses	Administration	Payroll	\$6,700.00	\$6,689.00	\$13,006.00	\$2,600.00	94%	-80%	5%
		Fundraising	\$100.00	\$2,804.50	\$7,050.00	\$575.00	6950%	-92%	3%
		Marketing	\$0.00	\$0.00	\$1,500.00	\$0.00	#DIV/0!	-100%	1%
	Operations/ Programming	Payroll	\$33,975.00	\$39,610.00	\$66,549.00	\$17,500.00	96%	-74%	27%
		Other	\$60,462.00	\$33,784.91	\$107,780.00	\$61,275.00	78%	-43%	44%
	Other**	\$34,846.00	\$82,185.63	\$47,096.00	\$41,900.00	35%	-11%	19%	
	Total	\$136,083.00	\$165,074.04	\$242,981.00	\$123,850.00	79%	-49%	100%	
Capital Expenditures	Total	\$0	\$0	\$0	\$0	N/A	N/A	N/A	
Income	Net Income	\$6,213.00	\$28,140.67⁴	\$5,000.00	\$0	-24%	-100%	N/A	

Should total 100%

Should total 100%

* Revenue Other: In-Kind

**Expenses Other: In-Kind

***Explain Variances:
 1. In light of the current situation, the Alliance's resort tax ask represents "survival +" funding, which is the minimim needed to keep our orgination operational, meet existing grant awards requirements and sustain existing efforts to ensure the investments made into those programs are fulfilled. This "survival +" budget results in the equivalent of approximately 1/5 FTE.
 2. These percent changes reflect changes from FY19 to FY20, which were provided in last year's application.
 3. This additional column shows the percent changes from FY20 to FY21.
 4. Previous fiscal year's net income mainly comprised of funds to build the Gardens at Crail Ranch, which were spent in late summer of 2019.

*** Please be sure to complete both the
"Itemized Expenses & Revenues" AND "Reserves & Cash Flow" Worksheets.**

3-YEAR CASH FLOW

(Include all organization projects and programs, not only those requesting resort tax funding)

	Current <i>(07/01/2019- 03/31/2020)</i>	Year 2 <i>(07/01/2020- 06/30/2021)</i>	Year 3 <i>(07/01/2021- 06/30/2022)</i>	TOTAL
Payroll	\$ 39,610.00	\$ 20,000.00	\$ 70,000.00	\$ 129,610.00
Total # of FTE Personnel		1/5	3/4	N/A
Operations/Programming	\$ 43,278.41	\$ 61,950.00	\$ 90,000.00	\$ 195,228.41
Capital Expenditures	\$ -	\$ -	\$ -	\$ -
Total	\$ 82,888.41	\$ 81,950.00	\$ 160,000.00	\$ 324,838.41

RESERVES: Capital, Programming, and/or Operating

On Hand Restricted**	\$15,406.62
On Hand Unrestricted**	\$11,124.75
Goal (if currently no reserves)	\$30,000

**Purpose of Restricted and Unrestricted Capital Reserves: Restricted Reserves:

Restricted reserves are for funded project work: \$1,458.73 for PlayCleanGo Campaign and \$13,950.89 for building and maintenance of the Native Demonstration Garden at Crail Ranch.

Unrestricted Reserves: Represents funds obtained from fundraising efforts, and serves as cash on hand for grant expenditures that are subsequently reimbursed. The on hand unrestricted funds are a 48% increase over the previous year. However, current conditions may require the Alliance to tap into the reserves for survival, leaving almost no ability to execute other grants that require reimbursement of funds spent on those projects and depleting any on hand reserves.

Reserve Goal: Represents unrestricted reserves that will meet or exceed three months of operating expenses.

Gallatin Invasive Species Alliance

2018
CLIENT COPY

INCOME TAX RETURNS





CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

ANDERSON ZURMUEHLEN & CO., P.C. • MEMBER: AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

Gallatin Invasive Species Alliance
903 N. Black
Bozeman, MT 59715

Gallatin Invasive Species Alliance:

Enclosed is the organization's 2018 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990-EZ RETURN:

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-EO 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 Form 8879-EO to us by May 15, 2020.**

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We prepared return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Best regards,

A handwritten signature in blue ink that reads 'Kiely S. Thoen'.

Kiely S. Thoen, CPA

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

GALLATIN INVASIVE SPECIES ALLIANCE

46-5544351

Name and title of officer

**JENNIFER MOHLER
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	.....	1b	_____
2a Form 990-EZ check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	.....	2b	<u>174,558.</u>
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	.....	3b	_____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	.....	4b	_____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	.....	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize ANDERSON ZURMUEHLEN & CO., P.C. to enter my PIN 14199
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

81170938594

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 01/28/20

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

Short Form

Form **990-EZ**

Return of Organization Exempt From Income Tax

2018

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

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
GALLATIN INVASIVE SPECIES ALLIANCE

D Employer identification number
46-5544351

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
903 N. BLACK

City or town, state or province, country, and ZIP or foreign postal code
BOZEMAN, MT 59715

E Telephone number
406-209-0905

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **WWW.GALLATINISA.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **174,866.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received		112,860.																											
	2	Program service revenue including government fees and contracts		60,248.																											
	3	Membership dues and assessments																													
	4	Investment income																													
	5a	Gross amount from sale of assets other than inventory	5a																												
	b	Less: cost or other basis and sales expenses	5b																												
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c																												
	6	Gaming and fundraising events:																													
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a																												
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		906.																										
c	Less: direct expenses from gaming and fundraising events	6c		308.																											
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		598.																											
7a	Gross sales of inventory, less returns and allowances	7a																													
b	Less: cost of goods sold	7b																													
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c																													
8	Other revenue (describe in Schedule O)		SEE SCHEDULE O																												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		174,558.																											
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10																												
	11	Benefits paid to or for members	11		67,925.																										
	12	Salaries, other compensation, and employee benefits	12		0.																										
	13	Professional fees and other payments to independent contractors	13		42,995.																										
	14	Occupancy, rent, utilities, and maintenance	14																												
	15	Printing, publications, postage, and shipping	15		598.																										
	16	Other expenses (describe in Schedule O)	16	SEE SCHEDULE O	32,463.																										
17	Total expenses. Add lines 10 through 16	17		143,981.																											
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18		30,577.																										
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19		8,336.																										
	20	Other changes in net assets or fund balances (explain in Schedule O)	20		0.																										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21		38,913.																										

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	7,800.	39,942.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	536.	0.
25 Total assets	8,336.	39,942.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	0.	1,029.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	8,336.	38,913.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	24,551.
29 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	26,050.
30 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	15,056.
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	65,657.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DON MCANDREW DIRECTOR	0.75	0.	0.	0.
LARRY HOLZWORTH DIRECTOR	1.50	0.	0.	0.
LORRI LAGERBLOOM DIRECTOR	0.75	0.	0.	0.
DANIELLE JONES DIRECTOR	0.75	0.	0.	0.
MICHAEL JONES VICE CHAIR	2.50	0.	0.	0.
JOHN COUNCILMAN CHAIR	3.00	0.	0.	0.
KATIE COLEMAN SECRETARY	1.50	0.	0.	0.
JENNIFER MOHLER EXECUTIVE DIRECTOR	19.00	42,931.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 3 columns: Question, Yes, No. Row 46: Yes (empty), No (X)

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

Table with 3 columns: Question, Yes, No. Row 47: Yes (empty), No (X)

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question, Yes, No. Row 48: Yes (empty), No (X)

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question, Yes, No. Row 49a: Yes (empty), No (X)

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question, Yes, No. Row 49b: Yes (empty), No (empty)

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: NONE

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: NONE

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

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: JENNIFER MOHLER, EXECUTIVE DIRECTOR Date

Paid Preparer Use Only table with columns: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization GALLATIN INVASIVE SPECIES ALLIANCE	Employer identification number 46-5544351
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		36,296.	62,864.	80,804.	112,860.	292,824.
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		36,296.	62,864.	80,804.	112,860.	292,824.
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.						292,824.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4		36,296.	62,864.	80,804.	112,860.	292,824.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on			674.			674.
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						293,498.
12 Gross receipts from related activities, etc. (see instructions)					12	61,848.
13 First five 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 2018 (line 6, column (f) divided by line 11, column (f))	14	99.77 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>		

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>		

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 in (2), 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>		

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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 (a) and (b) 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>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>		

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 (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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

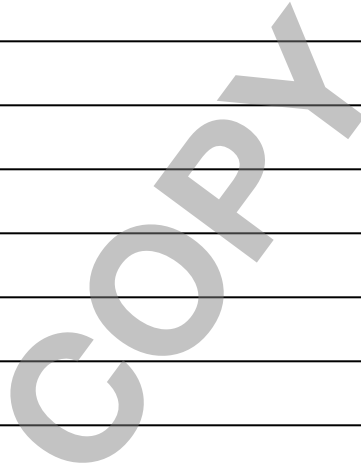
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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.)

SCHEDULE A, PART II, SECTION A

THE ORGANIZATION HAD A CHANGE IN YEAR END FROM DECEMBER 31 TO JUNE 30 IN 2018. THEREFORE, THE 2017 COLUMN IS AN EIGHTEEN MONTH PERIOD FROM JANUARY 1, 2017 TO JUNE 30, 2018. THE PRIOR THREE YEARS, ALONG WITH 2018 REPORTED WERE TWELVE MONTH PERIODS.



Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

GALLATIN INVASIVE SPECIES ALLIANCE

Employer identification number

46-5544351

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization GALLATIN INVASIVE SPECIES ALLIANCE	Employer identification number 46-5544351
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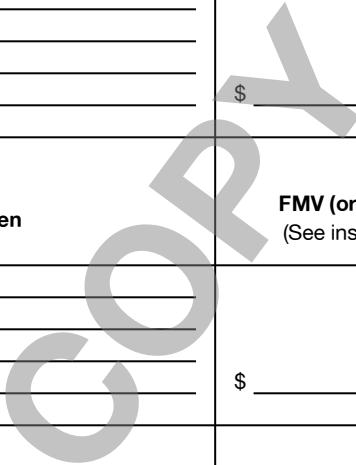
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BIG SKY RESORT TAX 11 LONE PEAK DRIVE, SUITE #204 BIG SKY, MT 59716	\$ 55,443.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GALLATIN CONSERVATION DISTRICT 120 SOUTH 5TH STREET SUITE B104 MANHATTAN, MT 59741	\$ 6,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MOONLIGHT COMMUNITY FOUNDATION PO BOX 161013 BIG SKY, MT 59716	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	YELLOWSTONE CLUB COMMUNITY FOUNDATION 1111 RESEARCH DR. BOZEMAN, MT 59718	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BIG SKY OWNERS ASSOCIATION 145 CENTER LN #J BIG SKY, MT 59716	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BIG SKY WATER AND SEWER 561 LITTLE COYOTE RD BIG SKY, MT 59716	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GALLATIN INVASIVE SPECIES ALLIANCE	Employer identification number 46-5544351
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

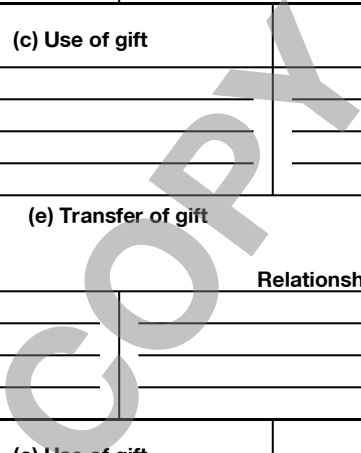
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____



Name of organization GALLATIN INVASIVE SPECIES ALLIANCE	Employer identification number 46-5544351
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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 O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

GALLATIN INVASIVE SPECIES ALLIANCE

Employer identification number

46-5544351

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
ADMINISTRATIVE SUPPORT	503.
MISCELLANEOUS	349.
TOTAL TO FORM 990-EZ, LINE 8	852.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
SUPPLIES	6,460.
MILEAGE	4,087.
ADMIN AND BOOKKEEPING	7,910.
WEBSITE	254.
ADVERTISING	10,441.
CELL PHONE	621.
INSURANCE	1,892.
OFFICE EXPENSE	798.
TOTAL TO FORM 990-EZ, LINE 16	32,463.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
FIRST BANK CREDIT CARD	536.	0.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
FIRST BANK CREDIT CARD	0.	1,029.

Name of the organization GALLATIN INVASIVE SPECIES ALLIANCE	Employer identification number 46-5544351
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FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ALLIANCE'S MISSION IS TO PROTECT NATURAL RESOURCES FROM THE THREAT OF INVASIVE SPECIES.

THE ALLIANCE'S PROJECT AREA ENCOMPASSES SOME OF THE MOST ECOLOGICALLY AND ECONOMICALLY IMPORTANT RESOURCES IN THE STATE, PROVIDING VITAL HABITAT AND WATER FOR PLANTS, WILDLIFE, AND THE PEOPLE WHO LIVE AND RECREATE IN THE AREA. THE ALLIANCE WORKS TO ADDRESS AND MITIGATE THE IMPACTS OF HUMAN ACTIVITY UPON NATURAL RESOURCES TO ENSURE WHAT WE LOVE SO MUCH ABOUT THIS PLACE IS NOT DESTROYED BY OUR PURSUIT TO EXPERIENCE IT.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY OUTREACH

THIS PROGRAM ENGAGES AND EDUCATES THE PUBLIC ABOUT INVASIVE SPECIES AND THEIR IMPACT ON THE ECOSYSTEM THROUGH COMMUNITY EVENTS, PARTNERSHIPS, AND PROGRAMS. IN 2019, THE ALLIANCE TEAMED UP WITH FOUR LOCAL ORGANIZATIONS TO BUILD A DEMONSTRATION GARDEN AT CRAIL RANCH TO EDUCATE RESIDENTS, STUDENTS, AND VISITORS ABOUT SUSTAINABLE GARDENING, SHOWCASE WATER SAVINGS OVER TIME, AND ENHANCE THE SITE'S NATURAL HERITAGE. OVER 700 NATIVE WILDFLOWERS WERE PLANTED IN 4 GARDENS, WITH THE HELP OF 29 VOLUNTEERS GIVING 223 HOURS. HUNDREDS OF LOCAL LANDOWNERS AND VISITORS WERE REACHED AT THE SUMMER LONG FARMERS MARKET. OVER FIFTEEN HUNDRED YOUTH WERE EDUCATED AT THE ANNUAL GALLATIN COUNTY FARM FAIR. THIRTY-FIVE SECOND GRADERS FROM OPHIR SCHOOL ATTENDED OUR ANNUAL INVASIVE SPECIES FIELD TRIP. THE ALLIANCE TAUGHT AT TWO REALTOR TRAINING COURSES. THE ALLIANCE ADVOCATED FOR THE PRESERVATION OF HEALTHY NATIVE ECOSYSTEMS VIA THE ANNUAL SERIES OF THREE "WILDFLOWER & WEED HIKES." TO DATE, 17,900 POUNDS OF NOXIOUS WEEDS HAVE BEEN REMOVED FROM PUBLIC LANDS OVER 11 YEARS WITH THE HELP

Name of the organization GALLATIN INVASIVE SPECIES ALLIANCE	Employer identification number 46-5544351
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OF 1,139 VOLUNTEERS (REPRESENTING 2,449 VOLUNTEER HOURS). THROUGH THESE EFFORTS, THE ALLIANCE INSPIRED THE COMMUNITY TO APPRECIATE AND CONSERVE NATIVE HABITATS.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

EDUCATION AND AWARENESS

THIS PROGRAM IMPLEMENTS ACTIVITIES AND STRATEGIES THAT EDUCATE THE PUBLIC ABOUT INVASIVE SPECIES AND THEIR IMPACT ON NATURAL RESOURCES. THE ALLIANCE REACHED THE GROWING NUMBER OF RESIDENTS, STUDENTS, AND VISITORS ABOUT INVASIVE SPECIES AND THEIR IMPACTS BY UTILIZING VARIOUS PUBLIC RELATIONS OUTLETS. THE ALLIANCE PROMOTES "CLEAN RECREATIONAL HABITS" VIA LAND AND WATER BY PARTNERING WITH AND PROMOTING ESTABLISHED NATIONAL CAMPAIGNS. THE ALLIANCE HAS ENCOURAGED 3.25 MILLION DRIVERS AND 5.4 MILLION READERS TO FOLLOW CLEAN.DRAIN.DRY. PRINCIPLES TO PROTECT LOCAL WATERWAYS. OVER FIFTEEN HUNDRED YOUTH WERE EDUCATED AT GALLATIN COUNTY FARM FAIR ABOUT CLEAN RECREATIONAL HABITS VIA PLAYCLEANGO. ONE HUNDRED TWENTY THOUSAND TRAIL USERS WERE INSPIRED TO "COME CLEAN, LEAVE CLEAN" WITH OUR PLAYCLEANGO TRAIL SIGNS LOCATED AT 4 LOCAL TRAIL HEADS. THIRTY-FIVE KIDS RECEIVED "PLAYCLEANGO IN BIG SKY" KITS THAT EDUCATED AND INSPIRED YOUTH TO LEAD VIA RECREATIONAL STEWARDSHIP. THROUGH OUR WEBSITE, SOCIAL MEDIAL, CANYON SIGNS, TRAIL HEAD SIGNS, E-NEWSLETTERS, ARTICLES, EVENTS AND PROGRAMS, THE ALLIANCE REACHES ALL THAT LIVE, VISIT, AND RECREATE IN THE GREATER BIG SKY AREA.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

ENVIRONMENTAL STEWARDSHIP

THIS PROGRAM WORKS TO PROTECT AND ENHANCE VITAL HABITAT BY

Name of the organization GALLATIN INVASIVE SPECIES ALLIANCE	Employer identification number 46-5544351
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EDUCATING AND ASSISTING ALL LANDOWNERS WITHIN THE PROJECT

AREA. THE EFFORT RAISES AWARENESS AND EDUCATES THROUGH HABITAT

IMPROVEMENT PROJECTS, LANDOWNER ASSISTANCE PROGRAMS, AND MAPPING AND
MONITORING.

HABITAT IMPROVEMENT PROJECTS PROTECT AND ENHANCE VITAL AND/OR

COMPROMISED HABITAT FOR PLANTS, FISHERIES, AND WILDLIFE. SINCE 2000,

THE ALLIANCE HAS LED SEVEN ORGANIZATIONS TO REHABILITATE THE SPANISH

PEAK BIGHORN SHEEP HERD'S WINTER RANGE. BY MANAGING EXTENSIVE

POPULATIONS OF NOXIOUS WEEDS, COMPROMISED HABITAT HAS BEEN DRAMATICALLY

IMPROVED, REPRESENTING AN IN-KIND INVESTMENT OF \$15,925 IN 2019, AND

\$138,505 SINCE 2000. THE ALLIANCE HAS PLANTED NATIVE VEGETATION TEST

PLOTS, EVALUATED THE FINDINGS, AND PROPOSED A SECOND TEST PLOT

EXPERIMENT IN AN EFFORT TO FURTHER IMPROVE WINTER RANGE CONDITIONS.

THIS PROJECT IS AN EXAMPLE OF THE ALLIANCE'S ABILITY TO BRING TOGETHER

MULTIPLE ORGANIZATIONS TO EXECUTE INVASIVE PLANT MANAGEMENT ON CRITICAL

WILDLIFE HABITAT. THE FIRST YEAR OF THE ALLIANCE'S "CONSERVE OUR

CANYON" PROJECT RESULTED IN THE TREATMENT OF 317 ACRES OF HEAVILY USED

RECREATION SITES AND WILDLIFE HABITAT ON PUBLIC LANDS IN THE GALLATIN

CANYON.

THE LANDOWNER ASSISTANCE PROGRAM EDUCATES LANDOWNERS ABOUT THE

ECOLOGICAL IMPACT OF INVASIVE SPECIES AND PROVIDES INFORMATION AND

GUIDANCE ON INVASIVE SPECIES MANAGEMENT. THE ALLIANCE FACILITATES

ECOLOGICALLY BASED INVASIVE SPECIES MANAGEMENT ON PRIVATE AND PUBLIC

LANDS WITHIN THE PROJECT AREA. SINCE 2008, THE ALLIANCE HAS PROVIDED

ON-SITE ASSISTANCE TO 761 LANDOWNERS, REPRESENTING 10,089 ACRES.

ADDITIONALLY, THROUGH THE COOPERATIVE TREATMENT PROGRAM, THE ALLIANCE

FACILITATED \$16,405 OF IN-KIND NOXIOUS WEED TREATMENT TO THE BENEFIT OF

LOCAL COMMUNITY ORGANIZATIONS AND HOMEOWNER ASSOCIATIONS IN 2019. IN

Name of the organization GALLATIN INVASIVE SPECIES ALLIANCE	Employer identification number 46-5544351
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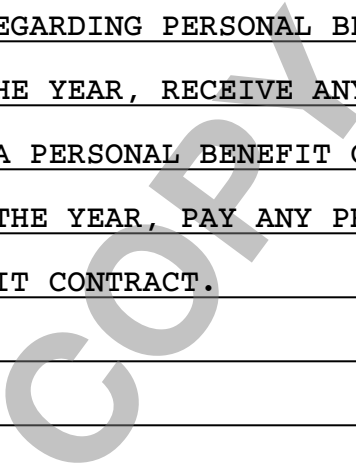
TOTAL, \$72,835 HAS GONE TOWARDS SUCH ASSISTANCE.

THE ALLIANCE'S MAPPING & MONITORING PROGRAM MAINTAINS ECOLOGICAL HEALTH AND DIVERSITY BY ASSISTING AND SUPPORTING PARTNER AGENCIES RESPONSIBLE FOR INVASIVE SPECIES MANAGEMENT VIA EARLY DETECTION / RAPID RESPONSE. BY IDENTIFYING NEW INVADERS OR SPECIES OF CONCERN AND NOTIFYING THE APPROPRIATE AGENCY, THE ALLIANCE HELPS MAINTAIN ECOLOGICAL HEALTH AND DIVERSITY.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.



Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. GALLATIN INVASIVE SPECIES ALLIANCE	Employer identification number (EIN) or 46-5544351
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 903 N. BLACK	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOZEMAN, MT 59715	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JENNIFER MOHLER, EXECUTIVE DIRECTOR

- The books are in the care of ▶ **903 N. BLACK - BOZEMAN, MT 59715**
Telephone No. ▶ **406-209-0905** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Gallatin Invasive Species Alliance
Annual Operations Budget
July 2019 through June 2020**

	Total	In Kind	Other Requests Unsecured	RT Request
INCOME				
Direct Public Support	\$7,000		\$7,000	
In-Kind Support	\$47,096	\$47,096		
District Grants - BSRAD	\$138,925			\$138,925
State & Local Government	\$26,700		\$26,700	
Foundation Grants	\$28,260		\$28,260	
TOTAL INCOME	\$247,981	\$47,096	\$61,960	\$138,925
EXPENSE				
Administration & Operations				
Bookkeeping / Admin	\$6,506			\$6,506
Accounting	\$850			\$850
Insurance & Fees	\$3,400	\$225	\$160	\$3,015
Fundraising	\$14,350	\$800		\$13,550
Office Expenses	\$9,281	\$2,401	\$1,000	\$5,880
Conferences, Meetings, Training	\$5,700		\$5,100	\$600
Total	\$40,087	\$3,426	\$6,260	\$30,401
Program Expense				
Community Outreach	\$31,903	\$3,720		\$28,183
Community Events	\$1,700		\$1,500	\$200
Crail Ranch Native Garden	\$8,000	\$1,000	\$2,000	\$5,000
Weed Pulls	\$2,975	\$1,200		\$1,775
Youth Events & Outreach	\$1,500	\$500		\$1,000
Total	\$46,078	\$6,420	\$3,500	\$36,158
Education & Awareness	\$22,783	\$2,600		\$20,183
CleanDrainDry	\$22,275	\$4,775	\$12,000	\$5,500
Educational Marketing	\$12,500	\$1,500	\$5,000	\$6,000
PlayCleanGo	\$27,975	\$19,175	\$3,000	\$5,800
Total	\$85,533	\$28,050	\$20,000	\$37,483
Environmental Stewardship	\$30,483	\$3,600		\$26,883
Habitat Improvement Projects	\$29,100	\$600	\$26,000	\$2,500
Landowner Assistance Program	\$11,200	\$5,000	\$1,200	\$5,000
Mapping / Monitoring Program	\$500			\$500
Total	\$71,283	\$9,200	\$27,200	\$34,883
TOTAL EXPENSES	\$242,981	\$47,096	\$56,960	\$138,925
Net income	\$5,000			

*The total income numbers are estimates of a revenue mix that may change.

Current operations are implemented on a contract basis (the Alliance does not have staff or office) for 15-20 hours/ week.
This budget reflects an increase of that time to 3/4 FTE.

Gallatin Invasive Species Alliance Profit & Loss Budget vs. Actual July 2018 through June 2019

	Jul '18 - Jun 19	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
Direct Public Support				
Book sales	673.84			
Crail Ranch Garden	17,548.59			
Donations	206.25			
Events	2,762.00			
Fundraising	0.00	3,000.00	-3,000.00	0.0%
Give Big	1,581.46			
Giving Tuesday	320.00			
Individ, Business Contributions	0.00	0.00	0.00	0.0%
Organizational Support	345.00			
Total Direct Public Support	23,437.14	3,000.00	20,437.14	781.2%
District Grants - BSRAD	55,443.00	57,000.00	-1,557.00	97.3%
Foundations & Organizations				
Big Sky Owners Assoc	0.00	5,000.00	-5,000.00	0.0%
MGU	0.00	100.00	-100.00	0.0%
Moonlight Comm Foundation	8,000.00	8,000.00	0.00	100.0%
Rotary Club of Big Sky	0.00	2,500.00	-2,500.00	0.0%
Spanish Peaks Comm Foundation	2,000.00	1,000.00	1,000.00	200.0%
Yellowstone Club Comm Found	13,000.00	19,000.00	-6,000.00	68.4%
Total Foundations & Organizations	23,000.00	35,600.00	-12,600.00	64.6%
In-Kind Support				
Administration	4,450.81	3,336.00	1,114.81	133.4%
Community Outreach	16,399.50	5,870.00	10,529.50	279.4%
Education & Awareness	23,405.95	17,160.00	6,245.95	136.4%
Environmental Stewardship	35,976.87	8,480.00	27,496.87	424.3%
Professional Support	1,952.50	0.00	1,952.50	100.0%
Total In-Kind Support	82,185.63	34,846.00	47,339.63	235.9%
State & Local Government				
County Grants	0.00	0.00	0.00	0.0%
Gallatin Conservation District	6,300.00	4,000.00	2,300.00	157.5%
Gallatin County	2,500.00	2,500.00	0.00	100.0%
Montana Noxious Weed Trust Fund	0.00	0.00	0.00	0.0%
Private Foundations	0.00	0.00	0.00	0.0%
Total State & Local Government	8,800.00	6,500.00	2,300.00	135.4%
Subcontracts & Joint Funding	348.94	5,350.00	-5,001.06	6.5%
Total Income	193,214.71	142,296.00	50,918.71	135.8%
Expense				
Administration				
Accountant	800.00	1,000.00	-200.00	80.0%
Admin & Bookkeeping				
Benefits	0.00	294.00	-294.00	0.0%
Admin & Bookkeeping - Other	6,689.00	5,000.00	1,689.00	133.8%
Total Admin & Bookkeeping	6,689.00	5,294.00	1,395.00	126.4%
Banking / Dues				
MT Corporate Report	20.00	20.00	0.00	100.0%
Org membership	215.00	215.00	0.00	100.0%
Total Banking / Dues	235.00	235.00	0.00	100.0%
Benefits	0.00	0.00	0.00	0.0%
Communications				
Cell Phone	620.60	540.00	80.60	114.9%
Email	91.46			
Total Communications	712.06	540.00	172.06	131.9%
Fundraising Program				
Events	75.00			
Mileage	0.00	0.00	0.00	0.0%
Mileage F	324.28	100.00	224.28	324.3%

Gallatin Invasive Species Alliance Profit & Loss Budget vs. Actual July 2018 through June 2019

	Jul '18 - Jun 19	Budget	\$ Over Budget	% of Budget
Professional Support				
Benefits	0.00	106.00	-106.00	0.0%
Professional Support - Other	2,804.50	1,300.00	1,504.50	215.7%
Total Professional Support	2,804.50	1,406.00	1,398.50	199.5%
Supplies & Materials				
Books	1,020.00			
Supplies & Materials - Other	670.98	0.00	670.98	100.0%
Total Supplies & Materials	1,690.98	0.00	1,690.98	100.0%
Total Fundraising Program	4,894.76	1,506.00	3,388.76	325.0%
Insurance	1,892.00	2,000.00	-108.00	94.6%
Mileage	650.02	300.00	350.02	216.7%
Office Supplies				
Postage, Mailing Service	10.00	240.00	-230.00	4.2%
Printing and Copying	560.84	245.00	315.84	228.9%
Office Supplies - Other	207.73	240.00	-32.27	86.6%
Total Office Supplies	778.57	725.00	53.57	107.4%
Training				
Conferences	0.00	400.00	-400.00	0.0%
Training - Other	580.16			
Total Training	580.16	400.00	180.16	145.0%
Website Host & Domain	253.71	350.00	-96.29	72.5%
Total Administration	17,485.28	12,350.00	5,135.28	141.6%
Community Outreach				
Crail Ranch Garden				
Build & Maintenance	622.61			
Marketing & Promotions	934.94			
Crail Ranch Garden - Other	0.00	36,600.00	-36,600.00	0.0%
Total Crail Ranch Garden	1,557.55	36,600.00	-35,042.45	4.3%
Mileage	1,718.57	1,600.00	118.57	107.4%
Professional Support				
Benefits	0.00	778.00	-778.00	0.0%
Professional Support - Other	19,846.00	15,000.00	4,846.00	132.3%
Total Professional Support	19,846.00	15,778.00	4,068.00	125.8%
Supplies	0.00	0.00	0.00	0.0%
Weed Pulls				
Big Sky Weed Pull				
Supplies & Materials	150.16			
Big Sky Weed Pull - Other	0.00	500.00	-500.00	0.0%
Total Big Sky Weed Pull	150.16	500.00	-349.84	30.0%
Gallatin Weed Pull				
Supplies & Materials	112.15			
Gallatin Weed Pull - Other	71.00	500.00	-429.00	14.2%
Total Gallatin Weed Pull	183.15	500.00	-316.85	36.6%
Weed Pulls - Other	54.00			
Total Weed Pulls	387.31	1,000.00	-612.69	38.7%
Youth Events & Outreach				
Ophir School Field Trip	508.63			
Supplies & Materials	397.02			
Youth Events & Outreach - Other	135.95			
Total Youth Events & Outreach	1,041.60			
Community Outreach - Other	0.00	0.00	0.00	0.0%
Total Community Outreach	24,551.03	54,978.00	-30,426.97	44.7%

Gallatin Invasive Species Alliance Profit & Loss Budget vs. Actual July 2018 through June 2019

	Jul '18 - Jun 19	Budget	\$ Over Budget	% of Budget
Education & Awareness				
Clean Drain Dry				
Marketing & Promotions	9,360.00			
Total Clean Drain Dry	9,360.00			
Marketing & Supplies				
Printed Materials	0.00	200.00	-200.00	0.0%
Summer Campaign	3,000.00			
Supplies	66.90	150.00	-83.10	44.6%
Marketing & Supplies - Other	289.74	0.00	289.74	100.0%
Total Marketing & Supplies	3,356.64	350.00	3,006.64	959.0%
Mileage	221.99	600.00	-378.01	37.0%
Play Clean Go Program				
Kids PlayCleanGo	2,322.52			
Signs	346.40			
Total Play Clean Go Program	2,668.92			
Professional Support				
Benefits	0.00	424.00	-424.00	0.0%
Professional Support - Other	10,189.00	7,500.00	2,689.00	135.9%
Total Professional Support	10,189.00	7,924.00	2,265.00	128.6%
Program Advertising	0.00	4,700.00	-4,700.00	0.0%
Signs	0.00	0.00	0.00	0.0%
Total Education & Awareness	25,796.55	13,574.00	12,222.55	190.0%
Environmental Stewardship				
Habitat Enhancement Projects				
Bighorn Sheep Project				
Materials & Supplies	140.85	500.00	-359.15	28.2%
Total Bighorn Sheep Project	140.85	500.00	-359.15	28.2%
Conserve Our Canyon				
Materials & Supplies	29.50			
Conserve Our Canyon - Other	3,800.00			
Total Conserve Our Canyon	3,829.50			
Execcutive Director				
Benefits	0.00	0.00	0.00	0.0%
Execcutive Director - Other	0.00	0.00	0.00	0.0%
Total Execcutive Director	0.00	0.00	0.00	0.0%
Total Habitat Enhancement Projects	3,970.35	500.00	3,470.35	794.1%
Landowner Assitance Program				
Cooperative Treatment Efforts	68.80			
Cost Share	0.00	3,000.00	-3,000.00	0.0%
Exec Director				
Benefits	0.00	0.00	0.00	0.0%
Exec Director - Other	0.00	0.00	0.00	0.0%
Total Exec Director	0.00	0.00	0.00	0.0%
Materials & Supplies	0.00	300.00	-300.00	0.0%
Mileage	0.00	1,500.00	-1,500.00	0.0%
Outreach				
Weed ID Booklets	269.00			
Outreach - Other	0.00	3,200.00	-3,200.00	0.0%
Total Outreach	269.00	3,200.00	-2,931.00	8.4%
Total Landowner Assitance Program	337.80	8,000.00	-7,662.20	4.2%

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04/28/20

Cash Basis

Gallatin Invasive Species Alliance
Profit & Loss Budget vs. Actual
 July 2018 through June 2019

	<u>Jul '18 - Jun 19</u>	<u>Budget</u>	<u>\$ Over Budget</u>	<u>% of Budget</u>
Mapping & Monitoring Program				
Exec Director				
Benefits	0.00	0.00	0.00	0.0%
Exec Director - Other	0.00	0.00	0.00	0.0%
Total Exec Director	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.0%</u>
Materials & Supplies	0.00	200.00	-200.00	0.0%
Mileage	0.00	300.00	-300.00	0.0%
Total Mapping & Monitoring Program	<u>0.00</u>	<u>500.00</u>	<u>-500.00</u>	<u>0.0%</u>
Mileage	1,172.40	1,000.00	172.40	117.2%
Professional Support				
Benefits	0.00	0.00	0.00	0.0%
Professional Support - Other	9,575.00	10,273.00	-698.00	93.2%
Total Professional Support	<u>9,575.00</u>	<u>10,273.00</u>	<u>-698.00</u>	<u>93.2%</u>
Total Environmental Stewardship	15,055.55	20,273.00	-5,217.45	74.3%
In Kind Expense	82,185.63	34,846.00	47,339.63	235.9%
Total Expense	<u>165,074.04</u>	<u>136,021.00</u>	<u>29,053.04</u>	<u>121.4%</u>
Net Ordinary Income	<u>28,140.67</u>	<u>6,275.00</u>	<u>21,865.67</u>	<u>448.5%</u>
Net Income	<u><u>28,140.67</u></u>	<u><u>6,275.00</u></u>	<u><u>21,865.67</u></u>	<u><u>448.5%</u></u>

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04/28/20
Cash Basis

Gallatin Invasive Species Alliance
Balance Sheet
As of June 30, 2019

	<u>Jun 30, 19</u>
ASSETS	
Current Assets	
Checking/Savings	
GISA Checking	39,941.70
Total Checking/Savings	<u>39,941.70</u>
Total Current Assets	<u>39,941.70</u>
TOTAL ASSETS	<u>39,941.70</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
First Bank Credit Card	1,029.25
Total Credit Cards	<u>1,029.25</u>
Total Current Liabilities	<u>1,029.25</u>
Total Liabilities	1,029.25
Equity	
Unrestricted Net Assets	10,771.78
Net Income	<u>28,140.67</u>
Total Equity	<u>38,912.45</u>
TOTAL LIABILITIES & EQUITY	<u>39,941.70</u>