

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**2024**Department of the Treasury
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public
Inspection**

A For the 2024 calendar year, or tax year beginning , 2024, and ending , 20	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C BLACKFOOT CHALLENGE, INC. PO BOX 103 OVANDO, MT 59854
D Employer identification number 81-0488863	E Telephone number (406) 793-3900
G Gross receipts \$ 3,505,019.	
F Name and address of principal officer: SETH WILSON SAME AS C ABOVE	
H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions.	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527	
J Website: WWW.BLACKFOOTCHALLENGE.ORG	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other	
L Year of formation: 1993	M State of legal domicile: MT

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE BLACKFOOT CHALLENGE IS TO COORDINATE EFFORTS THAT WILL CONSERVE AND ENHANCE THE NATURAL RESOURCES AND RURAL WAY OF LIFE IN THE BLACKFOOT WATERSHED FOR PRESENT AND FUTURE GENERATIONS.
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 25
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 25
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 24
	6 Total number of volunteers (estimate if necessary) 6 200
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,134,808. 3,345,366.
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 118,740. 20,235.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -3,464. -393.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,250,084. 3,365,208.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 30,100.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 917,082. 1,007,907.
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) 444,226.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,063,669. 1,806,190.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,980,751. 2,844,197.
19 Revenue less expenses. Subtract line 18 from line 12 269,333. 521,011.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 5,739,574. 6,591,105.
	21 Total liabilities (Part X, line 26) 246,898. 263,554.
	22 Net assets or fund balances. Subtract line 21 from line 20 5,492,676. 6,327,551.

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	Signature of officer SETH WILSON Type or print name and title EXECUTIVE DIR.
	Date
Paid Preparer Use Only	Preparer's name BRIAN E VAN CAMP, CPA MTAX
	Preparer's signature BRIAN E VAN CAMP, CPA MTAX
	Date
	Check ☐ if self-employed PTIN P00650012
Firm's name LINKED ACCOUNTING, LLP	Firm's EIN 46-1211349
Firm's address 612 N KAYS DR, STE 150 KAYSVILLE, UT 84037	Phone no. 385-262-2310

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No
BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101L 12/12/24 Form 990 (2024)

Part III **Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

THE MISSION OF THE BLACKFOOT CHALLENGE IS TO COORDINATE EFFORTS THAT WILL CONSERVE
AND ENHANCE THE NATURAL RESOURCES AND RURAL WAY OF LIFE IN THE BLACKFOOT WATERSHED
FOR PRESENT AND FUTURE GENERATIONS.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 1,862,746. including grants of \$) (Revenue \$)

FORMED IN 1993, THE MISSION OF THE BLACKFOOT CHALLENGE IS "TO COORDINATE EFFORTS THAT
CONSERVE AND ENHANCE THE NATURAL RESOURCES AND RURAL WAY OF LIFE IN THE BLACKFOOT
WATERSHED FOR PRESENT AND FUTURE GENERATIONS." OUR SUCCESS IS ROOTED IN OUR APPROACH.
THROUGH A COMMUNITY-BASED AND COLLABORATIVE PROCESS, WE BRING PEOPLE TOGETHER TO
IDENTIFY SHARED VALUES AROUND COMMUNITY NEEDS, WE FACILITATE RESPECTFUL CONVERSATIONS
AND INFORMATION SHARING, AND WE BUILD PARTNERSHIPS BASED IN TRUST. THE RESULTS ARE
HOMEOWN CONSERVATION SOLUTIONS THAT STAND THE TEST OF TIME.

CONTINUED ON SCHEDULE O**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,862,746.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.	1a	64
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.....	2a 24		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X****Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year.	1a 25		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent.	1b 25		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

LYNN JOB PO BOX 103 OVANDO MT 59854 (406) 793-3900

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Officer	Key employee	Highest compensated employee	Former			
(1) SETH WILSON EXECUTIVE DIR.	40 0		X				107,565.	0.	508.
(2) JIM STONE CHAIRMAN	1 0	X	X				0.	0.	0.
(3) RANDY GAZDA VICE CHAIR	1 0	X	X				0.	0.	0.
(4) JENNIFER WILLIAMSON TREASURER	1 0	X	X				0.	0.	0.
(5) DENNY IVERSON SECRETARY	1 0	X	X				0.	0.	0.
(6) DAVID MANNIX BOARD MEMBER	1 0	X	X				0.	0.	0.
(7) KENDRA MCKLOSKEY BOARD MEMBER	1 0	X					0.	0.	0.
(8) PATTI BARTLETT BOARD MEMBER	1 0	X					0.	0.	0.
(9) CHRIS BRYANT BOARD MEMBER	1 0	X					0.	0.	0.
(10) STONEY BURKE BOARD MEMBER	1 0	X					0.	0.	0.
(11) BILL CYR BOARD MEMBER	1 0	X					0.	0.	0.
(12) AMY GROEN BOARD MEMBER	1 0	X					0.	0.	0.
(13) KARL HAUSMANN BOARD MEMBER	1 0	X					0.	0.	0.
(14) JASON JEWETT BOARD MEMBER	1 0	X					0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Officer	Key employee	Highest compensated employee	Former			
(15) TODD JOHNSON BOARD MEMBER	1 0	X					0.	0.	0.
(16) PATRICK KANE BOARD MEMBER	1 0	X					0.	0.	0.
(17) LEIGH KELLEY BOARD MEMBER	1 0	X					0.	0.	0.
(18) FRANK MAUS BOARD MEMBER	1 0	X					0.	0.	0.
(19) JACK MULCARE BOARD MEMBER	1 0	X					0.	0.	0.
(20) MIKE O'HERRON BOARD MEMBER	1 0	X					0.	0.	0.
(21) MAGEE PAYNE BOARD MEMBER	1 0	X					0.	0.	0.
(22) CHRISTINA PROOPS BOARD MEMBER	1 0	X					0.	0.	0.
(23) ROBERT RAY BOARD MEMBER	1 0	X					0.	0.	0.
(24) RYAN THOMPSON BOARD MEMBER	1 0	X					0.	0.	0.
(25) ROB COSGRIFF BOARD MEMBER	1 0	X					0.	0.	0.
1b Subtotal							107,565.	0.	508.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							107,565.	0.	508.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BULL CREEK FORESTRY INC, PO BOX 192, SEELEY LAKE, MT 59868	FOREST MASTICATION	158,598.
SUNRISE FENCING, 33 US HIGHWAY 10 SOUTH, GARRISON, MT 59713	ELECTRIC FENCING	110,500.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

2024

Department of the Treasury
Internal Revenue Service

Name of the Organization

Employer identification number

BLACKFOOT CHALLENGE, INC.

81-0488863

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and
Highest Compensated Employees

(A) Name and title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN TELLER MD BOARD MEMBER	1 0	X						0.	0.	0.
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	1,843,719.		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,501,647.		
	g	Noncash contributions included in lines 1a-1f	1g			
	h	Total. Add lines 1a-1f		3,345,366.		
	Program Service Revenue	Business Code				
2a		-----				
b		-----				
c		-----				
d		-----				
e		-----				
f		All other program service revenue				
g		Total. Add lines 2a-2f				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	7.		7.
	4		Income from investment of tax-exempt bond proceeds			
	5		Royalties			
	6a	Gross rents	(i) Real			
			(ii) Personal			
	b	Less: rental expenses	6b			
	c	Rental income or (loss)	6c			
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	145,348.		
	c	Gain or (loss)	7c	125,120.		
	d	Net gain or (loss)		20,228.		20,228.
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18				
b	Less: direct expenses	8b	14,298.			
c	Net income or (loss) from fundraising events		14,691.			
			-393.			
9a	Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
	11a	-----				
	b	-----				
	c	-----				
	d	All other revenue				
	e	Total. Add lines 11a-11d				
12 Total revenue. See instructions			3,365,208.	0.	0.	20,235.

Part IX Statement of Functional Expenses

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	30,100.	30,100.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	107,565.	69,918.	20,437.	17,210.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	737,996.	478,737.	138,158.	121,101.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	84,614.	60,451.	18,037.	6,126.
10 Payroll taxes.	77,732.	46,421.	19,609.	11,702.
11 Fees for services (nonemployees):				
a Management.				
b Legal.	275.	275.		
c Accounting.	11,600.	11,600.		
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,344,880.	875,373.	254,493.	215,014.
12 Advertising and promotion.	1,761.	1,136.	339.	286.
13 Office expenses.	7,633.	4,921.	1,468.	1,244.
14 Information technology.	16,414.	10,587.	3,159.	2,668.
15 Royalties.				
16 Occupancy.	9,706.	6,260.	1,868.	1,578.
17 Travel.	80,449.	51,887.	15,482.	13,080.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	19,443.	12,540.	3,742.	3,161.
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.	9,079.	5,856.	1,747.	1,476.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROJECT COSTS	144,666.	93,305.	27,840.	23,521.
b MISCELLANEOUS EXPENSES	87,934.	56,715.	16,922.	14,297.
c SUPPLIES	18,652.	12,030.	3,589.	3,033.
d BANK FEES	13,927.	8,983.	2,681.	2,263.
e All other expenses.	39,771.	25,651.	7,654.	6,466.
25 Total functional expenses. Add lines 1 through 24e.	2,844,197.	1,862,746.	537,225.	444,226.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year		
Assets	1	Cash — non-interest-bearing	69,433.	1	116,496.	
	2	Savings and temporary cash investments	1,607,336.	2	2,152,522.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	241,306.	4	261,029.	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,891,284.		
	b	Less: accumulated depreciation	10b		10c	1,891,284.
	11	Investments — publicly traded securities	467,744.	11	509,210.	
	12	Investments — other securities. See Part IV, line 11		12		
	13	Investments — program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	1,462,471.	15	1,660,564.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	5,739,574.	16	6,591,105.		
Liabilities	17	Accounts payable and accrued expenses	246,898.	17	263,554.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	246,898.	26	263,554.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	4,860,186.	27	5,659,489.	
	28	Net assets with donor restrictions	632,490.	28	668,062.	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	Total net assets or fund balances.	5,492,676.	32	6,327,551.	
	33	Total liabilities and net assets/fund balances.	5,739,574.	33	6,591,105.	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12).....	1	3,365,208.
2	Total expenses (must equal Part IX, column (A), line 25).....	2	2,844,197.
3	Revenue less expenses. Subtract line 2 from line 1.....	3	521,011.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).....	4	5,492,676.
5	Net unrealized gains (losses) on investments.....	5	313,864.
6	Donated services and use of facilities.....	6	
7	Investment expenses.....	7	
8	Prior period adjustments.....	8	
9	Other changes in net assets or fund balances (explain on Schedule O).....	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).....	10	6,327,551.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant?..... If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?..... If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?.....	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.....	3b	

BAA

TEEA0112L 09/05/24

Form 990 (2024)

SCHEDULE A
(Form 990)

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

2024

Open to Public
Inspection

Name of the organization

BLACKFOOT CHALLENGE, INC.

Employer identification number

81-0488863

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).)
- 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 on 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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,612,114.	1,603,003.	2,257,094.	2,134,808.	3,345,366.	10,952,385.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	1,612,114.	1,603,003.	2,257,094.	2,134,808.	3,345,366.	10,952,385.
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).						396,574.
6 Public support. Subtract line 5 from line 4.						10,555,811.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.	1,612,114.	1,603,003.	2,257,094.	2,134,808.	3,345,366.	10,952,385.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	34,077.	39,110.	54,398.	118,740.	163,783.	410,108.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	20.					20.
11 Total support. Add lines 7 through 10.						11,362,513.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)).	14	92.90 %
15 Public support percentage from 2023 Schedule A, Part II, line 14.	15	89.07 %

16a 33-1/3% support test—2024. 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. ☒

b 33-1/3% support test—2023. 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. ☐

17a 10%-facts-and-circumstances test—2024. 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. ☐

b 10%-facts-and-circumstances test—2023. 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. ☐

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. ☐

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests—2024. 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—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

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)? 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).		

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990) 2024

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required – explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

BAA

Schedule A (Form 990) 2024

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.)

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>
OTHER INCOME					
TOTAL	\$ 0.	\$ 0.	\$ 0.	\$ 0.	\$ 20.

Schedule B
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

BLACKFOOT CHALLENGE, INC.

Employer identification number

81-0488863

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

Employer identification number

BLACKFOOT CHALLENGE, INC.

81-0488863

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	MONTANA FISH WILDLIFE & PARKS PO BOX 200701 HELENA, MT 59620	\$ 84,242.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	DUCKS UNLIMITED INC 3074 GOLD CANAL DRIVE RANCHO CORDOVA, CA 95670	\$ 91,055.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE ARLINGTON, VA 22203	\$ 87,172.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	BUNTING FAMILY FOUNDATION 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030	\$ 80,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	LIZ CLAIBORNE ART ORTENBERG FOUND. 1385 BROADWAY - 23RD FLOOR NEW YORK, NY 10018	\$ 100,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	USDA FOREST SERVICE 101B SUN AVE NE ALBUQUERQUE, NM 87109	\$ 75,259.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization BLACKFOOT CHALLENGE, INC.	Employer identification number 81-0488863
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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
7	USDA NATURAL RESOURCE CONSERVATION 10 EAST BABCOCK STREET BOZEMAN, MT 59715	\$ 429,084.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8	MT DEPT. OF NATURAL RES. & CONSERV. 2705 SPURGIN ROAD MISSOULA, MT 59804	\$ 747,063.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9	BUREAU OF LAND MANAGEMENT 3255 FORTH MISSOULA ROAD MISSOULA, MT 59804	\$ 302,175.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10	ATTWOOD WILLIAMS CHARITABLE FNDN 376 HARRIS ROAD BEDFORD, NY 10507	\$ 70,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11	GOOD CHAOS 4340 EAST WEST HIGHWAY STE 210 BETHESDA, MD 20814	\$ 75,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12	LINCOLN ROBINSON PHILANTHROPIC FUND 4340 EAST WEST HIGH STE 210 BETHESDA, MD 20814	\$ 100,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

BLACKFOOT CHALLENGE, INC.

Employer identification number

81-0488863

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
13	M. J. MURDOCK 655 W COLUMBIA WAY STE 700 VANCOUVER, WA 98660	\$ 116,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14	MONTANA DEPARTMENT OF JUSTICE 302 N ROBERTS ST HELENA, MT 59601	\$ 67,340.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

BLACKFOOT CHALLENGE, INC.

Employer identification number

81-0488863

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 information once. See instructions.)..... \$ _____ N/A

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
-----	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements****Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Employer identification number

BLACKFOOT CHALLENGE, INC.**81-0488863****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes	☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☐ Yes	☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a.	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$ _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1. \$ _____

(ii) Assets included in Form 990, Part X. \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1. \$ _____

b Assets included in Form 990, Part X. \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,512,490.	1,328,978.	1,602,227.	1,423,150.	1,216,255.
b Contributions					
c Net investment earnings, gains, and losses	171,347.	192,708.	-264,088.	188,864.	214,882.
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses	10,679.	9,196.	9,161.	9,787.	7,987.
g End of year balance	1,673,158.	1,512,490.	1,328,978.	1,602,227.	1,423,150.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? **3a(i)** ☐ Yes ☒ No

(ii) Related organizations? **3a(ii)** ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ Yes ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds. **SEE PART XIII**

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,891,284.		1,891,284.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). **1,891,284.**

Part VII Investments – Other Securities

N/A

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

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

Part VIII Investments – Program Related

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, column (B)). . . .		

Part IX Other Assets

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

(a) Description		(b) Book value
(1)	ENDOWMENT	1,660,564.
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 15, column (B)).		1,660,564.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, column (B)). . . .	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,681,257.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	313,864.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.) SEE PART XIII	2d	14,691.
e	Add lines 2a through 2d	2e	328,555.
3	Subtract line 2e from line 1	3	3,352,702.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4a	12,506.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	12,506.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,365,208.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,846,382.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.) SEE PART XIII	2d	14,691.
e	Add lines 2a through 2d	2e	14,691.
3	Subtract line 2e from line 1	3	2,831,691.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4a	12,506.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	12,506.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,844,197.

Part XIII Supplemental Information

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**THE STEWARDSHIP ENDOWMENT FUND IS DESIGNATED BY THE BOARD FOR THE PURPOSE OF****PROVIDING FUNDS FOR THE PERPETUAL CARE OF THE CHALLENGE AS DESIGNED BY THE BOARD.****THE BLACKFOOT COMMUNITY CONSERVATION AREA (BCCA) ENDOWMENT FUND IS DESIGNATED BY THE****BOARD FOR THE PURPOSE OF PROVIDING FUNDS FOR THE BENEFIT OF THE BLACKFOOT COMMUNITY****CONSERVATION AREA.**

Part XIII Supplemental Information *(continued)***PART X - FASB ASC 740 FOOTNOTE**

THE BLACKFOOT CHALLENGE, INC (BLACKFOOT) IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THE INCREASE IN NET ASSETS IS GENERALLY NOT SUBJECT TO TAXATION. BLACKFOOT IS REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX RETURN (FORM 990) ANNUALLY. NO PROVISION FOR INCOME TAX HAS BEEN RECORDED IN THE FINANCIAL STATEMENTS BECAUSE MANAGEMENT BELIEVES THERE WAS NO UNRELATED BUSINESS INCOME IN 2024. MANAGEMENT HAS EVALUATED BLACKFOOT'S TAX POSITIONS CONCLUDING THERE ARE NO UNCERTAIN TAX POSITIONS IN 2024.

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

DIRECT FUNDRAISING EXPENSES.....	\$	14,691.
TOTAL	\$	<u>14,691.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

DIRECT FUNDRAISING EXPENSES.....	\$	14,691.
TOTAL	\$	<u>14,691.</u>

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

BLACKFOOT CHALLENGE, INC.

Employer identification number

81-0488863

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MONROE PROPERTY COMPANY, LLC 40060 PAWS UP RD GREENOUGH, MT 59823			22,000.	0.			VIRTUAL FENCING ON BLM GAME RIDGE
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0

3 Enter total number of other organizations listed in the line 1 table 1

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

BLACKFOOT CHALLENGE, INC.

81-0488863

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

BOARD OF DIRECTORS ARE GENERALLY EMAILED A COPY OF THE FORM 990 PRIOR TO SUBMISSION
TO REVIEW AND ASK QUESTIONS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ANY POTENTIAL CONFLICTS OF INTERESTS ARE DISCLOSED TO THE BOARD AND RECORDED IN THE
MINUTES. THE INTERESTED DIRECTOR ABSTAINS FROM VOTING

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

REGARDING COMPENSATION, THE BOARD SEEKS OUT COMPARABLE COMPENSATION INFORMATION
WHERE IT IS AVAILABLE FOR COMPARABLE JOBS AND CONTACTS NATIONAL ORGANIZATIONS FOR
POSITIONS SUCH AS PROGRAM COORDINATORS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

REGARDING COMPENSATION, THE BOARD SEEKS OUT COMPARABLE COMPENSATION INFORMATION
WHERE IT IS AVAILABLE FOR COMPARABLE JOBS AND CONTACTS NATIONAL ORGANIZATIONS FOR
POSITIONS SUCH AS PROGRAM COORDINATORS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON
REQUEST.

**FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES**

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUND- RAISING
	-11,600.	-11,600.		
	-275.	-275.		
PROFESSIONAL FEES	1,356,755.	887,248.	254,493.	215,014.
TOTAL	\$ 1,344,880.	\$ 875,373.	\$ 254,493.	\$ 215,014.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

OUR 2024 PROGRAM ACCOMPLISHMENTS INCLUDE:

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

BLACKFOOT CHALLENGE, INC.

81-0488863

BLACKFOOT COMMUNITY CONSERVATION AREA

- IMPLEMENTED 240 ACRES OF FOREST MECHANICAL TREATMENTS TO REDUCE THE RISK OF CATASTROPHIC WILDFIRES, ENHANCE WILDLIFE HABITAT, AND IMPROVE STAND RESILIENCE.
- WORKED WITH BLACKFOOT CHALLENGE FORESTRY & PRESCRIBED FIRE COORDINATOR AND UNIVERSITY OF MONTANA TO INITIATE PRESCRIBED BURN PLANS FOR 5 MANAGEMENT UNITS.
- CONTROLLED INVASIVE WEEDS ON ROAD SYSTEMS, FOREST TREATMENT AREAS, AND NATIVE PRAIRIES THROUGH INTEGRATED APPROACHES ACROSS 100 ACRES INCLUDING BIOLOGICAL CONTROLS, CHEMICAL APPLICATION, AND HAND-PULLING.
- HOSTED MULTIPLE EVENTS WITH UNIVERSITY AND VOLUNTEER GROUPS TO PULL NOXIOUS WEEDS, REMOVE OLD FENCE WIRE, AND MAINTAIN BEAVER DAM ANALOGS.
- PARTICIPATED IN EDUCATIONAL PROGRAMS ON THE BCCA WITH AREA SCHOOL GROUPS, REACHING MORE THAN 80 STUDENTS.
- MAINTAINED THE 3-MILE HIKING/SKIING TRAIL SYSTEM INCLUDING ANNUAL MOWING/GROOMING.
- ADMINISTERED AND MAINTAINED THE NEW SEASONAL, CROSS-BOUNDARY MOTORIZED LOOP IN PARTNERSHIP WITH THE U.S. FOREST SERVICE AND MONTANA DEPARTMENT OF NATURAL RESOURCES AND CONSERVATION.
- IMPLEMENTED THE NRCS CONSERVATION STEWARDSHIP PROGRAM COMPLETING MULTIPLE CONSERVATION ENHANCEMENTS, INCLUDING WILDLIFE FRIENDLY FENCING, FOREST TREATMENTS, NOXIOUS WEED CONTROL, AND VEGETATION MONITORING.
- MAINTAINED TWO BEAVER DAM ANALOGS AS A DEMONSTRATION TO ENHANCE WETLAND HABITAT, RECONNECT FLOOD PLAIN, AND IMPROVE LATE SEASON STOCK WATER.
- INSTALLED ADDITIONAL OFF-STREAM STOCK TANK TO REDUCE PRESSURE ON RIPARIAN AREA AND SUPPORT THE ROTATIONAL GRAZING SYSTEM.

EDUCATION

- PROVIDED LIVE RAPTOR PROGRAM AT LINCOLN SCHOOL.

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

BLACKFOOT CHALLENGE, INC.

81-0488863

- LED TWO FIELD TRIPS WITH SEELEY LAKE ELEMENTARY SCHOOL OUTDOOR PROGRAM TO LEARN ABOUT AND OBSERVE TRUMPETER SWANS AND COMMON LOONS.
- PROVIDED HANDS-ON LESSONS ON AQUATIC MACROINVERTEBRATES FOR STUDENTS FROM TWO SCHOOLS AT MONTANA OUTDOOR SCIENCE ACADEMY.
- LED FIELD TRIPS ON STREAM ECOLOGY FOR STUDENTS FROM HELMVILLE AND LINCOLN SCHOOLS.
- DELIVERED RADIO TELEMETRY LESSONS TO OVANDO SCHOOL STUDENTS.
- PRESENTED ON COLLABORATIVE CONSERVATION AND WILDLIFE CONFLICT REDUCTION METHODS TO VISITING HELENA HIGH SCHOOL CLASS.
- OFFERED BEAR AWARENESS EVENTS FOR STUDENTS AT MULTIPLE WATERSHED SCHOOLS.
- OFFERED NOXIOUS WEED EDUCATION TO STUDENTS AT HELMVILLE AND SUNSET SCHOOLS.
- IMPLEMENTED A FULL DAY OF EDUCATION ACTIVITIES ABOUT WATER AND FIRE FOR MORE THAN 120 STUDENTS, TEACHERS, AND PARENTS FROM SIX WATERSHED SCHOOLS AT THE DNRC CLEARWATER UNIT FOR THE ANNUAL YOUTH FIELD DAY.
- HOSTED A WEEK-LONG FIELD COURSE FOR FIVE STUDENTS AND TWO TEACHERS FROM SHATTUCK ST. MARY'S SCHOOL, INCLUDING FIELD-BASED LEARNING ABOUT COLLABORATIVE CONSERVATION.

FORESTRY

- FACILITATED 600+ ACRES OF PRESCRIBED BURNING ON STATE AND PRIVATE LANDS AND SUPPORTED FEDERAL PARTNER BURNS ACROSS ANOTHER 600+ ACRES.
- COMPLETED 589 ACRES OF FOREST THINNING TO IMPROVE FOREST HEALTH AND REDUCE FIRE RISK.
- CONDUCTED 14 OUTREACH / EDUCATION TOURS OR EVENTS THROUGHOUT THE BLACKFOOT TO SHOWCASE PRESCRIBED FIRE EFFECTS AND EFFORTS.
- HELPED FORM THE NEW MONTANA PRESCRIBED FIRE COUNCIL (HOSTED BY MONTANA DNRC).
- PARTICIPATED IN A TWO-WEEK PRESCRIBED FIRE TRAINING EXCHANGE (TREX) IN NEBRASKA.
- BEGAN PLANNING A BLACKFOOT VALLEY TREX FOR SPRING OF 2025 FOR PRESCRIBED FIRE FIELD

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

BLACKFOOT CHALLENGE, INC.

81-0488863

TRAINING AND EXPERIENCE.

LAND STEWARDSHIP

- CONDUCTED MULTIPLE PROPERTY ASSESSMENTS AND LANDOWNER MEETINGS ASSOCIATED WITH NRCS STEWARDSHIP PROGRAMS RESULTING IN GREATER AWARENESS AND PARTICIPATION.
- COMPLETED OVER 500 ACRES OF PRIVATE LANDS FOREST TREATMENTS UNDER MULTIPLE TO MITIGATE CATASTROPHIC WILDFIRES AND INCREASE FOREST RESILIENCY.
- DEVELOPED PRIVATE LANDS GRAZING AND RIPARIAN MANAGEMENT PLANS FOR MULTIPLE STREAM PROTECTION PROJECTS.
- COMPLETED BIOCHAR DEMONSTRATION PROJECT INCLUDING THE TRANSFER OF OVER 500 TONS OF BIOCHAR TO 6 RANCHES, APPLICATION AND MONITORING OF OUTCOMES.
- COORDINATED BLACKFOOT SOIL HEALTH WORK GROUP TO SHARE KNOWLEDGE ON BALE GRAZING, COVER CROPS, NO-TILL SEEDING, AND HIGH STOCK DENSITY/SHORT DURATION GRAZING.
- COORDINATED MULTIPLE CONIFER ENCROACHMENT REMOVAL PROJECTS COVERING HUNDREDS OF ACRES TO CONSERVE GRASSLAND/SAGE HABITAT AND RANGELAND, BENEFITING RARE NATIVE BIRD SPECIES.
- PROVIDED PRESENTATIONS TO MULTIPLE GROUPS INCLUDING UNIVERSITY OF MONTANA, NORTHWEST PHILANTHROPY FELLOWS, WATERSHED GROUPS, LOCAL SCHOOLS, AND AGENCIES.
- HOSTED A SOIL HEALTH EDUCATION STATION AT YOUTH FIELD DAY EVENT, REACHING OVER 100 STUDENTS FROM LOCAL SCHOOLS.

TRUMPETER SWANS & NATIVE BIRDS

- CONDUCTED CLIMATE WATCH NUTHATCH SURVEY THROUGH MONTANA AUDUBON.
- PARTICIPATED IN CORNELL LAB'S GREAT BACKYARD BIRD COUNT.
- MONITORED WINTERING BLACKFOOT SWANS IN THE RUBY, CLEARWATER AND FLATHEAD VALLEYS.
- CONDUCTED AND COORDINATED CITIZEN SCIENCE LONG-BILLED CURLEW SURVEYS IN CONJUNCTION

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

BLACKFOOT CHALLENGE, INC.

Employer identification number

81-0488863

WITH MONTANA AUDUBON.

- MONITORED TRUMPETER SWAN TERRITORIES FOR NEST SUCCESS, CYGNET PRODUCTION, AND FLEDGING THROUGHOUT THE WATERSHED AND ADJACENT SWAN VALLEY.
- CENSUSED BREWER'S SPARROWS IN CONIFER ENCROACHMENT PROJECT SITES.
- ENGAGED MEMBERS IN COMMUNITY SCIENCE PROGRAM MONITORING COMMON LOONS.

VEGETATION

- SUPPORTED IMPLEMENTATION OF INTEGRATED NOXIOUS WEED MANAGEMENT FOR LANDOWNERS, INCLUDING PROVIDING NATIVE AND EXOTIC PLANT IDENTIFICATION, HERBICIDE APPLICATION PROTOCOLS, AND BIOLOGICAL CONTROL INSECT RELEASES.
- HOSTED 2 WEED PULLS AT THE RUSSELL GATES FISHING ACCESS SITE FOR THE 26TH YEAR.
- RECEIVED THE SECOND WHIP GRANT TO REVISIT PREVIOUSLY TREATED AREAS AND INITIATE NOXIOUS WEED TREATMENT ON NEW AREAS WITHIN THE BCCA CORE.
- WORKED ON NEARLY 100 MILES OF THE BLACKFOOT RIVER CORRIDOR, INVENTORYING AND TREATING CLOSE TO 65 ACRES OF NOXIOUS WEEDS.
- RECEIVED A NOXIOUS WEED TRUST FUND COST-SHARE GRANT FOR THE NEVADA CREEK VEGETATION MANAGEMENT AREA AND INITIATED TREATMENTS.
- CONDUCTED PRE- AND POST-MONITORING FOR VEGETATION MANAGEMENT PRACTICES ALONG THE BLACKFOOT RIVER CORRIDOR AND THE NEVADA CREEK VEGETATION MANAGEMENT AREA.
- HELD 2 NOXIOUS WEED MANAGEMENT INFORMATIONAL PROGRAMS, PROVIDING CONTINUING EDUCATION CREDITS FOR LICENSED PESTICIDE APPLICATORS.

WATER

- MANAGED DROUGHT RESPONSE WITH LANDOWNERS DURING THE WORST DROUGHT CONDITIONS THAT THE WATERSHED HAS ENDURED SINCE THE DROUGHT PLAN WAS CREATED IN 2000.
- COMPLETED THE 15TH YEAR OF OUR IRRIGATION SCHEDULING PROGRAM, PROVIDING WEEKLY

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

BLACKFOOT CHALLENGE, INC.

Employer identification number

81-0488863

IRRIGATION INFORMATION, TIPS, DROUGHT STRATEGIES, AND SOIL HEALTH CONCERNS TO OVER
100 IRRIGATORS.

- CONTINUED IN OUR 5TH YEAR OF A SOIL MOISTURE MONITORING PROGRAM, ADDING ONE
LOCATION TO BRING OUR TOTAL TO 18 LOCATIONS WHERE IRRIGATORS TRACK DAILY SOIL
MOISTURE INFORMATION, MANAGE THEIR IRRIGATION APPLICATIONS, AND TEST DIFFERENT
IRRIGATION OR CROPPING STRATEGIES.
- COORDINATED THE THIRD YEAR OF DATA COLLECTION ON A HYDROLOGIC STUDY AIMING TO
UNDERSTAND THE BLACKFOOT RIVER'S WATER BUDGET AT THE WATERSHED SCALE. RESULTS ARE
PROVIDING CRITICAL UNDERSTANDING TO INFORM STRATEGIC IMPLEMENTATION OF WATER
CONSERVATION EFFORTS.
- WORKED WITH MULTIPLE PARTNERS AND LANDOWNERS TO COLLECT A SECOND YEAR OF STREAM
FLOW AND RESOURCE ASSESSMENT DATA ON THREE TRIBUTARY STREAMS TO INFORM RESTORATION
DESIGNS THAT BENEFIT FISHERIES, IMPROVE DROUGHT RESILIENCY, AND INCREASE WETLAND
HABITATS.
- EXPANDED EFFORTS TO BUILD SHARED UNDERSTANDING, VISION, AND CAPACITY TO ADDRESS
GROWING RECREATION PRESSURES BY CREATING A NEW RECREATION PROGRAM.
- HOSTED 8 COMMUNITY MEETINGS THROUGHOUT THE WATERSHED, FACILITATED BY A TEAM FROM
THE UNIVERSITY OF MONTANA'S PARKS, RECREATION, AND TOURISM MANAGEMENT DEPARTMENT, TO
COLLECT LOCAL KNOWLEDGE AND CONCERNS AROUND RECREATION FROM WATERSHED RESIDENTS.
- PARTICIPATED IN 6 OUTREACH EVENTS DELIVERING MESSAGES ON COLLABORATIVE WATER
MANAGEMENT, DROUGHT RESILIENCY, WATER CONSERVATION TOOLS, AND STREAM MONITORING
TECHNIQUES TO OVER 200 STUDENTS, NATURAL RESOURCE PROFESSIONALS, AND LANDOWNERS.

CONTINUED BELOW:

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

BLACKFOOT CHALLENGE, INC.

81-0488863

WILDLIFE

- EMPLOYED AN ELK HUNT COORDINATOR TO WORK WITH HUNTERS ON HUNTING OPPORTUNITIES AND SCHEDULED HUNTS ON PARTICIPATING RANCHES DURING ELK HUNT SHOULDER SEASONS.
- CONDUCTED WINTER TRACK SURVEYS IN THE SOUTHWEST CROWN OF THE CONTINENT FOR LYNX, WOLVERINE, WOLVES, MOUNTAIN LION, MARTEN, BOBCAT AND LATE/EARLY SEASON GRIZZLY BEARS.
- LAUNCHED A PILOT PROJECT USING VIRTUAL FENCING TO MANAGE LIVESTOCK GRAZING ON PUBLIC LANDS PASTURES, FACILITATING BETTER MANAGEMENT OF LIVESTOCK LOCATIONS, REDUCING THE NEED FOR HARD FENCING ACROSS WILDLIFE HABITATS, AND KEEPING LIVESTOCK AWAY FROM AREAS OF POTENTIAL CONFLICTS WITH PREDATORS.
- INSTALLED 7 NEW HIGH PRIORITY ELECTRIC FENCES AND 12 NEW ELECTRIC DRIVE-OVER MATS TO DETER GRIZZLY BEARS FROM HOME SITES AND CALVING YARDS TO PREVENT BEARS FROM GETTING INTO CONFLICT. ALSO PROVIDED FENCE MATERIALS TO PROTECT 3 BEE YARDS, 1 CHICKEN YARD, 1 SHEEP NIGHT PEN AND 1 HOBBY FARM COMPOUND.
- REMOVED 263 LIVESTOCK CARCASSES FROM BLACKFOOT RANCHES AND 338 LIVESTOCK CARCASSES FROM OUTSIDE THE BLACKFOOT-AREA RANCHES TO REDUCE ATTRACTANTS FOR BEARS AND WOLVES.
- HOSTED INTERACTIVE "BEAR AWARE" PROGRAMS AT 4 WATERSHED SCHOOLS AND HOSTED AN ANNUAL TRAINING FOR STAFF AT AN AREA GUEST RANCH.
- PROVIDED A TEAM OF STAFF AND BOARD TO CONSULT WITH COLORADO WILDLIFE MANAGERS AND LANDOWNERS AS THEY CONSIDER CONFLICT MANAGEMENT TOOLS FOR REINTRODUCED WOLVES.
- PROVIDED 4 SEASONAL RANGE RIDERS TO MONITOR LIVESTOCK AND WOLF/GRIZZLY BEAR/MOUNTAIN LION ACTIVITY ACROSS 72,000 ACRES.
- PROVIDED 25 BEAR-RESISTANT GARBAGE CANS TO WATERSHED RESIDENTS; AND PLACED 8 ADDITIONAL BEAR-RESISTANT GARBAGE CANS AND 3 GARBAGE DUMPSTER ENCLOSURES THROUGHOUT 5 COMMUNITIES TO CONTINUE TO SUPPORT BEAR SMART EFFORTS.
- SET UP AND MAINTAINED TURBO FLADRY AT 2 RANCHES DURING CALVING SEASON TO PREVENT

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CONFLICTS WITH WOLVES.

- **HANDED OUT MORE THAN 100 CANS OF FREE BEAR SPRAY AND PROVIDED MORE THAN 50 CANS OF TRAINING/INERT BEAR SPRAY TO WATERSHED RESIDENTS, RANCHERS, RECREATIONISTS AND HUNTERS.**

- **ASSISTED MONTANA FISH, WILDLIFE AND PARKS WITH GRIZZLY BEAR MANAGEMENT AND RESEARCH.**

BLACKFOOT CHALLENGE, INC.

81-0488863

	2024	2023	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	3,345,366	2,134,808	1,210,558
INVESTMENT INCOME.....	20,235	118,740	-98,505
OTHER REVENUE.....	-393	-3,464	3,071
TOTAL REVENUE.....	3,365,208	2,250,084	1,115,124
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	30,100	0	30,100
SALARIES, OTHER COMPEN., EMP. BENEFITS...	1,007,907	917,082	90,825
OTHER EXPENSES.....	1,806,190	1,063,669	742,521
TOTAL EXPENSES.....	2,844,197	1,980,751	863,446
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	521,011	269,333	251,678
TOTAL ASSETS AT END OF YEAR.....	6,591,105	5,739,574	851,531
TOTAL LIABILITIES AT END OF YEAR.....	263,554	246,898	16,656
NET ASSETS/FUND BALANCES AT END OF YEAR.	6,327,551	5,492,676	834,875

2024

GENERAL INFORMATION

PAGE 1

BLACKFOOT CHALLENGE, INC.

81-0488863

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH I

CARRYOVERS TO 2025

NONE

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, ACCESS THE PROGRAM AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT THE PROGRAM HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS THE PROGRAM AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 8868

NO SIGNATURE IS REQUIRED WITH FORM 8868.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, ACCESS THE PROGRAM AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT THE PROGRAM HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS THE PROGRAM AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

BLACKFOOT CHALLENGE, INC.

81-0488863

FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	1,862,746.	1,862,746.	PART IX, LINE 25, COL. B
GRANTS	0.	30,100.	PART IX, LINES 1-3, COL. B
REVENUE	0.	0.	PART VIII, LINE 2, COL. A

FORM 990, PART IX, LINE 24E
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
DUES & SUBSCRIPTIONS	6,236.	4,022.	1,200.	1,014.
EQUIPMENT EXPENSE	9,291.	5,993.	1,788.	1,510.
POSTAGE AND SHIPPING	4,177.	2,694.	804.	679.
PRINTING AND PUBLICATIONS	7,410.	4,779.	1,426.	1,205.
PROPERTY TAXES	6,156.	3,970.	1,185.	1,001.
TELECOMMUNICATIONS	1,689.	1,089.	325.	275.
TRAINING	4,812.	3,104.	926.	782.
TOTAL	\$ 39,771.	\$ 25,651.	\$ 7,654.	\$ 6,466.

EXCESS CONTRIBUTIONS
SCHEDULE A, PART II, LINE 5

	2020	2021	2022	2023	2024	TOTAL	2% AMT	EXCESS
THE KENDEDA FUND	45,000	192,500	40,000	77,568	0	355,068	227,250	127,818
BUNTING FAMILY FOUNDATION	38,000	45,256	70,000	80,000	80,000	313,256	227,250	86,006
LIZ CLAIBORNE ART ORTENBERG FOUND.	50,000	60,000	100,000	100,000	100,000	410,000	227,250	182,750
	<u>133,000</u>	<u>297,756</u>	<u>210,000</u>	<u>257,568</u>	<u>180,000</u>	<u>1,078,324</u>	<u>681,750</u>	<u>396,574</u>