Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

DLN: 93493076000152

Freasury Internal Revenue Service			► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.						
				nning 07-01-2020 , and ending 06-	-30-2021				
B Check if applicable: ☐ Address change ☐ Name change			C Name of organization WEST YELLOWSTONE FOUNDATION Doing business as				D Employer identification number 81-0494366		
☐ Initial return ☐ Final return/terminated ☐ Amended return			Number and street (or P.O. box if mail is not delivered to street address) Room/suite			E Telephone	number		
☐ Application pending			PO BOX 255 City or town, state or province, country, and ZIP or foreign postal code			(406) 640	(406) 640-0038		
			WEST YELLOWSTONE, MT 59758				G Gross receipts \$ 329,684		
			PO BOX 255 WEST YELLOWSTONE, MT 59758 subor H(b) Are a			this a group retu bordinates? e all subordinates	rdinates? Yes V No		
		mpt status te: ► W	•	(insert no.) 4947(a)(1) or 527	If	cluded? "No," attach a lis oup exemption n	•	instructions)	
K Forn	n of o	rganizatio	n: 🗹 Corporation 🗌 Trust 🔲 Asso	ociation Other ►	L Year of f	ormation: 1992	1 State (of legal domicile: MT	
Pa	art I	Sun	nmary						
Activities & Governance		TO STRE BASIN, N	40NTANA.	TY AND TO ENHANCE THE ECONOMIC V				D HEBGEN LAKE	
ر بر		2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net asset 3 Number of voting members of the governing body (Part VI, line 1a)						14	
~ တို	4	Number of independent voting members of the governing body (Part VI, line 1b)					4	14	
Ě	5	Total nu	otal number of individuals employed in calendar year 2020 (Part V, line 2a)					10	
5	6	Total nu	Total number of volunteers (estimate if necessary)					35	
ď.	7a	Total ur	related business revenue from Part VIII, column (C), line 12				7a	0	
	Ь	Net unr	elated business taxable income from	m Form 990-T, line 39			7b		
				·		Prior Year		Current Year	
Revenue	8	Contribu	utions and grants (Part VIII, line 1h)			353,16	0	301,000	
	l		am service revenue (Part VIII, line 2g)			8,42		7,768	
	1		ent income (Part VIII, column (A), lines 3, 4, and 7d)						
	l	Other revenue (Part VIII, column (A), lines 5, 4d, and 7d)				-4,94		20,916	
	l					371,793		-28 329,656	
	-								
			nd similar amounts paid (Part IX, column (A), lines 1–3)			76,84	6	113,894	
			paid to or for members (Part IX, column (A), line 4)			90,80	_	0	
83	l		laries, other compensation, employee benefits (Part IX, column (A), lines 5–10)				7	75,290	
ens	l .		fessional fundraising fees (Part IX, column (A), line 11e)					0	
Expenses	l		undraising expenses (Part IX, column (D), line 25) ▶0						
ш	l		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				3	77,548	
	18	Total ex	al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			325,56	6	266,732	
	19	Revenue less expenses. Subtract line 18 from line 12				46,22	7	62,924	
Ç 6.					Beginn	ing of Current Yea	ır	End of Year	
Net Assets or Fund Balances	30	7 Total assets (Part X, line 16)						1 000 607	
AS:	l			s (Part X, line 16)			_	1,890,697	
ĕ,ĕ	l	21 Total liabilities (Part X, line 26)				17,356 15,511			
			ets or fund balances. Subtract line	ZI IIOM IINE ZU		1,438,47	٥	1,875,186	
Jnder knowl	ledge	alties of		nined this return, including accompanyir e. Declaration of preparer (other than of					
		****	******						
Sign			ure of officer Date						
Here		KEVI	N FLANAGAN Chairman						
			or print name and title						
		'	Print/Type preparer's name	Preparer's signature	Date	□ PT:	IN		
Paid _				, <u> </u>		Check if P00427328			
			Firm's name Rudd & Company PLLC				167399		
Hee Only									
Use Only			Firm's address ► 3805 Valley Commons Drive Suite 7 Phone no. (4				5-3393		
			Bozeman, MT 59718						

May the IRS discuss this return with the preparer shown above? (see instructions)

☑ Yes ☐ No