Form **990**

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury

A	For th	e 2022 calendar year, or tax year beginning MAR 1, 2022 and ending	FEB 28, 202	23						
В	Check if applicab	C Name of organization	D Employer ider	ntific	ation number					
		. 1								
Г	Addre	YELLOWSTONE FOREVER								
Ē	Name		47-542	797	15					
Г	Initial									
	Final	222 FACT MAIN CORPERS	406-848		400					
	termin	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		26,073,611.					
	Amen	ded DOZEMAN MM EQ71E		H(a) Is this a group return						
F	Application			for subordinates? Yes X No						
	pendi	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No						
1	Tax-ex		Committee of the Commit		ist. See instructions					
	Websi		H(c) Group exem							
_				-	State of legal domicile; MT					
P	art I	Summary	our or formation.	1 141	Otato of regal dofinions, ===					
	1	Briefly describe the organization's mission or most significant activities: YELLOWST	ONE FOREVER	(Y	F) SERVES					
Ş] .	AS THE OFFICIAL NON-PROFIT PARTNER FOR YELLOW								
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed of m		Name and Address of the Owner, where the Owner, which is the Owner,						
Ver	3	- Committee Comm	1	3	18					
g	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	17					
9	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	113					
tie	6			6	73					
Ž	72	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12	**********************	7a	0.					
A	1"	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.					
	1 -	Net difference business taxable income from Form 550-1, Fait 1, line 11	Prior Year	10	Current Year					
ine	8	Contributions and grants (Part VIII, line 1h)	21,218,530	1.	17,638,959.					
	9		1,351,142		749,940.					
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	124,416		162,344.					
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,170,373		2,509,715.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,864,461		21,060,958.					
			2,395,650		4,515,191.					
		Describe sold to see the sound of the see that the see th		0.	0.					
	40	Solories other componentian employee handity (Det IV estimated)	3,750,988		4,348,617.					
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 3,297,307.	1,330,767		1,533,941.					
neu	h	Total fundraising expanses (Part IX, column (P), line 35) 3 297 307	1,550,70	•	1,333,341.					
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,230,014	1	3,237,933.					
	1 "	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,707,419	-	13,635,682.					
			15,157,042		7,425,276.					
_ 9	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Ye		End of Year					
Assets or	20	Total accests (Part V line 16)	31,698,684		38,958,964.					
ISSE Pal	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	1,635,661		1,700,329.					
et	21		30,063,023		37,258,635.					
P	art II	Net assets or fund balances. Subtract line 21 from line 20	30,003,023		31,230,033.					
-		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tomosto and to the heat of	f may 1	raculades and ballof it is					
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		тпу к	chowleage and beller, it is					
1106	, currec	t, and complete, beclaration of preparer (other than officer) is based on an information of which prep	arei nas any knowledge.							
C:	_	Signature of officer	Date							
Sig		LISA DIEKMANN, PRESIDENT & CEO disa Dulemo	un 6/20	123						
Her	e	Type or print name and title	uvic lois	1011						
-			Date Check		7 PTIN					
Paid		Print/Type preparer's name Preparer's signature POR HOT DEN		-						
	parer	ROB HOLDEN / STATE ROB HOLDEN Firm's name KCOE ISOM, LLP	06/20/23 self-er							
	Only		Firm's EIN	40	-0567703					
J05	Jilly	Firm's address 1019 EAST MAIN STREET, SUITE 201 BOZEMAN, MT 59715	Diversity	106	-556-6160					
14-	, the IC		I Phone no. 4	200						
via)	une in	S discuss this return with the preparer shown above? See instructions	*************		X Yes No					

Total program service expenses

Form **990** (2022)

Form 990 (2022) YELLOWSTONE FOREVER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III	├°		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	i	=	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21			Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	<u> </u>

Form 990 (2022) YELLOWSTONE FOREVER Part IV Checklist of Required Schedules (continued)

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
<u> </u>	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	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			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		х
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
55	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		, 55		
	Check 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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	12-13-22	Form	990	(2022)

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

			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 113			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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
С	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).	_	v	
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	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		x
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 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.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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 Enter the amount of reserves on hand 13b 13c	1		
	Did the apprinting president and apprint few independent and apprint the terror and	14a		х
		14b		
15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדו		
	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		х
	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.			

140707.1

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

	Charles (Co. A. 190 September 20 September 2			X					
800	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			Λ					
Sec	non A. Governing body and Management		V	N.					
10	Enter the number of voting members of the governing body at the end of the tax year 18		Yes	No					
ıa	Enter the number of voting members of the governing body at the end of the tax year 1a 18 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 independent1b								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
2	officer director twister or leavemplayers	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5									
6	Did the organization have members or stockholders?	<u>5</u>		<u>X</u>					
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		Х					
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		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
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		Х					
Sec	tion 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.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	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?								
а	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	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							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CO, FL, GA, HI, KS, KY								
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)	availat	ole					
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website X Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records KRISTI MILLS - 406-848-2400								
	222 EAST MAIN STREET, 301, BOZEMAN, MT 59715								
232006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2022)					

2022.03050 YELLOWSTONE FOREVER

<u> Page</u> **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LISA DIEKMANN	40.00	ļ						015 500	•	04 041
PRESIDENT & CEO	40.00	Х		Х		_		217,789.	0.	24,941.
(2) KRISTENA MILLS	40.00	4						120 000	•	01 005
CHIEF FINANCE OFFICER	40.00			Х		_		139,077.	0.	21,005.
(3) WENDIE CARR CHIEF MARKETING OFFICER	40.00	1				x		136,327.	0.	22,067.
(4) JD DAVIS	40.00					^		130,347.	0.	22,007.
CHIEF DEVELOPMENT OFFICER	40.00	1				x		121,061.	0.	13,504.
(5) STEVE MOUNT	40.00					^		121,001.	0.	13,304.
REGIONAL DIRECTOR OF PHILA	40.00	1				x		111,702.	0.	13,036.
(6) OLESJA HOPPE	40.00									
REGIONAL DIRECTOR OF PHILA	1000	1				x		101,634.	0.	5,633.
(7) ANNIE GRAHAM	3.00									
DIRECTOR		Х						0.	0.	0.
(8) BOB ROWE	3.00									
DIRECTOR		Х						0.	0.	0.
(9) CAROLYN HEPPEL	10.00									
SECRETARY		Х		Х				0.	0.	0.
(10) DOUG SPENCER	10.00									
VICE-CHAIRMAN		Х		Х				0.	0.	0.
(11) ELIZABETH WEBB	3.00									
DIRECTOR		Х						0.	0.	0.
(12) JACQUELINE ROONEY	3.00	<u> </u>								
DIRECTOR		Х						0.	0.	0.
(13) JOHN COSTELLO	3.00									
DIRECTOR		Х						0.	0.	0.
(14) KEVIN BUTT	10.00]							_	_
CHAIRMAN		Х		Х				0.	0.	0.
(15) LARRY PATRICK	3.00	ļ								
DIRECTOR		Х						0.	0.	0.
(16) LAURA ORVIDAS	3.00	∤								_
DIRECTOR	2 00	Х				_		0.	0.	0.
(17) MICHAEL SOLOT	3.00	٠,,							_	•
DIRECTOR	1	X						0.	0.	990 (2022)

232007 12-13-22

Form **990** (2022)

101111 330 (2022)	0112 1 0111									z . c
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	anc	l Hiç	ghes	t C	ompensated Employee	s (continued)	
(A)										(F)
Name and title	Average hours per week	box	Position (do not check more than one pox, unless person is both an officer and a director/trustee)		an	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) SUSAN ROEDER	3.00									
DIRECTOR		Х						0.	0.	0.
(19) THOMAS TULL DIRECTOR	3.00	x						0.	0.	0.
(20) TOM DETMER	10.00								0.1	
TREASURER		Х		Х				0.	0.	0.
(21) NICHOLAS OLDS	3.00									
DIRECTOR		Х						0.	0.	0.
(22) ARIELLE PATRICK DIRECTOR	3.00	x						0.	0.	0.
(23) STEPHANIE TARBET	3.00	<u> </u>						0.	0.	<u> </u>
DIRECTOR	3.00	х						0.	0.	0.
1b Subtotal								827,590.	0.	100,186.
c Total from continuation sheets to Part V								0.	0.	0.
_d Total (add lines 1b and 1c)								827,590.	0.	100,186.
 Total number of individuals (including but compensation from the organization 								ceived more than \$100,	000 of reportable	6

			Yes	No
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	3		Х
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	4	X	
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	5		Х

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.

the organization. Report compensation for the calendar year ending with or within	i the organization's tax year.	
(A) Name and business address	(B) Description of services	(C) Compensation
, ,	DIRECT MAIL	1 060 050
STREET, NW, SUITE 700, WASHINGTON, DC	CONTRACTOR	1,060,252.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

Form 990 (2022)

\$100,000 of compensation from the organization

Form 990 (2022) YELLOWS
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
		Chook in Contraction Contraction Contraction		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
ω ω	4	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts							
ij g			12,363.				
fts, Ar		J	12,303.				
ig ig		d Related organizations 1d	593,897.				
ns, Sim		Government grants (contributions) 1e	393,097.				
utio er (1	All other contributions, gifts, grants, and	17 022 600				
ĕŧ			17,032,699.				
ont od (Noncash contributions included in lines 1a-1f	1,250,884.	15 620 050			
<u>0</u> <u>8</u>		n Total. Add lines 1a-1f		17,638,959.			
			Business Code				
Ce	2		611600	747,240.	747,240.		
e vi	- 1	YOUNG PATRONS	611600	2,700.	2,700.		
Program Service Revenue	(
ev.		d					
Б	•	·					
P.	1	All other program service revenue					
		Total. Add lines 2a-2f		749,940.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		245,144.			245,144.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	Gross rents 6a 71,107.					
		Less: rental expenses 6b 0.					
		Rental income or (loss) 6c 71,107.					
		Net rental income or (loss)		71,107.	71,107.		
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 2,553,673.	140,878.				
		Less: cost or other basis	•				
<u>o</u>		and sales expenses 7b 2,628,220.	149,131.				
her Revenue		Gain or (loss) 7c -74,547.	-8,253.				
ě		d Net gain or (loss)	,	-82,800.			-82,800.
౼		a Gross income from fundraising events (not		, -			,
Oth	0	including \$ 12,363. of					
١		contributions reported on line 1c). See					
		Part IV, line 18 8a	73,450.				
		Less: direct expenses 8b	71,978.				
		Net income or (loss) from fundraising events	, _ , , , , ,	1,472.			1,472.
		a Gross income from gaming activities. See		_,			=,=:=•
	9 (
		Part IV, line 19 9a 9b					
		Net income or (loss) from gaming activities					
	10 8	a Gross sales of inventory, less returns	4,593,110.				
		and allowances 10a					
		Less: cost of goods sold 10b	2,163,324.	2 420 706	2 420 706		
-	(Net income or (loss) from sales of inventory		2,429,786.	2,429,786.		
જ		OMUED DEVENUE	Business Code	7 250	7 350		
eor re	11 (OTHER REVENUE	900099	7,350.	7,350.		
Miscellaneous Revenue							
Se.	(
Ξ	(d All other revenue		7 250			
		Total. Add lines 11a-11d		7,350.	2 650 165		160.015
	12	Total revenue. See instructions		21,060,958.	3,258,183.	0.	163,816.

232009 12-13-22

Form **990** (2022)

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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 4,515,191. 4,515,191. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 405,600. 206,662. 106,433. 92,505. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,267,892. 1,484,322. 1,140,901. 642,669. Other salaries and wages 7 Pension plan accruals and contributions (include 124,310. 30,950. 61,913. 31,447. section 401(k) and 403(b) employer contributions) 89,644. 56,761. 271,028. 124,623. Other employee benefits 9 279,787. 124,295. 100,405. 55,087. 10 Payroll taxes Fees for services (nonemployees): Management 5,646. 5,646. Legal 95,044. 95,044. Accounting Lobbying 1,533,941. 1,533,941. Professional fundraising services. See Part IV, line 17 11,781. 11,781. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 37,234. 14,747. 15,290. 7,197. column (A), amount, list line 11g expenses on Sch O.) 4,725. 39<u>,</u>527. 1,876. 46,128. Advertising and promotion 12 376,951. 57,516. 311,706. 7,729. Office expenses 13 421,675. 190,711. 106,721. 124,243. Information technology 14 15 Royalties 77,158. 284,006. 205,256. 1,592. 16 Occupancy 63,377. 6,428. 12,525. 44,424. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 34,813. 34,813. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 536,132. 155,696. 318,550. 61,886. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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.) 441,960. 441,960. BAD DEBT 31,450.EDUCATIONAL PROGRAMS 425,795. 394,345. 217,872. 131,721. 14,988. BANK/MERCHANT FEES 71,163. 113,537. 5,859. 105,786. d HUMAN RESOURCES 1,892. 125,982. 17,107. 108,875. e All other expenses 13,635,682. 7,762,354. 2,576,021. 3,297,307. Total functional expenses. Add lines 1 through 24e 25 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)

Form **990** (2022)

Form 990 (2022)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note t	o an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			7,888,169.	1	1,275,961.
	2	Savings and temporary cash investments			9,122,794.	2	22,624,836.
	3	Pledges and grants receivable, net		3,110,075.	3	3,055,273.	
	4	Accounts receivable, net	174,389.	4	33,735.		
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan					
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described in	sec	tion 4958(c)(3)(B)		6	
δ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use	490,752.	8	627,040.		
ğ	9	Description of the second seco			182,973.	9	111,032.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	14,742,904.			
	b	Less: accumulated depreciation	10b	6,766,314.	7,691,882.	10c	7,976,590.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11			3,037,650.	13	2,898,210.
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	0.	15	356,287		
	16	Total assets. Add lines 1 through 15 (must equal I	31,698,684.	16	38,958,964.		
	17	Accounts payable and accrued expenses		1,106,718.	17	1,053,339.	
	18	Grants payable	267,327.	18	16,317.		
	19	Deferred revenue			261,616.	19	306,040.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Par				21	
es	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substan					
ia p		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelated				23	
	24	Unsecured notes and loans payable to unrelated the				24	
	25	Other liabilities (including federal income tax, payal					
		parties, and other liabilities not included on lines 17		·	0		224 622
		of Schedule D			1,635,661.	25	324,633. 1,700,329.
	26	Total liabilities. Add lines 17 through 25			1,033,001.	26	1,700,329.
S		Organizations that follow FASB ASC 958, check	ner				
nce	07	and complete lines 27, 28, 32, and 33.			14,593,854.	27	19,020,017.
<u>a</u>	27	Net assets without donor restrictions			15,469,169.	28	18,238,618.
g B	28	Net assets with donor restrictions			13,403,103.	20	10,230,010.
Ë		Organizations that do not follow FASB ASC 958					
P	20	and complete lines 29 through 33.				20	
ets	29	Capital stock or trust principal, or current funds				29	
\SS(30	Paid-in or capital surplus, or land, building, or equip				30 31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated incompatible part assets or fund balances.			30,063,023.	31	37,258,635.
ž	32	Total liabilities and not see to fund balances			31,698,684.	33	38,958,964.
	33	Total liabilities and net assets/fund balances			J1,030,004.	აპ	50,950,964

Pai	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			9,0			
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,6			
3	Revenue less expenses. Subtract line 2 from line 1	3	<u> </u>	, 42	5,2	76.		
4	3							
5	Net unrealized gains (losses) on investments	5	-	-22	9,6	62.		
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				-2.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	37	, 25	3,6	35.		
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho							
За	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?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		··· [
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b				
	`			Form	990	(2022)		

SCHEDULE A

(Form 990)

Total

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.

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

OMB No. 1545-0047

Inspection

Employer identification number Name of the organization YELLOWSTONE FOREVER 47-5427975 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10338399.	9681607.	9402473.	21185231.	<u> 17638959.</u>	68246669.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	10220200	0.601.600	0.400.453	01105001	18620050	60046660
	Total. Add lines 1 through 3	10338399.	9681607.	9402473.	21185231.	17638959.	68246669.
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)						68246669.
	Public support. Subtract line 5 from line 4.						00240009.
		(a) 2019	(b) 2010	(a) 2020	(4) 2021	(e) 2022	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2018 10338399.	(b) 2019 9681607.	(c) 2020 9402473	(d) 2021 21185231.	17638959	(f) Total 68246669
	Gross income from interest.	10330333.	3001007.	J402475.	21103231.	<u> </u>	00240003.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	127.712.	152,203.	60.676.	152,282.	316.251.	809.124.
9	Net income from unrelated business					020,2020	000,1111
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			27,136.	15,518.	7,350.	50,004.
11	Total support. Add lines 7 through 10			-			69105797.
12	Gross receipts from related activities	etc. (see instruction	ns)				,453,436.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and sto	p here					
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2022 (line 6, column (f), d	ivided by line 11, c	column (f))		14	98.76 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	98.69 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qua	lifies as a publicly s	upported organiza	ation			Ц
17a	10% -facts-and-circumstances test	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact			=		VI how the organiz	zation
	meets the facts-and-circumstances to	-			-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets t				· ·		
	organization meets the facts-and-circ						H
18	Private foundation. If the organization	on did not check a	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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 bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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						
	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	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
_		
2		
0-		
3a		
3b		
0.0		
3с		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
_		
7		
8		
- 0		
9a		
9b		
9с		
10a		
401		
10b		

232024 12-09-22

Par	t IV Sup	porting Organizations (continued)			
				Yes	No
11	Has the org	anization accepted a gift or contribution from any of the following persons?			
а	A person wh	no directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below,	the governing body of a supported organization?	11a		
		mber of a person described on line 11a above?	11b		
	•	rolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Par		11c		
		pe I Supporting Organizations			
				Yes	No
1	Did the gove	erning body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more suppo	rted organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	•	perated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the rganizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		anization operate for the benefit of any supported organization other than the supported			
		n(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		providing such benefit carried out the purposes of the supported organization(s) that operated,			
		or controlled the supporting organization.	2		
Sect	ion C. Ty	pe II Supporting Organizations			
				Yes	No
1	Were a majo	ority 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			
		nent of the supporting organization was vested in the same persons that controlled or managed			
	the supporte	ed organization(s).	1		
Sect	ion D. All	Type III Supporting Organizations			
				Yes	No
1	Did the orga	nization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization	a's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a co	ppy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization	a's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of	the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization	n(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organiza	tion maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason o	f the relationship described on line 2, above, did the organization's supported organizations have a			
	significant v	oice in the organization's investment policies and in directing the use of the organization's			
	income or a	ssets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported o	rganizations played in this regard.	3		
Sect	ion E. Ty	pe III Functionally Integrated Supporting Organizations			
1	Check the b	ox next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		rganization satisfied the Activities Test. Complete line 2 below.			
b		rganization is the parent of each of its supported organizations. Complete line 3 below.			
С		rganization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	l' I	
2		st. Answer lines 2a and 2b below.		Yes	No
		tially all of the organization's activities during the tax year directly further the exempt purposes of			
		ed organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		orted organizations and explain how these activities directly furthered their exempt purposes,			
	•	anization was responsive to those supported organizations, and how the organization determined			
		ctivities constituted substantially all of its activities.	2a		
		vities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		reasons for the organization's position that its supported organization(s) would have engaged in	01-		
		ies but for the organization's involvement.	2b		
		upported Organizations. Answer lines 3a and 3b below.			
	_	anization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
		each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		anization exercise a substantial degree of direction over the policies, programs, and activities of each	٥L		
	บา แจ ธนุมุทูด	rted organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2022 YELLOWSTONE FOREVER		4	17-5427975 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Name of the organization **Employer identification number** YELLOWSTONE FOREVER 47-5427975

Organiza	ation type (check of	io ₎ .				
Filers of	:	Section:				
Form 990	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: Or	nly a section 501(c)(7					
General	Rule					
	-					
Special	Rules					
	527 political organization 528 political					
	contributor, during literary, or educatio	the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering				
	year, contributions is checked, enter he purpose. Don't com	exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., uplete any of the parts unless the General Rule applies to this organization because it received nonexclusively				
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990)				

C а

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

Name of organization

Employer identification number

YELLOWSTONE FOREVER

47-5427975

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		\$644,674.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 700,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 593,897.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 550,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>464,583.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **2**

Name of organization Employer identification number

YELLOWSTONE FOREVER

47-5427975

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		\$ 704,073.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, address, and Zir + 4	\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

YELLOWSTONE FOREVER

47-5427975

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	l if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
223/53 11-15			Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** YELLOWSTONE FOREVER 47-5427975 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

YELLOWSTONE FOREVER

Employer identification number 47-5427975

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts	 Complete if th 	е
	organization disenses to our our coo, raintry, mis	(a) Donor advi	sed funds	(b) Funds	and other accou	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets I	neld in donor advise	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal control	>		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historically imp	oortant land area	
	Protection of natural habitat		Preservation of	a certified histor	ic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contr	bution in the form	of a conservation	easement on th	e last
	day of the tax year.			He	ld at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and	not on a			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ing the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cons	ervation easeme	nts during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and	enforcing conservat	ion easements d	uring the year	
8	Does each conservation easement reported on line 2(d) above	, ,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial stateme	ents that describe	es the	
Da	organization's accounting for conservation easements.	Aut Historical To		O::I A		
Pal	organizations Maintaining Collections of		easures, or Ot	ner Similar A	ssets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	'				
	of art, historical treasures, or other similar assets held for publ			-	lic	
	service, provide in Part XIII the text of the footnote to its finance					
b	, ,					
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furth	erance of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				\$_		
2	If the organization received or held works of art, historical trea			gain, provide		
	the following amounts required to be reported under FASB AS					
	, , , , , , , , , , , , , , , , , , , ,					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sc	hedule D (Form	990) 2022

Pai	rt III Organizations Maintaining C	collections of Art	t, Historical Tre	asures, or	Other	Similar	Assets	3 (continue	ed)
3	Using the organization's acquisition, access	on, and other records	s, check any of the f	ollowing that i	make sig	gnificant ι	use of its		
	collection items (check all that apply):								
а		d	Loan or excl	nange prograr	m				
b		е		3 1 3					
c		_							
4	Provide a description of the organization's c	ollections and explain	how they further th	e organization	n's exem	nnt nurnas	se in Part	XIII	
5	During the year, did the organization solicit of						Jo IIII ait	AIII.	
•	to be sold to raise funds rather than to be m							Yes	☐ No
Pai	rt IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pa		oto ii tilo organizatioi	T di lowered	100 011	1 01111 000	, raitiv,		
1a	Is the organization an agent, trustee, custod		arv for contributions	or other asse	ets not ir	ncluded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
-	ii 100, explain the arrangement in tracexin	and complete the for	owing table.					Amount	
c	Beginning balance					1c			
	Additions during the year					· -			
•	Distributions during the year					1f			
22	Ending balance							Yes	No
	If "Yes," explain the arrangement in Part XIII							_ 163	
	rt V Endowment Funds. Complete					0			
	and a second sec	(a) Current year	(b) Prior year	(c) Two years		(d) Three y	ears back	(e) Four ye	ears back
10	Beginning of year balance	2,043,524.	1,771,603.	2,805			38,970.		65,635.
b		100,000.	262,782.		,477.		89,416.		64,940.
		-181,536.	29,449.		,295.		80,913.		44,641.
ا	Net investment earnings, gains, and losses	101,330.	25,115.	171	, 255.		00,313.		11,011.
a	Grants or scholarships				+				
е	Other expenditures for facilities	17,295.	20,310.	1,305	755	2	03,713.	1	36,246.
	and programs	17,255.	20,310.	1,303	, 733.		05,715.		30,240.
T	Administrative expenses	1,944,693.	2,043,524.	1,771	603	2 8	05,586.	2.5	38,970.
9	End of year balance				,005.	2,0	05,500.	2,3	30,370.
2	Provide the estimated percentage of the cur	rent year end balance) neid as:					
_	Board designated or quasi-endowment Permanent endowment 96.5240		_%						
b	1 0160	%							
C		-							
2-	The percentages on lines 2a, 2b, and 2c sho		tion that are hold an	d administra	d for the	•			
Sa	Are there endowment funds not in the posse	ssion of the organiza	lion that are nelu an	u auriiriistere	d for the	E		Y	es No
	organization by:							3a(i)	X
	(i) Unrelated organizations							3a(ii)	X
h	(ii) Related organizations								
4	Describe in Part XIII the intended uses of the							SD	
	rt VI Land, Buildings, and Equipm		willent fulfus.						
	Complete if the organization answere		. Part IV. line 11a. S	ee Form 990.	Part X. I	line 10.			
	Description of property	(a) Cost or o	, , , , , , , , , , , , , , , , , , ,	<u></u>		ccumulate	² d	(d) Book v	/alue
	Description of property	basis (investr	. ,	I .		preciation	,u	(u) DOOK (raiue
12	Land	<u> </u>		4,844.				2,284	844.
	Land Buildings			3,914.	3 0	948,29		5,135	
	Leasehold improvements			5,505.		67,59			,908.
	Equipment			2,514.		550,42			,089.
	Other			6,127.	, _	,			,127.
	il. Add lines 1a through 1e. (Column (d) must e							7,976	

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 YELLOWSTONE	FOREVER		47-5427975 F	⊃age '
Part VII Investments - Other Securities. Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization answered "Yes" of the organization and the	on Form 990 Part IV line 1	I1h See Form 990 Part Y	line 12	
(a) Description of security or category (including name of security)	(b) Book value		n: Cost or end-of-year market valu	
1) Financial derivatives	()	(1)	,	
2) Closely held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	I1c. See Form 990, Part X, I	line 13.	
(a) Description of investment	(b) Book value		n: Cost or end-of-year market valu	.——
(1) MONEY MARKET FUNDS	266,821.		MARKET VALUE	
(2) FIXED-INCOME MUTUAL FUNDS	619,404.		MARKET VALUE	
(3) EQUITY-MUTUAL FUNDS	2,011,985.		MARKET VALUE	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	2,898,210.			
Part IX Other Assets.	, ,			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	I1d. See Form 990, Part X,	line 15.	
	Description	· · · · · · · · · · · · · · · · · · ·	(b) Book value	 е
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)			
Part X Other Liabilities.			,	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	11e or 11f. See Form 990, P	Part X, line 25.	
(a) Description of liability			(b) Book value	<u>—</u>
(1) Federal income taxes				
(2) OPERATING LEASE LIABILITIE	IS		324,6	33
(3)			,,	
(4)				
(5)				
(6)				
(7)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2022

324,633.

(8)

Part XI Reconciliation of Revenue per Audited Financia Complete if the organization answered "Yes" on Form 990, Par		Revenue per Re	turn.	
Total revenue, gains, and other support per audited financial statemer	·		1	21,529,694.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				,
a Net unrealized gains (losses) on investments	2a	-229,662.		
b Donated services and use of facilities		638,201.		
c Recoveries of prior year grants		,		
d Other (Describe in Part XIII.)		60,197.		
e Add lines 2a through 2d			2e	468,736.
3 Subtract line 2e from line 1			3	21,060,958.
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			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. I	ine 12.)		5	21,060,958.
Part XII Reconciliation of Expenses per Audited Financi		Expenses per F	Retur	n.
Complete if the organization answered "Yes" on Form 990, Par			Ι.	14 224 002
1 Total expenses and losses per audited financial statements			1	14,334,082.
Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م ا	620 201		
a Donated services and use of facilities		638,201.	-	
b Prior year adjustments			-	
c Other losses		60,199.	-	
d Other (Describe in Part XIII.)		-	-	698,400.
e Add lines 2a through 2d			2e 3	13,635,682.
3 Subtract line 2e from line 14 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	13,033,002.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)			-	
A 1.10 A 1.40	· · · · · · · · · · · · · · · · · · ·		4c	0.
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I			5	13,635,682.
Part XIII Supplemental Information.	. IIIIE 10.)			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro			; Part	X, line 2; Part XI,
PART V, LINE 4:				
EARNINGS FROM YF'S ENDOWMENT FUNDS ARE	USED TO SUPP	ORT YELLOW	STO	NE
NATIONAL PARK AND VISITOR EDUCATION PR	OGRAMING.			
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
INVESTMENT MANAGEMENT FEES				-11,781.
			71,978.	
TOTAL TO SCHEDULE D, PART XI, LINE 2D				
PART XII, LINE 2D - OTHER ADJUSTMENTS:				
INVESTMENT MANAGEMENT FEES				-11,781.
ROUNDING 230054 09-01-22				2.
232054 00.01.22			Scho	dule D (Form 990) 2022

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

ntered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

required to complete this part.

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

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

YELLOWSTONE FOREVER

Employer identification number
47-5427975

(iii) fundi have c	D: d			•
or cor contrib	aiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Yes	No			
	Х	3,816,322.	1,130,133.	2,686,189.
licit contrib	utions	or has been notified	it is exempt from re	gistration
	Yes licit contribu	licit contributions A, MI, MN, M	Yes No X 3,816,322. 3,816,322. Ilicit contributions or has been notified A, MI, MN, MS, MO, NC, NH	Yes No X X X X X X X X X X X X X

232081 10-27-22

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-	-EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
				(b) Event #2 REGIONAL	(c) Other events NONE	(d) Total events (add col. (a) through
				EVENT	(total number)	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	73,450.	12,363.		85,813.
	2	Less: Contributions		12,363.		12,363.
	3	Gross income (line 1 minus line 2)	73,450.			73,450.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs	62,175.			62,175.
Direct Expenses	7	Food and beverages				
D	8	Entertainment	8,588.			8,588.
	9	Other direct expenses				1,215.
	10	Direct expense summary. Add lines 4 through				71,978.
	11	Net income summary. Subtract line 10 from line				1,472.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Γ	(I.) Dull take (in atom)		(N Tatal manakan (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
		Not gaming income aummany Subtract line 7	from line 1 column (d)			
	8	Net gaming income summary. Subtract line 7	nom line 1, column (a)			<u> </u>
		ter the state(s) in which the organization condu				Yes No
		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
	_					

232082 10-27-22 Schedule G (Form 990) 2022

	-542/	913	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable gaming?	🔲 '	Yes	No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility			%
b An outside facility	13b		<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
of gaming revenue retained by the third party \$			
c If "Yes," enter name and address of the third party:			
Name			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	,	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		163	140
organization's own exempt activities during the tax year \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III. lin	es 9. 9	b. 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	•	, ,
COURDING C DADM I IINE 2D IIOM OF MEN UICUECM DAID FINDDAICE	DC.		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	<u> </u>		
(I) NAME OF FUNDRAISER: AVALON CONSULTING GROUP			
(I) ADDRESS OF FUNDRAISER:			
805 15TH STREET NW, SUITE 700, WASHINGTON, DC 20005			
	Dmc =:	. .	, TDT T
(II) ACTIVITY: MANAGED DIRECT MAIL AND DIGITAL FUNDRAISING EFFO	KTS F	JK !	(Էրր

Schedule G (Form 990)	YELLOWSTONE FOREVER	47-5427975 Page 4
Schedule G (Form 990) Part IV Supplemental In	nformation (continued)	
•	•	

SCHEDULE I (Form 990)

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 the latest information.

Open to Public

OMB No. 1545-0047

Inspection **Employer identification number** Name of the organization 47-5427975 YELLOWSTONE FOREVER Part I **General Information on Grants and Assistance** 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? X Yes 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) NATIONAL PARK SERVICE PO BOX 168 YELLOWSTONE NATIONAL PARK, WY 82190 53-0197094 170(C)(1) 0 FULFILL PARK PRIORITIES 4,510,396. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

Schedule I (Form 990) 2022

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	erea "Yes" on Form 9	190, Part IV, line 22.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.					
PART I, LINE 2									
YELLOWSTONE FOREVER MONITORS THE US	SE OF FUN	DS BY THE	GOVERNMENT						
(YELLOWSTONE NATIONAL PARK AND US E	FOREST SE	RVICE) THE	ROUGH AN AN	NUAL					
GRANT CYCLE THAT BEGINS WITH PROJEC	CTS SUBMI	TTED BY TH	IE PARK FOR	FUNDING					
CONSIDERATION. ONCE THE PROJECTS AF	RE SELECT	ED BY THE	PROJECTS						
COMMITTEE, A BOARD COMMITTEE, THE SLATE OF PROJECTS IS PRESENTED TO THE									
FULL BOARD AND BECOME THE FUNDRAIS	FULL BOARD AND BECOME THE FUNDRAISING GOAL FOR YF'S NEXT SUBSEQUENT								
FISCAL YEAR. ONCE THE FUNDS ARE RAISED THEY ARE AVAILABLE FOR THE									
PARK'S USE AT THE START OF THEIR FOLLOWING FISCAL YEAR. USFS FUNDS ARE									

Part IV Supplemental Information
AVAILABLE AT THE END OF EACH FISCAL YEAR BASED AS CALCULATED BY SALES
FROM THE QUAKE LAKE STORE. THE USE OF BOTH OF THESE FUNDS ARE REVIEWED
AND TRACKED THROUGH REQUISITION FORMS, REQUISITION REQUEST FOR
DISBURSEMENT OF FUNDS, AND REQUIRE REVIEW AND APPROVAL BY MULTIPLE
LEVELS OF THE NATIONAL PARK SERVICE. THE CHIEF FINANCIAL OFFICER OF
YELLOWSTONE FOREVER REVIEWS EACH APPROVED REQUISITION REQUEST FOR
VERIFICATION THAT EACH EXPENDITURE COMPLIES WITH YELLOWSTONE FOREVER'S
MISSION, GUIDELINES, AND OTHER REQUIRMENTS PRIOR TO THE DISBURSEMENT OF
ANY FUNDS. YELLOWSTONE FOREVER AND PARK STAFF CONTINUE TO MEET
REGULARLY THROUGHOUT THE YEAR TO TRACK THE PROGRESS OF FUNDED PROJECTS,
MONITOR ANY CHANGES TO THOSE PRIORITIES, AND IDENTIFY AND WORK TOGETHER
TO ADDRESS NEW ONES IN SUPPORT OF THE PARK WHERE AND AS THEY ARISE.
PROVIDING REGULAR REPORTS BACK TO YELLOWSTONE FOREVER'S BOARD OF
DIRECTORS IN THE PROCESS.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

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

YELLOWSTONE FOREVER

Employer identification number 47-5427975

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		_X_
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
а	The organization?	5a		X
b	Any related organization?	5b		\vdash
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		Щ_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LISA DIEKMANN	(i)	217,789.	0.	0.	10,890.	14,051.	242,730.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KRISTENA MILLS	(i)	139,077.	0.	0.	6,954.	14,051.	160,082.	0.
CHIEF FINANCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) WENDIE CARR	(i)	136,327.	0.	0.	6,816.	15,251.	158,394.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection
Employer identification number

	YELLOWSTONE FOREVER 47-542							4279	<u>97</u> 5	
Par	rt I Types o	f Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	(d) Method of de oncash contribu			3
1	Art - Works of art									
2		asures								
3		terests								
4		ations								
5		sehold goods								
6		ehicles								
7										
8		rty								
9		cly traded	X	28	1,055,555.	FMV	AT DATE	OF	GII	·Т
10		ly held stock								
11	Securities - Partne									
	trust interests .									
12	Securities - Misce	ellaneous								
13		ation contribution -								
	Historic structure	S								
14	Qualified conserv	ation contribution - Other								
15	Real estate - Resi	dential								
16	Real estate - Com	nmercial								
17	Real estate - Othe	er								
18	Collectibles									
19	Food inventory .									
20		al supplies								
21	Taxidermy									
22	Historical artifacts	S								
23	Scientific specime	ens								
24	Archeological arti	facts								
25	,	JIPMENT)	X	4	194,639.	FAI	R MARKET	VAI	JUE	
26	,	IPUS SUPPLIES	X	2			R MARKET			
27	Other (GOC	DDS)	X	1	690.	FAI	R MARKET	VAI	LUE	
28	Other ()								
29	Number of Forms	8283 received by the organ	ization durinç	the tax year for co	ontributions					
	for which the orga	anization completed Form 82	283, Part V, D	onee Acknowledg	ement 29					
									Yes	No
30a	During the year, o	did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 through	gh 28, t	hat it			
	must hold for at le	east 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for				
	exempt purposes	for the entire holding period	l?					30a		<u> </u>
b	•	the arrangement in Part II.								
31							31	Х		
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributions? .							32a		<u> X</u>
b	If "Yes," describe									
33	If the organization	n didn't report an amount in	column (c) fo	a type of property	for which column (a) is che	cked,				
	describe in Part II									
LHA	For Paperwork	Reduction Act Notice, see	the Instruct	tions for Form 990).		Schedule M	(Form	า 990)	2022

232141 09-09-22

232142 09-09-22

SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

YELLOWSTONE FOREVER

Employer identification number 47-5427975

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: YF'S PURPOSE IS TO PROVIDE GRANTS AND IN-KIND SUPPORT TO THE PARK THROUGH PHILANTHROPIC AND EDUCATIONAL INITIATIVES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: OR TRAIL STATUS. THEY RESPOND TO INJURED FIRE RINGS, VISITOR PERMITS, AND SICK HIKERS. YELLOWSTONE FOREVER WORKED WITH THE PARK TO ENHANCE VISITOR EXPERIENCES AND EDUCATION THROUGH FINANCIAL SUPPORT OF YOUTH EDUCATION INITIATIVES AND THE VISITOR AND WILDLIFE SAFETY PROGRAM.

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

YELLOWSTONE FOREVER WORKS CLOSELY WITH AN OUTSIDE ACCOUNTING FIRM AND MEMBERS OF SENIOR MANAGEMENT TO REVIEW THE FINAL DRAFT OF THE RETURN PRIOR TO ITS SUBMISSION TO THE IRS. AFTER STAFF DOES AN INITIAL REVIEW OF THE THE FINANCE AND AUDIT COMMITTEE IS RESPONSIBLE FOR REVIEWING THE DRAFT. COMPLETE COPY OF THE FINAL RETURN BEFORE FILING THE RETURN WITH THE IRS. THAT COPY IS PRESENTED TO THE FULL BOARD OF DIRECTORS AT THE FALL BOARD MEETING.

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

BOARD MEMBERS, COMMITTEE MEMBERS, AND KEY STAFF MAKE ANNUAL CONFLICT OF INTEREST DISCLOSURES IN ORDER TO IDENTIFY AND MANAGE CONFLICTS OF INTEREST IF A CONFLICT OF INTEREST IS PRESENT, BEFORE THE BOARD OR WHEN THEY ARISE, COMMITTEE TAKES AN ACTION, A DIRECTOR, COMMITTEE MEMBER, OR KEY STAFF MEMBER HAVING A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE AT THE

MEETING SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization YELLOWSTONE FOREVER

Employer identification number 47-5427975

SUCH DISCLOSURE SHALL BE REFLECTED IN THE MINUTES TO THE MEETING. SHOULD A

CONFLICT OF INTEREST BE RAISED, THE BOARD OR COMMITTEE WILL REVIEW THE

CONFLICT OF INTEREST POLICY AND TAKE NECESSARY STEPS, INCLUDING RECUSING

THE BOARD MEMBER, COMMITTEE MEMBER, OR KEY STAFF, PRIOR TO DISCUSSION AND

VOTING ON THE AGENDA ITEM.

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

THE PRESIDENT & CEO IS HIRED BY THE BOARD OF DIRECTORS UNDER THE DIRECTION OF THE CHAIRMAN OF THE BOARD. FOR RECRUITING AND HIRING THE CURRENT PRESIDENT & CEO FOR YELLOWSTONE FOREVER THE BOARD OF DIRECTORS EMPLOYED A NATIONAL RECRUITING FIRM TO CONDUCT A SEARCH, FACILITATE BENCHMARKING THE POSITION ACCORDING TO THE SKILL SET AND REQUIREMENTS THAT THE BOARD DETERMINED THEY WANTED FOR THE ROLE. COMPENSATION AND BENEFITS FOR THE PRESIDENT & CEO POSITION IS DETERMINED BY THE BOARD OF DIRECTORS. COMPENSATION FOR EMPLOYEES AND OFFICERS OF THE ORGANIZATION IS DETERMINED BY BENCHMARKING POSITIONS USING INDUSTRY STANDARD SALARY BENCHMARKING SOFTWARE. THERE ARE TWO SOFTWARE SUBSCRIPTIONS THAT YF HAS USED TO FACILITATE BENCHMARKING POSITIONS PAYSCALE AND SALARY.COM COMPANALYST. WE CURRENTLY USE SALARY.COM COMPANALYST. BENCHMARKING OF ROLES WAS PERFORMED BY THE DIRECTOR OF HUMAN RESOURCES (OR THEIR DESIGNEE). FACTORS USED IN BENCHMARKING ROLES INCLUDE: JOB DESCRIPTIONS AND KEY RESPONSIBILITIES, LEVEL OF EXPERIENCE, CANDIDATE/TALENT POOL (I.E. NATIONAL NON-PROFIT OR REGIONAL NON-PROFIT, ETC.). ONCE THE POSITION WAS BENCHMARKED AT THE APPROPRIATE SALARY RANGE, THE HR DIRECTOR WOULD WORK WITH THE PRESIDENT OR DEPARTMENT LEAD TO RECRUIT AND HIRE FOR THE POSITION ACCORDING TO THE ESTABLISHED RANGE, AND ENSURE THAT THERE WAS SUBSTANTIATING DOCUMENTATION (APPLICATION AND/OR RESUME). MORE RECENTLY WE HAVE ESTABLISHED OPERATING PRINCIPLES AND BEST PRACTICES TO HIRE WITHIN THE 25 TO 50 PERCENTILE TO

Schedule O (Form 990) 2022 Page **2**

Name of the organization YELLOWSTONE FOREVER	Employer identification number $47-5427975$
FURTHER DRIVE CONSISTENCY IN APPLYING BENCHMARKING DATA TO	THE
HIRING/RECRUITING PROCESS.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AR, CA, CO, FL, GA, HI, KS, KY, IL, MD, MA, MI, MN, MS, MO, NJ, NH, NM, N	Y,NC,OH,OR,PA,RI
SC, TN, UT, WV, WI, ND, VA	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION U	
ADDITION, THE ANNUAL AUDITED FINANCIAL STATEMENTS, FORM 99	0 AND ANNUAL
REPORT ARE PUBLISHED ON THE ORGANIZATION'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING	-2.
FORM 990 PART XII 2C	
THE ORGANIZATION HAS A FINANCE AND AUDIT COMMITTEE THAT AS	SUMES
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL	STATEMENTS
AND SELECTION OF AN INDEPENDENT AUDITOR.	