Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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OMB No. 1545-0047 <u>121</u> ſ 2 **Open to Public** . Inspection

Do not enter social security numbers on this form as it ma	y be made publ
Go to www.irs.gov/Form990 for instructions and the late	est information.

AF	or the	e 2021 calendar year, or tax year beginning and o	ending		
B C	heck if oplicabl	e: C Name of organization		D Employer identifie	cation number
	Addre	Se YELLOWSTONE TO YUKON			
	Name Chang	e Doing business as	81-05353	03	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return	3701 TRAKKER TRAIL STE 1B #22 PMB		403-609-	2666
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,419,566.
	Amen return	BOZEMAN, MI 59/16		H(a) Is this a group re	eturn
	Applic dition	F Name and address of principal officer: UOD1 FILTI		for subordinates	? Yes X No
	pendi	⁹ 200-1350 RAILWAY AVENUE, CANMORE, ALBER	<u>TA, T</u>	H(b) Are all subordinates in	cluded? Yes No
		empt status: 🗴 501(c)(3) 🗌 501(c) ()◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions
		te: NWW.Y2Y.NET		H(c) Group exemption	
		organization: 🔀 Corporation 🔄 Trust 🔄 Association 📄 Other 🕨	L Year	of formation: 2000 N	A State of legal domicile: MT
Pa	rt I	Summary			
6	1	Briefly describe the organization's mission or most significant activities: YELLC			
Governance		CONSERVATION INITIATIVE PROGRAMS FOCUS ON			
erna	2	Check this box 🕨 🦲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
		Number of independent voting members of the governing body (Part VI, line 1b)			13
se S	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	5
vitie		Total number of volunteers (estimate if necessary)			13
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
1	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		3,164,729.	3,412,667.
enu		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		21,056.	6,774.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	125.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		3,185,785.	3,419,566.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		44,000.	11,037.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ $.		262,096.	325,432.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
хbе		Total fundraising expenses (Part IX, column (D), line 25)			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,322,973.	1,764,266.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,629,069.	2,100,735.
	19	Revenue less expenses. Subtract line 18 from line 12		-443,284.	1,318,831.
s or nces			Be	ginning of Current Year	End of Year
Assets - d Balanc		Total assets (Part X, line 16)		2,744,212.	4,186,486.
it As	21	Total liabilities (Part X, line 26)		140,758.	215,187.
Eur		Net assets or fund balances. Subtract line 21 from line 20		2,603,454.	3,971,299.
Pa	rt II	Signature Block			

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

Sign	Signature of officer	Date					
Here	JODI HILTY, PRESIDENT AND CHIEF SCIENTIST						
	Type or print name and title						
	Print/Type preparer's name Preparer's signature Date	Check PTIN					
Paid	KENDRA A. MORAN, CPA KENDRA A. MORAN, CPA 11/07	/22 self-employed P00814196					
Preparer	Firm's name 🕨 ANDERSON ZURMUEHLEN & CO., P.C.	Firm's EIN 🕨 81-0385940					
Use Only	Firm's address P.O. BOX 20435						
	BILLINGS, MT 59104-0435	Phone no. 406 - 245 - 5136					
May the If	RS discuss this return with the preparer shown above? See instructions	X Yes No					
132001 12-0	13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pai			
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Χ
1	Briefly describe the organization's mission:		
	YELLOWSTONE TO YUKON CONSERVATION INITIATIVE PROGRAMS FOCUS	ON	
	CONNECTING AND PROTECTING HABITAT FROM YELLOWSTONE TO YUKON	SO THAT	
	TOGETHER PEOPLE AND NATURE CAN THRIVE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-		Voc	XN
	1		
	If "Yes," describe these new services on Schedule O.		XN
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measing		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	e total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 827,850. including grants of \$ 11,037.) (Revenue \$ 12,037.		
	IN OUR CONSERVATION PROGRAM, Y2Y STUDIES HABITAT NEEDS OF A	ND THREAT	'S
	TO WILDLIFE IN THE ROCKY, PURCELL, AND MACKENZIE MOUNTAINS	TO DETERM	INE
	WHICH CONFIGURATION OF HABITATS AND LINKAGES BETWEEN THEM A	RE NEEDED)
	FOR WILDLIFE POPULATIONS TO SURVIVE OVER TIME. Y2Y HAS RES	EARCHED A	ND
		H AS GRIZ	
	BEAR AND SPECIFIC PRIORITY LANDSCAPES SUCH AS CABINET-PURCE		
	CORRIDOR. THE ORGANIZATION HAS COLLABORATED WITH MORE THAN		
	GROUPS TO ADDRESS LAND USE, TRANSPORTATION, AND WILDLIFE CO		IN
	ISSUES THROUGH EDUCATION, COMMUNITY ENGAGEMENT, AND RESEARC		
	PRODUCES & DISSEMINATES MAPS & NARRATIVES ON AN ONGOING BAS		~
	DESCRIBING WILDLIFE & HUMAN NEEDS. THE ORGANIZATION MAKES		
	PRODUCTS AVAILABLE FOR LAND MANAGEMENT DECISIONS AND CONSER	VATION WO	RK
4b	(Code:) (Expenses \$ 416,102. including grants of \$ 0.) (Revenue \$)		
	IN OUR INSPIRE AND ENGAGE PROGRAM, WE WORK TO PROVIDE WAYS	FOR CITIZ	ENS
	TO ENGLOE ON THE CONCEPTION TOTIES THEY CARE ADDITE TOOLS		
	TO ENGAGE ON THE CONSERVATION ISSUES THEY CARE ABOUT FROM B	EING ON T	ΉE
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 YELLOWSTONE
 TO
 YUKON

 Part IV
 Checklist of Required Schedules
 TO
 YUKON

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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		<u> </u>
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		X X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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 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 X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
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		<u>x</u>
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		<u> </u>
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		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
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 YELLOWSTONE
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 Part IV
 Checklist of Required Schedules
 (continued)

	(continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		х	
00	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22	Λ	
23	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		x
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			
	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	054		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? //			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	<u>30</u> 31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If Yes, complete Schedule N, Part I</i>	- 51		
0L	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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		- 22
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				L
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u> .	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
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2021.05000 YELLOWSTONE TO YUKON 140627.1

Pa	990 (2021) YELLOWSTONE TO YUKON		81-0535	303	Р	_{age} 5
	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)				·	
	,				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		5			
L	filed for the calendar year ending with or within the year covered by this return	2a		0.	x	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of			3b		- 23
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial ac			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 Ac	counts	; (FBAR).			
5a			· · · ·	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	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 contribution	ons or g	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and \$75 made partly as a contributi	vices pro	ovided to the payor?	7a		X
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					37
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u>, </u>	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	-		7f		
g L	If the organization received a contribution of qualified intellectual property, did the organization file For			7g 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		a Form 1096-0?	7h		
8				8		
9	Sponsoring organizations maintaining donor advised funds.			-		
a				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	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.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
~	Section 501(c)(29) qualified nonprofit health insurance issuers.					
3	Section 30 I(C)(29) qualified holipront health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			<u>13a</u>		
a b	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		<u>13a</u>		
a b c	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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				v
a b c 4a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Did the organization receive any payments for indoor tanning services during the tax year?	13b 13c		14a		X
a b c 4a b	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i>	13b 13c				X
a b c 4a b	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	13b 13c e O . ation o	 	14a 14b		
a b c 4a b	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?	13b 13c e O . ation o	 	14a		x
a b c 4a b 5	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13b 13c e O . ation o	r	14a 14b 15		x
b c 4a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	13b 13c e O . ation o	r	14a 14b		
a b c 4a b 5 6	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	13b 13c e O ation o	r	14a 14b 15		x
a b c 4a b 5	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	13b 13c e O . ation o income		14a 14b 15		x

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Form 990	(2021)
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Section A.

YELLOWSTONE TO YUKON

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

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
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		<u> </u>
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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	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	Х	
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	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		
	exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MT

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	X Own website Another's website X Upon request Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

6

20	State the name, address, and telephone number of the person who possesses the organization's books and records	
	JODI HILTY - 4036092666	

	200-1350	RAILWAY	AVENUE,	CANMORE,	ALBERTA	CANADA	T1W	1P6	
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Form 990 (2021)

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Form 990 (2021)	YELLOWSTONE TO YUKON	81-0535303 Page 7
Part VII Comper	nsation of Officers, Directors, Trustees, Key Employees	s, Highest Compensated
Employe	ees, and Independent Contractors	
Check if S	chedule O contains a response or note to any line in this Part VII	
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Em	ployees
1a Complete this table	e for all persons required to be listed. Report compensation for the caler	ndar year ending with or within the organization's tax year.
 List all of the org 	anization's current officers, directors, trustees (whether individuals or o	rganizations), 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior		ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	nd a di I	irecto	r/trus T	tee)	from	from related	other
	(list any	ector.						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1033-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) JODI HILTY	37.50				-					
PRESIDENT AND CHIEF SCIENTIST		1		X				0.	162,669.	9,942.
(2) ELIZABETH DOMENECH	1.00									
BOARD MEMBER		х				ľ		0.	0.	0.
(3) MERRILL GREGG	1.00									
BOARD MEMBER		х						0.	0.	Ο.
(4) JONAH GREENBERG	1.00				-					
BOARD MEMBER		х						0.	0.	Ο.
(5) CRAIG GROVES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) JEREMY GUTH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) BILL GUZA	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) BRYAN HURLBUTT	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(9) ROBERT LAPPER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JONATHAN OPPENHEIMER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) LYNN SCARLETT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) PAT SMITH	1.00									
CHAIR		Х		Х				0.	0.	0.
(13) AMY VEDDER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) ANNIE WHETZEL	1.00									
SECRETARY		Х		Х				0.	0.	0.
				<u> </u>						
										Farma 990 (0001)

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Form 990 (2021)

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	990 (2021) YELLOWSTO	ONE TO Y	UK	ON						81-0	<u>5353</u>	803	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	box, offic	not c , unles	ss per	ition more rson i	than c s both r/trus	tee)	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organization (W-2/1099-MIS	on d 1s	an com	(F) timate nount other pensa om the	of tion
		related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		and	anizat d relat anizati	ed
										160.6	60		0 0	4.2
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no	, Section A						re	0. 0. 0. eccived more than \$100	162,6 162,6	0. 69.		9,9 [,] 9,9 [,]	0.
_	compensation from the organization												Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	-		•	•	-		Ŭ	• • •			3	Tes	X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual			4	x	
	rendered to the organization? <i>If</i> "Yes." <i>com</i> tion B. Independent Contractors											5		X
1	Complete this table for your five highest con										pensati	on fro	m	
	the organization. Report compensation for t (A) Name and business			<u>DNE</u>			or wi		(B) Description of s		Cc	(C ompei	;) nsatio	า
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to f	thos (ted	above) who received mo	ore than				
											F	orm ¹	990 (ž	2021)

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Check if Schedule O contains a response or note to any time in the Part VII Image: Schedule O contains a response or note to any time in the Part VII Image: Schedule O contains a response or note to any time in the Part VII Image: Schedule O contains a response or note to any time in the Part VII Image: Schedule O contains a response or note to any time in the Part VII Image: Schedule O contains a response or note to any time in the Part VII Image: Schedule O contains a response or note to any time in the Part VII Image: Schedule O contains a response or note to any time in the Part VII Image: Schedule O contains a response or note to any time in the Part VII Image: Schedule O contains a response or note to any time in the Part VII Image: Schedule O contains a response or note to any time in the Part VII Image: Schedule O contains a response or note to any time in the Part VII Image: Schedule O contains a response or note to any time in the Part VII Image: Schedule O contains a response or note to any time in the Part VII Image: Schedule O contains a response or note to any time in the Part VII Image: Schedule O contains a response or note to any time in the Part VII Image: Schedule O contains Contains or note to any time Part VII			(2021) YELLOWSTONE TO YUKON			81-0535	303 Page 9
Total revenue Output of the second process of the second proces of the second process of the second proces of the	Pa	rt VI	Statement of Revenue				
Total revenue Output of the second process of the second proces of the second process of the second proces of the			Check if Schedule O contains a response or note to any li				
Book Methodaming downs 10 Be Methodaming downs 10 <td></td> <td></td> <td></td> <td>1</td> <td>Related or exempt</td> <td>Unrelated</td> <td>Revenue excluded</td>				1	Related or exempt	Unrelated	Revenue excluded
Book Methodaming downs 10 Be Methodaming downs 10 <td>ts S</td> <td>1 a</td> <td>Federated campaigns 1a</td> <td></td> <td></td> <td></td> <td></td>	ts S	1 a	Federated campaigns 1a				
age of gradued 2 a	ran	t		7			
age of gradued 2 a	, G	c	Fundraising events 1c				
age of gradued 2 a	ar A	c					
age of gradued 2 a	s, G mils	e	Government grants (contributions) 1e 87,898.	,			
age of gradued 2 a	ion	f	All other contributions, gifts, grants, and				
age of gradued 2 a	but		similar amounts not included above If 3, 324, 769.				
age of gradued 2 a	d O I	ç	Noncash contributions included in lines 1a-1f 1g \$ 270,231.				
group 2 a b b b b b b c	Col	ŀ		3,412,667.			
90 00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
g Total. Add lines 2a-21 Investment income (including divideds, interest, and other similar arrounds) 6,774. 4 income from investment of tax-exempt bond proceeds 6,774. 5 Royalties 6,774. 6 a Gross rents 6 7 a Gross amount from asset of assets other than inventory 0 8 a Gross mount from asset of assets other than inventory 0 9 a Gross income from fundraising events (not including \$ of contributions reported on line 10, See asset 0. 0 9 a Gross income from fundraising events 125. 125. 9 a Gross asset of prost as of inventory, less returns and allowances 0 0 9 a diross asset of prost as of inventory. less returns and allowances 0 0 10 a dilowances 0 0 0 11 a	e	2 a					
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5 Royalties Image: construction of the set of th			other similar amounts)	6,774.			6,774.
6 a Gross rents 6a (i) Real (i) Personal b Less: rental income or (loss) 6b (ii) Personal (iii) Personal c Rental income or (loss) 6c (iii) Other (iii) Personal (iii) Personal a Gross amount from sales of assets other than inventory iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		4	Income from investment of tax-exempt bond proceeds				
6 a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) 0) Securities 7 a Gross amount from sales of methods is and sales expenses 7b a Gross income from fundraising events (not including \$		5	Royalties				
b Less: rental expenses 6b 6c c Rental income or (loss) 6c 6c d Net rental income or (loss) 7a 7a assists other than inventory 7a 7a 7a b Less: cost or other basis 7b 7a 7a c Gain or (loss) 7a 7a 7a c Gain or (loss) 7a 7a 7a d Net gain or (loss) or 7a 7a d Net gain or (loss) or for for for d It is including sevents 125. 125. 125. d Ses direct expenses			(i) Real (ii) Personal		7		
c Rental income or (loss) 6c d Net rental income or (loss) income or (loss) 7 a Gross amount from sales of assets other than inventory income or (loss) b Less: cost or other basis and sales expenses income or (loss) c Gain or (loss) 7c c Gain or (loss) 7c d Net gain or (loss) 7c d Net gain or (loss) for as gross income from fundraising events (not including \$ of contributions reported on line 1c). See paint Part IV, line 18 Ba 125. 9 Gross income from gaming activities. See paint Part IV, line 19 paint 125. 9 Gross nall activities. See paint 0 Gross income from gaming activities. See paint 0 Gross sales of inventory, less returns and allowances paint 0 Less: cost of goods sold tob 10 Gross sales of inventory. Summers Code 11 b Summers Code Summers Code 12 Total revenue. See instructions 3,419,566. 0		6 a	Gross rents 6a				
d Net rental income or (loss) (i) Other 7 a Gross amount from sales of assets other than inventory (i) Other b Less: cost or other basis and sales expenses 7a a 7b 7a 7 a Gross amount from sales of the than inventory 7a c Gain or (loss) 7a a 7b 7a 7b 7a 7a 7b 7a 7a c Gain or (loss) 7a a 7b 7a 7b 7a 7a 7b 7a 7a c Gain or (loss) 7a a Gross income from fundraising events (not including \$5 mon (loss) 6d b Less: direct expenses 8a 125. 9 a Gross alicos from from gaming activities. See 125. 125. 9 a Gross alicos of inventory, less returns and allowances 10a 10a 10 a Gross alies of inventory, less returns and allowances 10a 10a b		k	Less: rental expenses 6b				
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 7c d Net gain or (loss) frequency a Gross income from fundraising events (not including \$\sigma\$ of contributions reported on line 1c). See path discontered the second s		c	Rental income or (loss) 6c				
geogd geogd assets other than inventory b Less: cost or other basis and sales expenses and sales expenses c Gain or (loss) Ta Ta a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory c Total atvenue c Total. Add lines 11a:11d c Lat arevenue. See instructions c 12006 12:09:12 Business Code b Less: cost of 0. 0. 0. 6, 8399.		c	Net rental income or (loss)				
open contributions To c Gain or (loss) To c Gain or (loss) To d Net gain or (loss) ort d Net gain or (loss) ort b Less: clirect expenses as 125. b Less: clirect expenses Bs 0. c Net income or (loss) from fundraising events 125. 9 a Gross income from gaming activities. See Part IV, line 19 Ba pa B ga c Net income or (loss) from gaming activities pa B i O a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Atl income or (loss) from sales of inventory Image: Cost of goods sold c Atl income or (loss) from sales of inventory Image: Cost of goods sold c Atl income or (loss) from sales of inventory Image: Cost of goods sold c Atl income or (loss) from sales of inventory		7 a	Gross amount from sales of (i) Securities (ii) Other				
and sales expenses Tb Tc c Gain or (loss) Tc Tc d Net gain or (loss) Tc Tc for contributions reported on line 1c). See Pat IV, line 18 Ba 125. b Less: direct expenses Bb 0. 125. g Gross income from gaming activities. See Pat IV, line 19 Pat IV, line 19 Pat IV, line 19 b Less: direct expenses 9b Pat IV Pat IV, line 19 Pat IV b Less: core or (loss) from gaming activities Pat IV Pat IV Pat IV Pat IV 10 a Gross sales of inventory, less returns and allowances Pat IV Pat IV Pat IV Pat IV b			assets other than inventory 7a				
B a Net gan or (loss) B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b Less: direct expenses B a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9 a Gross ales of inventory, less returns and allowances 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 11 a b c e Total revenue. See instructions a All other revenue a All other revenue. See instructions a All other revenue. See instructions b Total revenue. See instructions 12009 12:09-21		k	Less: cost or other basis				
B a Net gan or (loss) B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b Less: direct expenses B a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9 a Gross ales of inventory, less returns and allowances 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 11 a b c e Total revenue. See instructions a All other revenue a All other revenue. See instructions a All other revenue. See instructions b Total revenue. See instructions 12009 12:09-21	an						
B a Net gan or (loss) B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b Less: direct expenses B a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9 a Gross ales of inventory, less returns and allowances 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 11 a b c e Total revenue. See instructions a All other revenue a All other revenue. See instructions a All other revenue. See instructions b Total revenue. See instructions 12009 12:09-21	ven	c	Gain or (loss) 7c				
contributions reported on line 1c). See Part IV, line 18 Ba 125. b Less: direct expenses Bb 0. c Net income or (loss) from fundraising events 125. 125. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses 9b 9b 125. c Net income or (loss) from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses 9b 9b 10a c Rorss sales of inventory, less returns and allowances 10a 10a 10a b Less: cost of goods sold 10b 10b 10b 10b c Net income or (loss) from sales of inventory Image: See Instructions 10a 10a 10a b Less: cost of goods sold 10b 10b 10b 10b 10b 10b c All other revenue 10a 10a 10a 10a 10a 10a 12 Total Add lines 11a:11d 10 10b 10b 10b 10b 10b 12 Total revenue. See instructions 3 , 419 , 566 . 0 . 0 . 6 , 839 . 12	Re	c	Net gain or (loss)				
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Part IV, line 18 Ba 125. b Less: direct expenses Bb 0. c Net income or (loss) from fundraising events 125. 125. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses 9b 9b 0. c Net income or (loss) from gaming activities. See Part IV, line 19 9a 9b 0. 10 Gross sales of inventory, less returns and allowances 10a 0. 0. 0. b Less: cost of goods sold 10b 0. 0. 0. 0. c	Ð		including \$ of				
b Less: direct expenses 8b 0. c Net income or (loss) from fundraising events 125. 125. 9 a Gross income from gaming activities. See 9a 9a b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities > 125. 10 a Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b 10b c Net income or (loss) from sales of inventory > - b Less: cost of goods sold 10b - c d All other revenue e Total revenue. See instructions 3,419,566. 0. 0. 12 Total revenue. See instructions 3,419,566. 0. 0.			contributions reported on line 1c). See				
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9 a Gross income from gaming activities. See 9 a 9 a 9 a 9 a Gross income from gaming activities. See 9 a 9 b 9 a b Less: direct expenses 9 b 9 a 9 b c Net income or (loss) from gaming activities 0 0 0 b Less: cost of goods sold 10 a 10 a 10 a 10 a c Net income or (loss) from sales of inventory ▶ 0 0 0 source 10 a 10 b 0 0 0 c All other revenue 0 0 0 0 0 6, 899. 12 Total revenue. See instructions 3, 419, 566. 0. 0. 6, 899. Form 990 (2021		k	Less: direct expenses 8b 0.				
Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Less: cost of goods sold 10 a c Net income or (loss) from sales of inventory b c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory c All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 132009 12-09-21		c	Net income or (loss) from fundraising events	125.			125.
b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory ▶ 11 a b c d All other revenue e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 3,419,566. 0. 0. 0. 6,899. Form 990 (2021		9 a	Gross income from gaming activities. See				
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory I1 a Business Code b C c All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 132009 12-09-21 Form 990 (2021			Part IV, line 19				
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 0b c Net income or (loss) from sales of inventory I1 a b c c d All other revenue e Total. Add lines 11a-11d I2 Total revenue. See instructions 12:09:12:09:21		k	Less: direct expenses 9b				
and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory > 11 a b c d All other revenue e Total. Add lines 11a-11d > 12 Total revenue. See instructions > 132009 12-09-21 Form 990 (2021		c	Net income or (loss) from gaming activities				
b Less: cost of goods sold 10b ►		10 a					
c Net income or (loss) from sales of inventory ▶ 11 a Business Code □ b □ □ c □ □ d All other revenue □ e Total revenue. See instructions ▶ 132009 12-09-21 Form 990 (2021			and allowances 10a				
Business Code Image: Code Image: Code Image: Code b Image: Code Image: Code Image: Code Image: Code b Image: Code Image: Code Image: Code Image: Code Image: Code b Image: Code Image: Code <td></td> <td>k</td> <td>Less: cost of goods sold 10b</td> <td></td> <td></td> <td></td> <td></td>		k	Less: cost of goods sold 10b				
11 a		c	Net income or (loss) from sales of inventory				
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 3,419,566. 0. 0. 6,899. 132009 12-09-21 Form 990 (2021	s		Business Code				
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 3,419,566. 0. 0. 6,899. 132009 12-09-21 Form 990 (2021	sou:	11 a					
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 3,419,566. 0. 0. 6,899. 132009 12-09-21 Form 990 (2021	ane	k					
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 3,419,566. 0. 0. 6,899. 132009 12-09-21 Form 990 (2021	cell.	c					
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 3,419,566. 0. 0. 6,899. 132009 12-09-21 Form 990 (2021	Aisc B	c	All other revenue				
132009 12-09-21 Form 990 (2021	~		Total. Add lines 11a-11d				
		12	Total revenue. See instructions	3,419,566.	0.	0.	6,899.
	13200	9 12-0	-21	•			Form 990 (2021)

9

2021.05000 YELLOWSTONE TO YUKON 140627.1

Form 990 (2021)

	ONE TO YUKON		81-05	35303 Page 1
Part IX Statement of Functional Ex				
Section 501(c)(3) and 501(c)(4) organizations mus				
Check if Schedule O contains a	response or note to any line in the internet (A)	this Part IX (B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organiz and domestic governments. See Part IV, line 21	ations 6,037.	6,037.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,000.	5,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and for individuals. See Part IV, lines 15 and 16	preign			
4 Benefits paid to or for members				
5 Compensation of current officers, directors trustees, and key employees	5,			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) at persons described in section 4958(c)(3)(B)	1 nd			
7 Other salaries and wages		256,246.	9,266.	
8 Pension plan accruals and contributions (include	e			
section 401(k) and 403(b) employer contribution		12,812.	21,065.	
9 Other employee benefits		22,081.	3,962.	
0 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
 b Legal c Accounting 				
c Accounting d Lobbying				
e Professional fundraising services. See Part IV, li				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line		-		
column (A), amount, list line 11g expenses on S				
2 Advertising and promotion	1,783.		1,783.	
13 Office expenses	39,111.	33,661.	1,574.	3,876

12,775.

3,765.

1,257,159.

2,100,735.

397,285.

37,268.

14,035.

1,085.

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Information technology Royalties

Occupancy _____

Travel

Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings

Payments to affiliates

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered

CONTRACT SERVICES

CONSULTING SERVICES

HR RECRUITMENT

All other expenses

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.)

CAPITAL LAND ACQUISITIO

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization

132010 12-09-21

14

15 16

17

18

19 20

21 22

23

24

а

b

С

d

е

25 26 Interest

Insurance

14431109 792194 140627.0

10 2021.05000 YELLOWSTONE TO YUKON

1,032,820.

1,815,877.

397,285.

37,268.

12,667.

108.

3,765.

67,121.

14,035.

123,764.

1,085.

140627.1

157,218.

161,094.

14431109 792194 140627.0

YELLOWSTONE TO YUKON

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,642,734.	1	1,754,395.
	2	Savings and temporary cash investments		2	1,759,732.
	3	Pledges and grants receivable, net		3	63,059.
	4	Accounts receivable, net		4	193,949.
	5	Loans and other receivables from any current or former officer, dire			
		trustee, key employee, creator or founder, substantial contributor,	or 35%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as de	fined		
		under section 4958(f)(1)), and persons described in section 4958(c))(3)(B)	6	
ខ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	415,351.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	4,186,486
	17	Accounts payable and accrued expenses		17	215,187.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule		21	
es	22	Loans and other payables to any current or former officer, director			
Ē		trustee, key employee, creator or founder, substantial contributor,			
Liabilities		controlled entity or family member of any of these persons		22	
-	23			23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related th			
		parties, and other liabilities not included on lines 17-24). Complete	Part X		
		of Schedule D	140 759	25	01E 107
	26	Total liabilities. Add lines 17 through 25	140,758.	26	215,187.
Ş		Organizations that follow FASB ASC 958, check here X			
JCe		and complete lines 27, 28, 32, and 33.	1 490 969		2 5/5 0/1
alaı	27	Net assets without donor restrictions		27	<u>2,545,941</u> 1,425,358
ğ	28	Net assets with donor restrictions		28	1,425,556
ŝ		Organizations that do not follow FASB ASC 958, check here			
л Ш	-	and complete lines 29 through 33.		-	
ŝtŝ	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other fun		31	3,971,299.
ž	32	Total net assets or fund balances		32	
	33	Total liabilities and net assets/fund balances	4,/44,414.	33	4,186,486.

4,186,486. Form 990 (2021)

Form 990 (2021) Part X Balance Sheet

Form	1990 (2021) YELLOWSTONE TO YUKON	81-	0535303	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,419),50	66.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,100),7:	35.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,318		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,603	3,4	54.
5	Net unrealized gains (losses) on investments	5	60),1	58.
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	-11	.,1	44.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,971	.,2	<u>99.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			Ш
				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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audi			v
_	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public

Nar	ne of t	he organization							identification number
D	art I		OWSTONE TO						1-0535303
		Reason for Public (ee instruction	S.	
	organi	ization is not a private found							
1		A church, convention of chu				n 170(b)(1	I)(A)(i).		
2		A school described in section							
3		A hospital or a cooperative					-		
4		A medical research organize	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		lege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	-						
7	X	An organization that norma	-	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general	public described in
_		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or
40		university:		No					
10		An organization that norma							
		activities related to its exem		-					-
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	rea by the org	janization a	atter June 30, 1975.
11		See section 509(a)(2). (Con		volute test for public or	Fatur Can	e entine Fl	O(a)(4)		
12		An organization organized a An organization organized a						rn/ out tho	purposes of one or
12		more publicly supported or	-					•	
		lines 12a through 12d that	-						
á		Type I. A supporting orga							aivina
	•	the supported organization				-			
		organization. You must c			inajonty o				apporting
k	、	Type II. A supporting org	-		tion with it	s sunnorte	organizatio	n(s) by hay	vina
•		control or management o	-				-		-
		organization(s). You mus						ge the cup	
c	:] Type III functionally inte	•		in connect	ion with. a	and functional	lv integrate	ed with.
-		its supported organization						.,	
c	3 T] Type III non-functionally		-				ted organi;	zation(s)
		that is not functionally int						-	
		requirement (see instructi			•		-		
e	•	Check this box if the orga	-					II, Type III	
		functionally integrated, or							
1	f Ente	er the number of supported o	organizations						
		vide the following informatior	about the supporte	d organization(s).					
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
.									
<u>Tot</u>	ai								

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	3347658.	4492570.	2873496.	3164729.	3412667.	17291120.
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	2245650	4400580	0000406	2164500	2410668	1 0001100
	Total. Add lines 1 through 3	3347658.	4492570.	2873496.	3164729.	3412667.	17291120.
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)						17291120.
	Public support. Subtract line 5 from line 4. ction B. Total Support						μ/291120.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	3347658.	4492570.	2873496.	3164729.	3412667.	17291120.
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,025.	21,169.	10,867.	21,056.	6,774.	62,891.
9	Net income from unrelated business				,	, , , , , , , , , ,	
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						17354011.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	•
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2021 (I		-			14	99.64 %
	Public support percentage from 2020					15	99.64 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		•	
	meets the facts-and-circumstances te	•	•		•	Za and line 15 is	
b	10% -facts-and-circumstances test	-					IU% Or
	more, and if the organization meets the		-		• •		
19	organization meets the facts-and-circu Private foundation. If the organization				• •		
10	Trivate roundation. In the organizatio			a, 100, 17a, 01 170	, oneon this box al		(Form 990) 2021
						Contradio A	

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YELLOWSTONE TO YUKON

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	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 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organizat	tion,
Sec	check this box and stop here	c Support Per	centage				
15	Public support percentage for 2021 (li	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
17	· · · · ·		· · · · · ·	ine 13, column (f))		17	%
18			B			18	%
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar	-					
b	33 1/3% support tests - 2020. If the	-	•				and
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organizatio						
13202	23 01-04-22						A (Form 990) 2021
			15	5			

YELLOWSTONE TO YUKON

1

2

3a

3b

3c

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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.)

16

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4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations		-	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		L
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			

income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1 Ch	eck the box next to th	e method that the	organization used	to satisfy the Integral	l Part Test during the vea	r (see instructions)
------	------------------------	-------------------	-------------------	-------------------------	----------------------------	----------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	v (see instruction <u>s).</u>
---	--	---	-------------------------	------------------------------------	-------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

3

2a

2b

3a

Yes No

14431109 792194 140627.0

Schedule A	(Form	990) 202
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1	Check here if the organization satisfied the Integral Part Test as a qualifying t			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	1
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	
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		
_				

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

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Section D - Distributions

line 7:

and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

2

3

4

6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	ne organization is responsive			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2021 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount			10	
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				

Schedule A		/===:	LLOWSTONE	-			
Part V	Type III	I Non-Functionally	y Integrated 5	09(a)(3) Supporting	Organizations	(continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Amounts paid to acquire exempt-use assets

g Applied to underdistributions of prior years h Applied to 2021 distributable amount

a Applied to underdistributions of prior years b Applied to 2021 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

4 Distributions for 2021 from Section D,

Part VI. See instructions.

i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

\$

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

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1

2

3

4

5 6 **Current Year**

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	YELLOWSTONE 7	O YUKON	81-0535303 Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section Section D, lines 5, 6, ar	; 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a D, lines 2 and 3; Part IV, Sect	anations required by Part II, line 10; Part II, line 1 , 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lin on E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; F les 2, 5, and 6. Also complete this part for any ac	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
	(See instructions.)			
132028 01-04-2	2		20	Schedule A (Form 990) 2021

(Form 990) Complete if the org Part IV, line 6, 7, 8, 9, 10		tal Financial Statements rganization answered "Yes" on Form 990, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. n990 for instructions and the latest information.			OMB No. 1545-0047 2021 Open to Public Inspection			
lam	e of the organizati	YELLO	OWSTONE TO Y			_	over identification r 81-053530	
Par			taining Donor Adv es" on Form 990, Part I	vised Funds or Other Similar F IV, line 6.	Funds or Ac	counts	Complete if the	
				(a) Donor advised funds	(b) Funds	and other accounts	6
1	Total number at er	nd of year						
2			to (during year)					
3	Aggregate value o	f grants from (du	uring year)					
4	Aggregate value a	t end of vear						
-	Did the organization are the organization	on inform all dor on's property, su	nors and donor advisor ubject to the organizati	ins in writing that the assets held in donc ion's exclusive legal control?			Yes	
	Did the organization are the organization Did the organization for charitable purp impermissible priv	on inform all dor on's property, su on inform all grad poses and not fo ate benefit?	nors and donor advisor ubject to the organizati untees, donors, and do or the benefit of the do	rs in writing that the assets held in dono ion's exclusive legal control? onor advisors in writing that grant funds nor or donor advisor, or for any other pu	can be used o urpose conferri	nly ng		
6 Pai	Did the organization are the organization Did the organization for charitable purp impermissible prive tt II Conserv	on inform all dor on's property, su on inform all grau poses and not fo <u>ate benefit?</u> ation Easem	nors and donor advisor ubject to the organizati intees, donors, and do or the benefit of the do nents. Complete if th	rs in writing that the assets held in dono ion's exclusive legal control? onor advisors in writing that grant funds nor or donor advisor, or for any other pu he organization answered "Yes" on Forr	can be used o urpose conferri	nly ng		
6	Did the organization are the organization Did the organization for charitable purp impermissible priver til Conserver Purpose(s) of conserver	on inform all dor on's property, su on inform all grau ooses and not fo <u>ate benefit?</u> ation Easem servation easem	nors and donor advisor ubject to the organizati intees, donors, and do or the benefit of the don ments. Complete if the nents held by the organ	rs in writing that the assets held in dono ion's exclusive legal control? onor advisors in writing that grant funds nor or donor advisor, or for any other pu he organization answered "Yes" on Forr nization (check all that apply).	can be used o urpose conferri m 990, Part IV,	nly ng line 7.	Yes [
6 Pai	Did the organization are the organization Did the organization for charitable purp impermissible priv rt II Conserv Purpose(s) of conservation	on inform all dor on's property, su on inform all gran ooses and not fo <u>ate benefit?</u> ation Easem servation easem of land for pub	nors and donor advisor ubject to the organizati untees, donors, and do or the benefit of the do nents. Complete if the nents held by the organ plic use (for example, re	rs in writing that the assets held in dono ion's exclusive legal control? mor advisors in writing that grant funds nor or donor advisor, or for any other pu- he organization answered "Yes" on Forr nization (check all that apply). ecreation or education)	can be used o urpose conferr n 990, Part IV, ation of a histo	nly ng line 7.	Yes	
6 Pai	Did the organization are the organization Did the organization for charitable purp impermissible prive t II Conserver Purpose(s) of conserver Preservation Protection of	on inform all dor on's property, su on inform all gran ooses and not fo <u>ate benefit?</u> ation Easem of land for pub of natural habitat	nors and donor advisor ubject to the organizati untees, donors, and do or the benefit of the dor nents. Complete if the nents held by the organ plic use (for example, reat t	rs in writing that the assets held in dono ion's exclusive legal control? mor advisors in writing that grant funds nor or donor advisor, or for any other pu- he organization answered "Yes" on Forr nization (check all that apply). ecreation or education)	can be used o urpose conferri m 990, Part IV,	nly ng line 7.	Yes	
6 Pai	Did the organization are the organization Did the organization for charitable purp impermissible prive till Conserve Purpose(s) of conserve Preservation Protection of Preservation	on inform all dor on's property, su on inform all grau ooses and not fo <u>ate benefit?</u> ation Easem of land for pub of natural habitat of open space	nors and donor advisor ubject to the organizati untees, donors, and do or the benefit of the dor nents. Complete if the nents held by the organ plic use (for example, reat	rs in writing that the assets held in donc ion's exclusive legal control?	can be used o urpose conferr n 990, Part IV, ation of a histo ation of a certi	ng line 7. rically im fied histo	Yes [aportant land area rric structure	r
6 Pai 1	Did the organization are the organization Did the organization for charitable purp impermissible prive till Conserve Purpose(s) of conserve Preservation Protection of Preservation	on inform all dor on's property, su on inform all gran ooses and not fo <u>ate benefit?</u> ation Easem of land for pub of natural habitat of open space through 2d if th	nors and donor advisor ubject to the organizati untees, donors, and do or the benefit of the dor nents. Complete if the nents held by the organ plic use (for example, reat	rs in writing that the assets held in dono ion's exclusive legal control? mor advisors in writing that grant funds nor or donor advisor, or for any other pu- he organization answered "Yes" on Forr nization (check all that apply). ecreation or education)	can be used o urpose conferr n 990, Part IV, ation of a histo ation of a certi	nly ng line 7. rically im fied histo	Yes [aportant land area rric structure	ast
6 2 1	Did the organization are the organization Did the organization for charitable purp impermissible prive t II Conserv Purpose(s) of conservation Protection of Preservation Complete lines 2a day of the tax year	on inform all dor on's property, su on inform all gran ooses and not fo <u>ate benefit?</u> ation Easem of land for pub of natural habitat of open space through 2d if th r.	nors and donor advisor ubject to the organizati untees, donors, and do or the benefit of the do nents. Complete if the nents held by the organ plic use (for example, re t me organization held a d	rs in writing that the assets held in donc ion's exclusive legal control?	can be used o urpose conferr n 990, Part IV, ation of a histo ation of a certi e form of a con	nly ng line 7. rically im fied histo	Yes [aportant land area rric structure n easement on the l	ast
6 Pai 1 2 a	Did the organization are the organization Did the organization for charitable purp impermissible prive t II Conserv Purpose(s) of conservation Protection of Preservation Complete lines 2a day of the tax year	on inform all dor on's property, su on inform all gran ooses and not fo <u>ate benefit?</u> ation Easem of land for pub of natural habitat of open space through 2d if th r.	nors and donor advisor ubject to the organizati intees, donors, and do or the benefit of the don nents. Complete if the nents held by the organ plic use (for example, rest t ne organization held a do ements	rs in writing that the assets held in dono ion's exclusive legal control?	can be used o urpose conferr <u>m 990, Part IV,</u> ration of a histo ation of a certi ne form of a con	nly ng line 7. rically im fied histo	Yes [aportant land area rric structure n easement on the l	ast
6 Pai 1 2 a b	Did the organization are the organization Did the organization for charitable purpoint impermissible prive till Conserve Purpose(s) of conserve Purpose(s) of conserve Preservation Preservation Complete lines 2a day of the tax years Total number of conserve Total acreage rest	on inform all dor on's property, su on inform all gran ooses and not fo <u>ate benefit?</u> ation Easem of land for pub of natural habitat of open space through 2d if the r. onservation ease ricted by conservation ease	nors and donor advisor ubject to the organizati untees, donors, and do or the benefit of the don nents. Complete if the nents held by the organ plic use (for example, real t ne organization held a do ements rvation easements	rs in writing that the assets held in dono ion's exclusive legal control?	can be used o urpose conferr m 990, Part IV, ration of a histo ation of a certi ne form of a con	nly ng line 7. rically im fied histo nservation Hi 2a	Yes [aportant land area rric structure n easement on the l	ast
6 Par 1 2 a b c	Did the organization are the organization Did the organization for charitable purpose impermissible prive till Conserve Purpose(s) of conserve Preservation Preservation Complete lines 2a day of the tax years Total number of conserve Number of conserve	on inform all dor on's property, su on inform all gran ooses and not fo <u>ate benefit?</u> ation Easem of land for pub of natural habitat n of open space through 2d if th r. onservation easement vation easement	nors and donor advisor ubject to the organizati untees, donors, and do or the benefit of the dor nents. Complete if the nents held by the organ plic use (for example, real the organization held a do ements rvation easements its on a certified histori	rs in writing that the assets held in dono ion's exclusive legal control?	can be used o urpose conferring <u>m 990, Part IV,</u> ration of a histo ation of a certi ne form of a con	nly ng line 7. rically im fied histo nservation Hi 2a 2b	Yes [aportant land area rric structure n easement on the l	ast
6 Pai 1 2 a b c	Did the organization are the organization Did the organization for charitable purpo- impermissible prive till Conserve Purpose(s) of conserve Preservation Preservation Complete lines 2a day of the tax years Total number of conserve Number of conserve Number of conserve	on inform all dor on's property, su on inform all gran ooses and not fo <u>ate benefit?</u> ation Easem of land for pub of natural habitat n of open space through 2d if th r. onservation easement vation easement	nors and donor advisor ubject to the organizati untees, donors, and do or the benefit of the dor nents. Complete if the nents held by the organ olic use (for example, real the organization held a dor ements rvation easements its on a certified historiation (c) acqui	rs in writing that the assets held in dono ion's exclusive legal control?	can be used o urpose conferring <u>m 990, Part IV,</u> ation of a histor ation of a certing the form of a contribution the form of a c	nly ng line 7. rically im fied histo nservation Hi 2a 2b	Yes [aportant land area rric structure n easement on the l	ast
6 Par 1 2 a b c	Did the organization are the organization Did the organization for charitable purpo- impermissible prive t II Conserv Purpose(s) of conservation Preservation Omplete lines 2a day of the tax years Total number of conservation Number of conservation Number of conservation Number of conservation Number of conservation Number of conservation	on inform all dor on's property, su on inform all gran ooses and not fo <u>ate benefit?</u> ation Easem of land for pub of natural habitat n of open space through 2d if th r. onservation easement vation easement vation easement nal Register	nors and donor advisor ubject to the organizati untees, donors, and do or the benefit of the dor nents. Complete if the nents held by the organ olic use (for example, real the organization held a dor ements rvation easements its on a certified histori ats included in (c) acqu	rs in writing that the assets held in donc ion's exclusive legal control?	can be used o urpose conferring m 990, Part IV, ation of a histor ation of a certing the form of a contribution the form of a con	nly ng line 7. rically im fied histo nservation 2b 2c 2c 2d	Yes portant land area ric structure <u>n easement on the l</u> eld at the End of the T	ast

5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
	violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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

8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	Yes	No No
9	In Part XIII. describe how the organization reports conservation easements in its revenue and expense statement and		

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

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

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

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance s	heet works of	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public service,	
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$	

HA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2021
b	Assets included in Form 990, Part X		\$
а	Revenue included on Form 990, Part VIII, line 1		\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro	vid	le
	(ii) Assets included in Form 990, Part X		\$
	(i) Revenue included on Form 990, Part VIII, line 1		\$

LHA	For Paperwork Reduction Act Notice, see the Instructions for For
132051	10-28-21

26 2021.05000 YELLOWSTONE TO YUKON

Sche	dule D (Form 990) 2021 YELLOWS	TONE TO YU	JKON				8	31-05	35303	3 р	age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	asures, o	r Other S	Similar	Asset	s (contir	ued)	
3	Using the organization's acquisition, accessi	on, and other recor	ds, check	c any of the f	ollowing tha	t make sigr	nificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌	Loan or exc	hange progr	am					
b	Scholarly research		е 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain how th	ney further th	ne organizatio	on's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	or receive donations	s of art, hi	storical treas	sures, or oth	er similar a	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of	the organ	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Com	olete if the	e organizatio	n answered	"Yes" on F	orm 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Pa			-							
1a	Is the organization an agent, trustee, custodi	ian or other interme	diary for	contributions	s or other as	sets not ind	cluded				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		·	0						Amount	t	
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										Ī
Par											
	·····	(a) Current year		Prior year	(c) Two yea			ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
b b	Grants or scholarships										
e	Other expenditures for facilities										
Ŭ											
f	Administrative expenses										
g											
2	Provide the estimated percentage of the curr	rent vear end balan	ce (line 1)	n column (a)) held as:						
2	Board designated or quasi-endowment		%	g, column (a)							
h	Permanent endowment										
c		%									
U	The percentages on lines 2a, 2b, and 2c sho	-									
20	Are there endowment funds not in the posse		zation tha	t are hold ar	nd administa	rad for tha	organiza	tion			
Ja				it are neid a			organiza	lion	ſ	Yes	No
	by: (i) Unrelated organizations								3a(i)		
									3a(ii)		
h	(ii) Related organizations										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm		iowment i	unus.							
	Complete if the organization answere		0 Part I	/ line 11a S	ee Form 990) Part X lir	ne 10				
						1 .		4			
	Description of property	(a) Cost or basis (inves		. ,	or other (other)	1	cumulate	a	(d) Bool	< valu	е
4-	Land		anony	Dabib		uepi	Solation				
-	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other										0
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Pai	<u>t X, colun</u>	nn (B), line 1	0c.)						0.
								schedule	D (Form	1 990)	2021

Schedule [) (Form 990) 2021	YELLOWSTONE	TO	YUKON

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" o			
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
	al derivatives			
	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	h) must equal Form 000 Part V col. (P) line 12)			
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► I Investments - Program Related.			
	Complete if the organization answered "Yes" o	n Form 990 Part IV line	11c See Form 990 Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(4)				
(1)				
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990. Part X. line 15.	
	-	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X	Other Liabilities.		······································	
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
I.	(a) Description of liability			(b) Book value
	leral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990. Part X. col. (B) line ;	25)		
	for uncertain tax positions. In Part XIII, provide t			nat reports the
	ation's liability for uncertain tax positions under F			

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 YELLOWSTONE TO YUKON	8	81-0)535303	Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Ret	urn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	3,468,	,580.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments 2a 60,	158.			
b	Donated services and use of facilities 2b				
с	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIII.)	144.			
е	Add lines 2a through 2d		2e	49,	014.
3	Subtract line 2e from line 1		3	3,419,	<u>,566.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other (Describe in Part XIII.) 4b				
с	Add lines 4a and 4b	L	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,419,	,566.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per R	eturn	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	2,100,	,735.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities 2a				
b	Prior year adjustments 2b				
С	Other losses 2c				
d	Other (Describe in Part XIII.)2d				-
е	······································		2e		0.
3	Subtract line 2e from line 1		3	2,100,	,735.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.) 4b				-
С	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,100,	,735.
Pa	rt XIII Supplemental Information.				

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CORRECTION TO PRIOR YEAR ACCRUED INTEREST

-11,144.

132054 10-28-21

(Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 1					5, or 16.	2021
Department of the Treasury Internal Revenue Service	Go to y	www.irs.gov/Fc	Attach to Form 990. Attach to Form 990. Attach to Form 990.	information		Open to Public Inspection
Name of the organization		www.ii 3.gov/i c			Employer	identification number
5						
YELLOWSTONE TO	YUKON				81-053	35303
		ctivities Out	side the United States. Compl	ete if the organ	ization answ	ered "Yes" on
Form 990, Part IV 1 For grantmakers. Does		n maintain record	ds to substantiate the amount of its gra	ants and other a	assistance	
			he selection criteria used to award the			Yes No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and otl	her assistand	ce outside the
			n be duplicated if additional space is r	1		I
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (gram service specific typ (s) in the regi	e expenditures for and investments
CANADA	0	0	PROGRAM SERVICES	CONSERVATIO	N	782,385.
CANADA	0	0	PROGRAM SERVICES	SCIENCE		174,640.
CANADA	0	0	FUNDRAISING			157,218.
			G			
CANADA	0	0	ADMINISTRATION			122,963.
3 a Subtotal	0	0				1,237,206.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				1,237,206.

Statement of Activities Outside the United States

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

132071 12-20-21

SCHEDULE F

YELLOWSTONE TO YUKON

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			C					
exempt 501(c)(3) orga	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter							

(a) Type of grant or assistance	(b) Region	recipients	cash grant	cash disbursement	a

YELLOWSTONE TO YUKON

Part III can be duplicated if additional space is needed.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of noncash assistance noncash assistance

Schedule F (Form 990) 2021

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Page 3

(h) Method of valuation (book, FMV, appraisal, other)

81-0535303

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No
	Sch	nedule F (Forr	m 990) 2021

81-0535303	Page 5
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Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

132075 12-20-21	34	hedule F (Form 990) 2021

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, ar lete if the organizatio	nd Individual	s in the Ŭn i on Form 990, Pa	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ii	Attach to For rs.gov/Form990 fo		nation		Open to Public Inspection
Name of the organization YELLOWSTO	NE TO YUK						Employer identification number 81-0535303
Part I General Information on Grants a							
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro Part II Grants and Other Assistance to I 	tance?	oring the use of grant	funds in the United	l States.			X Yes No
recipient that received more than S 1 (a) Name and address of organization or government	65,000. Part II can (b) EIN	be duplicated if additi (c) IRC section (if applicable)	ional space is need (d) Amount of cash grant	ed. (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
IDAHO FISH AND WILDLIFE FOUNDATION PO BOX 2254 BOISE, ID 83701	82-0439782	501(C)3	5,000.	0.			IDFG BEAR EDUCATOR POSITION, ISLAND PARK REGION
			C				
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations 	•	-					1.

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

Schedule I (Form 990) 2021

YELLOWSTONE TO YUKON

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DAVID MOSKOWITZ - THE FISHER PROJECT WAS LAUNCHED					
TO SUPPORT THE RECOVERY OF THE SPECIES AFTER THEY					
WERE RED-LISTED IN THE CENTRAL INTERIOR REGION OF					
BRITISH COLUMBIA.	1	5,000.	0.		
			0		

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

SCHEDULE I, PART I, LINE 2

WE MAINTAIN THE GRANT APPLICATION, THE GRANT REPORTS, AND FINANCIAL

RECORDS.

SC	HEDULE J	Compensation Information			OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and High	lest		20	91	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, li	no 02		20		1
Dena	tment of the Treasury	Attach to Form 990.	ne 23.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest inform			Inspe		
Nam	lame of the organization Employer in						
		YELLOWSTONE TO YUKON		81-05	53530	3	
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed o	n Form 990	0,			
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c		or personal	use			
	Travel for com			ence			
	_	ation and gross-up payments Lealth or social club dues or initia					
	Discretionary	spending account Personal services (such as maid, o	hauffeur, c	chef)			
-							
b	•	on line 1a are checked, did the organization follow a written policy regarding paymen					
•	•	provision of all of the expenses described above? If "No," complete Part III to explain			. <u>1b</u>		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all direct					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?			. 2		
2	ladiaatakiala if a						
3		ny, of the following the organization used to establish the compensation of the organi		+ -			
		ector. Check all that apply. Do not check any boxes for methods used by a related org	Janization t	10			
	·	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
	·		sation com	mittoo			
		ther organizations X Approval by the board or compen-	Sation Com	IIIIIIIee			
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 re						
а	-	a new method with the second sec			4a		x
b		e payment or change-or-control payment?					X
	-	anise normant from an ansity based companyation arrangement?					x
Ũ	-	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.			. 10		
	Only section 501(c	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any comp	pensation				
	contingent on the r						
а	•				5a		x
		ation?					X
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any comp	ensation				
	contingent on the r	net earnings of:					
а	The organization?				6a		X
		ation?					X
		or 6b, describe in Part III.					
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed pa	iyments				
	not described on lir	nes 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 subj	ect to the				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			. 8		X
9		id the organization also follow the rebuttable presumption procedure described in					
	Regulations section	n 53.4958-6(c)?	<u></u>		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Schedu	le J (Forn	n 990)	2021

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Schedule J (Form 990) 2021

81-0535303

Page 2

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	compensation		reported as deferred on prior Form 990
(1) JODI HILTY	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT AND CHIEF SCIENTIST	(ii)	162,285.	0.	384.	8,114.	1,828.	172,611.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J	(Form 990) 2021
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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 J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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.

2021
Open to Public

Name of the organization	
Name of the organization	

	VITVON	

Employer	identi	fication	numb
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	YELLOWSTONE	TO YUK	ON			81-0	535	303	
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) Method of de noncash contribu			s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	5	270,231.	FM\	7			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ()								
26	Other • ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	zation durinc	I the tax vear for co	ontributions					
	for which the organization completed Form 82								
			enee / tenare meag					Yes	No
30a	During the year, did the organization receive by	/ contributio	n anv propertv ren	orted in Part I. lines 1 throug	ah 28.	that it			
	must hold for at least three years from the date				-				
	exempt purposes for the entire holding period?						30a		X
þ	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard contribu	tions?	,	31	х	

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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Part II	Supple	mental	Information.	Provid	le the	informatio	n
Schedule	M (Form 990) 2021	YELLOWST	ONE	то	YUKON	ſ

81-0535303 Page 2

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

	A.	
132142 11-17-21		Schedule M (Form 990) 2021
	41	

SCHEDULE O (Form 990)

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 Employer identification number

OMB No. 1545-0047

YELLOWSTONE TO YUKON

81-0535303

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

HABITAT FROM YELLOWSTONE TO YUKON SO THAT TOGETHER PEOPLE AND NATURE

CAN THRIVE.

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

IT PROVIDES NETWORKING SERVICES (WEBSITE, PARTNERS. LISTSERVE OF

WORKSHOPS), AND ORGANIZES MEETINGS AND SCIENCE ELECTRONIC NEWS,

WORKSHOPS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

VOLUNTARY PRIVATE LAND CONSERVATION AND PUBLIC LAND CONSERVATION IN KEY

CORRIDORS AND CORE LANDS, Y2Y WORKS IN COLLABORATION WITH PARTNERS то

IDENTIFY KEY LANDS IN WILDLIFE CORRIDORS AND WORK WITH PRIVATE

LANDOWNERS TO ENSURE THAT THE RANGE OF ACTIVITIES ON THOSE LANDS ALLOW

FOR SUCCESSFUL WILDLIFE MOVEMENT ACROSS THOSE LANDS. THIS CAN INCLUDE

LAND TRUSTS DOING CONSERVATION EASEMENTS, OFFERING TOOLS TO ADDRESS

WILDLIFE CONFLICT ISSUES AND PROVIDING INFORMATION AND RESOURCES, AND

CAN INCLUDE TARGETED RESTORATION SUCH AS OF ROAD REMOVAL AND RIPARIAN

HABITAT RESTORATION. ON PUBLIC LANDS, ACTIVITIES RANGE FROM RESEARCH

RESTORATION, AND OUTREACH AND EDUCATION.

EXPENSES \$ 397,285. INCLUDING GRANTS OF \$ Ο. REVENUE \$ 0.

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

THE FORM 990 HAS BEEN REVIEWED BY EXECUTIVES OF THE BOARD SPECIFICALLY BY

42

THE BOARD TREASURER AND PRESIDENT BEFORE SUBMITTING TO THE IRS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

FORM 990, PART VI, SECTION B, LINE 15A: THE PRESIDENTS COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE Y2Y'S BOARD OF DIRECTORS BY REVIEWING THE RESULTS OF THE ORGANIZATION'S ANNUAL PERFORMANCE REVIEW FOR THE PRESIDENT AND SIMILAR ORGANIZATION'S SALARY LEVELS FOR THIS POSITION.

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

Y2Y PROVIDES COPIES OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE Y2Y WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CORRECTION TO PRIOR YEAR ACCRUED INTEREST

132212 11-11-21

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

Part II

ALBERTA, CANADA

132161 11-17-21 LHA

organizations during the tax year. (a)

Name, address, and EIN

of related organization

YELLOWSTONE TO YUKON CONSERVATION INITIATIVE SOCIETY, 200-1350 RAILWAY AVE, CANMORE,

44

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt

CANADA

(c)

Legal domicile (state or

foreign country)

(d)

Exempt Code

section

(e)

Public charity

status (if section

501(c)(3))

ALBERTA

SOCIETIES

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.								
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income					

(b)

Primary activity

CONSERVATION, POLICY,

COMMUNICATIONS

YELLOWSTONE TO YUKON

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. 2021

(f)

Direct controlling

entity

(e)

End-of-year assets

Open to Public Inspection

(g) Section 512(b)(13)

controlled

entity?

No

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Yes

Schedule R (Form 990) 2021

OMB No. 1545-0047

Employer identification number

(f)

Direct controlling

entity

81-0535303

SCHEDULE R	

(Form 990)

Part I

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule R (Form 990) 2021 YELLOWSTONE TO YUKON

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	^{Il or} Percentage ^{ing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
										+	<u> </u>
	1				Ŧ		1	1	I		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sect 512(b contro enti	i) tion o)(13) olled ity?
		country)		or trust)		255615		Yes	No
	-								
	-								

Schedule R (Form 990) 2021 YELLOWSTONE TO YUKON

(4)

(5)

(6)

132163 11-17-21

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions	with one or more re	elated organizations listed i	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	,			1a		X	
					1b		X	
с					1c		X	
d	Loans or loan guarantees to or for related organization(s)				1d		X	
	Loans or loan guarantees by related organization(s)				1e		X	
f	Dividends from related organization(s)				1f		X X	
g	g Sale of assets to related organization(s)							
	h Purchase of assets from related organization(s)							
i	i Exchange of assets with related organization(s)							
j	j Lease of facilities, equipment, or other assets to related organization(s)							
							x	
k	k Lease of facilities, equipment, or other assets from related organization(s)							
- 1	I Performance of services or membership or fundraising solicitations for related organization(s)							
m	m Performance of services or membership or fundraising solicitations by related organization(s)							
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
0	Sharing of paid employees with related organization(s)				10	X		
р	Reimbursement paid to related organization(s) for expenses				1p		X	
q	Reimbursement paid by related organization(s) for expenses				1q		X	
r	Other transfer of cash or property to related organization(s)				1r	X		
S	Other transfer of cash or property from related organization(s)				1s		X	
_2	If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for "Yes," see the above is "Yes," see the instructions for "Yes," see the instructions for "Yes," see the above is "Yes," see the instructions for "Yes," see the	no must complete th	is line, including covered r	elationships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	/olved			
	YELLOWSTONE TO YUKON CONSERVATION							
(1)	INITIATIVE SOCIETY	R	957,025.	PROJECT AGREEMENT				
	YELLOWSTONE TO YUKON CONSERVATION							
(2)	INITIATIVE SOCIETY	М	157,218.	FUNDRAISING				
	YELLOWSTONE TO YUKON CONSERVATION							
(3)	INITIATIVE SOCIETY	0	122,963.	ADMINISTRATIVE FEE				

Schedule R (Form 990) 2021 YELLOWSTONE TO YUKON

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e Are partner 501(c org: Yes	(f) Share of total income	(g) Share of end-of-year assets	(h Dispro tion allocat Yes	D) Dpor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn Yes	al or P ging er?	(k) Percentage ownership
			Tes			162	NO	(Tes		

Schedule R (Form 990) 2021

YELLOWSTONE TO YUKON

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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